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Letter to the editor: Spinal subarachnoid hematoma after-spinal anesthesia: case report [Rev Bras Anesthesiol 2016]



Carta à editora: Hematoma espinal subaracnoideo após raquianestesia: relato de caso [Rev Bras Anesthesiol 2016]

Dear Editor,

I have read with very great interest the case report published by Vidal et al. Spinal subarachnoid hematoma after-spinal anesthesia: case report Rev Bras Anesthesiol 2016.

In this clinical case presented, under arachnoid hematoma occurs after a single puncture with 25 G needle for spinal anesthesia. This interesting clinical case, testifying that no act of anesthesia is harmless, even in patients ASA I.¹

However, two comments are made about the etiology of this spinal hematoma. The patient received 100 mg of ketoprofen intra operatively before the recovery of motricity. Indeed, the anti-inflammatory are known to have anti platelet effects and thus bleed.² Ketoprofen administration is very frequent after spinal anesthesia and the timing of administration of ketoprofen need to be done after the end of spinal anesthesia.

A second point, alas no biological test of coagulation after the diagnosis of spinal hematoma. Indeed minor hemophilia or Willebrand disease is to depart from principle by specific assays. The occurrence of such an incident should have a hematological opinion to prevent a minor disorder of coagulation that with ketoprofen puncture combination could increase the likelihood of bleeding.

The intraoperative hypothermia decreases platelet aggregability and may be an associated factor favoring the hemorrhage on land of subclinical coagulation abnormality.

Thank you to our colleagues for sharing this clinical experience reminding us that no act is trivial.

Conflicts of interest

The author declares no conflicts of interest.

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