**Background:** Postdural puncture headache (PDPH) is a relatively common complication after accidental dural puncture. Epidural blood patch (EBP), the standard of care for treatment of postdural puncture headache (PDPH) has numerous reports of side effects and complications, including motor and sensory defects, meningitis, seizure and hearing loss [1-3]. Sphenopalatine Ganglion Block (SPGB) has been applied successfully for headache for more than 100 years without significant side effects. This retrospective study evaluates whether the effectiveness of SPGB for PDPH in obstetric patients was comparable with that of EBP.

**Methods:** After IRB approval, we reviewed 72 records, over a 17 year period, of parturients without a previous history of primary headaches who had experienced PDPH from a 17g epidural needle. Group I parturients (n=33) received SPGB for PDPH. EBP was available for patients upon request. Group II parturients (n=39) had routine EBP for PDPH. Patients were followed up at ½ hr, 1 hr, 24 hr, 48 hr and 1 week (by phone) post-treatment.

**Results:** The two groups had similar baseline characteristics including ASA class, age, height, weight and BMI (p>0.05).

At ½ hr. post-treatment, 18/33 patients (54.55%) in Group I had recovered from headache versus 8/39 patients (20.51%) in Group II (p=2.73 x 10-3).

At 1 hr. post-treatment, 21/33 patients (63.64%) in Group I had recovered from headache versus 12/39 patients (30.77%) in Group II (p=5.29 x 10-3).

At 24 hr., 48 hr. and 1 week post-treatment, no differences were seen. Group II parturients experienced higher complication rates including 9 patient ER visits, 3 complaints of backache radiating to LE, 1 vasovagal reaction and 1 complaint of temporary hearing loss.

**Conclusion:** SPGB is a highly effective treatment for PDPH in obstetric patients. SPGB is a non-invasive treatment with minimal side effects which relieves PDPH faster than EBP and with fewer complications.

**References:**