Spontaneous intracranial hypotension (SIH) is a known entity associated with CSF leak and is often a delayed diagnosis. Typical symptoms include orthostatic headaches, nausea or vomiting and occasionally neurocognitive decline. We present a case report of SIH with atypical orthostatic headaches, nausea or vomiting and occasionally with CSF leak and is often a delayed diagnosis. Typical symptoms include headache, difficulty concentrating, orthostatic, migraine type headaches and may manifest as acute neurocognitive change. 

The presumptive diagnosis is spontaneous intracranial hypotension. An MRI with/without contrast of the cervical/thoracic/lumbar spine was obtained that showed multiple bilateral perineural cysts at several levels with no evidence of CSF leak. She underwent placement of an epidural blood patch for SIH. A 19-gauge Hustead needle was placed at the T11-12 and L3-4 interspaces. Epidural placement was confirmed with fluoroscopy and loss of resistance. 40ml of autologous blood was injected through the Tuohy needle into the epidural space at T11-12 and 15ml at L3-4. There were no pain, paresthesia or hematoma complications. She was seen 2 months later for follow up with resolution of her headaches and significant Improvement of cognition back to baseline. Follow up MRI still demonstrated pachymeningeal enhancement with minor improvement compared to previous imaging. She continued to be symptom free at 8 months follow up.

Given the educational nature of this retrospective case report, the requirement of an IRB is waived. Informed consent was obtained and patient information is protected under HIPAA.

REFERENCES
