Reviewer’s report

Title: Case report: difficulty in diagnosis of delayed spinal epidural hematoma in puerperal women after combined spinal epidural anaesthesia

Version: 0 Date: 07 Dec 2018

Reviewer: Michael Wee

Reviewer’s report:

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This is an interesting case report which highlights the potential risk of central neural blockade and prolonged analgesia via this route coupled with systemic anticoagulation. This is a recognized risk. The case report lacks information on why the epidural analgesia was prolonged for at least 48 hours after what was described as a routine caesarean section for twin pregnancy. Was it a classical incision but even then other techniques such as the use of rectus sheath catheters have been shown to be effective without the risk of epidural haematoma complicated by anticoagulation post-operatively. There were no details on whether the patient was encouraged to mobilise post-operatively immediately or whether she was confined to bed which again increases the risk. There were also no details on what neurological observations were conducted in patents on PCEA in the ward and with the low dose PCEA, the signs and symptoms could have manifest earlier giving an index of suspicion of a developing epidural haematoma. The discussion section did not elaborate on what lessons have been learnt and whether there was a root cause analysis of this serious complication which has affected the patient even at the 36 months investigation.

What is helpful in this case report is to highlight the dangers of giving continued central neuraxial blockade in an anticoagulated patient - this is already known and not new. What would have been helpful is to highlight in the discussion the observations necessary to avoid this potential serious complication in terms of the protocol to be adopted. What would also be good to know is the justification for prolonged epidural analgesia in what was described as routine caesarean section for twin delivery. For example, our parturients after routine CS mobilise 6-12 hours after surgery without the need prolonged epidural analgesia and with acceptable pain scores which does not impede mobilization or care of the baby. The authors have not made the case for their version of "multimodal pain therapy" and indeed, have made the case for not using this regime due to the serious consequences for their patient.

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Yes

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