

شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلو

# بسم الله الرحمن الرحيم





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شبكة المعلومات الجامعية التوثيق الإلكتروني والميكرونيله



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# جامعة عين شمس التوثيق الإلكتروني والميكروفيلم قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها على هذه الأقراص المدمجة قد أعدت دون أية تغيرات



يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



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## Aminophylline Versus Acetaminophen In The Treatment Of Post-Dural Puncture Headache

### Thesis

Submitted for Partial Fulfilment of the Master Degree in Anaesthesiology, Intensive Care and Pain Management

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### **List of Abbreviations**

Table No.	Title Page No.
ASA	American society of anaesthesiologists
BMI	Body mass index
CNS	Central nervous system
COX	Cyclo-oxygenase
CSF	Cerebrospinal fluid
CAMP	Cyclic adenine monophosphate
EBP	Epidural blood patch
HDAC	Histone deacetylase
HIS	International headache society
ICHD-3	International classification of headache disorders 3 <sup>rd</sup> edition
IV	Intravenous
MRI	Magnetic resonance imagining
NAPQI	N-acetyl-p-benzoquinoneimine
NMDA	N-methyl-D-aspartate
No	Nitric oxide
OTC	Over-the counter
PACU	Post anaesthesia care unit
PDE	Phosphodiesterase enzyme

### List of Abbreviations

**PDPH** Post Dural puncture headache

**PGIC** The patient global impression of change

**P-value** Probability

**SD** Standard deviation

**SPSS** Statistical package for social sciences

**VAS** Visual analogue scale

X<sub>2</sub> Chi-Square

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### **INTRODUCTION**

Spinal anaesthesia is a simple, cost effective and efficient technique that provides complete sensory and motor block, as well as postoperative analgesia with a high success rate. (*Houtermans-Auckel et al.*, 2009)

Post-dural puncture headache (PDPH) is among the most common complications of lumbar punctures performed for spinal anaesthesia or neurologic investigation, with incidence rates of 8% to 37% reported in different studies. (Amorim, Gomes De Barros & Valença, 2012)

It typically begins within 2 days but may be delayed for as long as 2 weeks and almost resolves spontaneously within a few days. (*Bradbury et al.*, 2013)

The classic symptoms of (PDPH) consist of photophobia, nausea and vomiting, neck stiffness, tinnitus, diplopia, and dizziness, in addition to the often severe cephalgia. The headache is usually severe and throbbing, frontal in origin, with radiation to occiput and is exacerbated by sitting or standing. The positional nature of the headache and dramatic improvement on assuming the supine position remains the standard diagnostic criterion for this condition. (Nepomuceno & Herd, 2013)

Preventive strategies of PDPH are developed based on how to reduce CSF leakage by available methods including small size pencil point spinal needle, parallel bevel orientation, and liquid use for the loss of resistance in epidural puncture. (*Xu et al. 2017*)

Commonly used treatments for PDPH include rehydration, the administration of corticotropin, caffeine, or sumatriptan, and the application of an Epidural blood patch (EBP). (*Ergun et al. 2008*)

It seems that Methylxanthines' derivations (e.g. caffeine and theophylline) lead to vascular contraction and can reduce the headache. On the other hand, these drugs may decrease the headache by blocking the purine receptors. (*Ronald 2005*)

Aminophylline, like theophylline and caffeine, can prevent PDPH by adenosine antagonization and vasoconstriction effect. (*Pranjal & Sajan 2007*)

Acetaminophen is one of the most important drugs used in the treatment of mild to moderate pain when an anti-inflammatory effect is not necessary. The drug is one of the most commonly used non-narcotic analgesic agents for mild to moderate pain such as headache. (*Katzung 2018*)

### **AIM OF THE WORK**

- 1. To verify the efficacy and safety of Aminophylline for management of PDPH.
- 2. To compare the efficacy of Aminophylline and Acetaminophen for management of PDPH.