

Atypical presentation of weakness in a patient with epidural catheter

YALE ANESTHESIOLOGY

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Case

78 year old Female who presented for resection of large pelvic mass.

PMH

- DVT
- lung cancer s/p wedge resection
- Crohn's disease
- COPD

Epidural catheter was placed at L1/L2 for post operative pain control.

Patient was induced and intubated under general anesthesia.

Case

POD 0:

Fentanyl 2mcg/ml and Bupivacaine 0.0625% was initiated at rate of 8ml /hr postoperatively, patient's pain improve dramatically

POD 1: Patient seen by acute pain service

Complaints:

- Nausea
- Dizziness
- Paresthesia in LUE
- Weakness in LUE

Case

Physical Exam

- ❖ A&Ox4
- ❖ left homonymous hemianopia
- ❖ All muscle groups exhibited 5/5 strength with exception of left upper extremity (deltoids, biceps triceps, Wrist extension and flexion).

We raised concerns of CVA to Gynecologic Oncology service

Case cont.



Discussion

Epidural analgesia is an effective technique for postoperative pain relief

Lower limb motor weakness is a well-known complication of epidural analgesia with local anesthetics

Pain medicine provider is often the first physician contacted for assessment of the patient with any neurologic complaints, regardless of the cause of the deficit.