Reviewer’s report

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

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Reviewer: Jan Blaha

Reviewer’s report:

Alessandro Svelato and colleagues present a case report of spinal epidural hematoma in parturient after CSE anesthesia for caesarean delivery. First of all, I would like to congratulate authors on the courage to present an erroneous case, as we also really need to learn from negative experiences, not only from what went well. From this point of view, publishing of this case report is very desirable, but the authors must first cope with a few important comments:

Overall

- The main point of the case is the late recognition of epidural hematoma symptoms and inappropriate response. However, the message is not a missed or inadequate assessment of risk factors, but a poor control management. Who was responsible for recognition - anesthesiologist, obstetrician or nurse? Who was responsible for following time and treatment management - anesthesiologist, obstetrician or someone else? Why there was a such delay? This should be mainly discussed.

- Time. The time is of course the most critical factor in development and outcome of epidural hematoma. But the only time reference given is the time of urgent neurological consultation after the onset of symptoms. But we do not know how long it took to pass MRI and start neurosurgical removal of the hematoma. It would be much more telling if we knew the full timeline of the case and could evaluate the time consequences between all important moments. Time of puncture - time of catheter removal - time of first symptoms - time of conservative treatment - time of MRI - time of surgery…

Background

- It should be also mentioned, that even the spinal hematoma is quite rare in obstetrics, in most cases published there was an association with low platelets (HELLP, preeclampsia, …) and that not puncture but epidural catheter removal means the highest risk.

Case presentation
- Why double-space CSE technique was used? This is certainly not the most common regional technique for cesarean delivery!

- At what depth and how deep was the epidural catheter inserted? On how many attempts?

- Basis demographic data beside the age (height, weight, BMI)?

- Preoperative PLTs?

- Why so wide postoperative pain therapy was used (PCEA + ketorolac + tramadol + acetaminophen) - because of some complications?

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

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