Nebulized Dexmedetomidine versus Oral Sumatriptan for Treatment of Post-Dural Puncture Headache Following Caesarian Section (Randomized Comparative Study)

Thesis

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Abstract

Background: Post-Dural Puncture Headache (PDPH) is a major complaint of parturient having spinal anesthesia for caesarian section affecting nearly 23.47% of that population.

Objective: To compare the effect of inhaled dexmedetomidine with oral sumatriptan in improvement of post dural puncture headache after spinal anesthesia in caesarian section.

Methods: fourty eight adult pregnant females aged between 18 and 40 years old with ASA II and III undergoing elective caesarean section and diagnosed with post dural puncture headache with VAS $\geq$ 4 and Lybecker classification score $\geq$ 2. patients were randomly chosen to receive either inhaled dexmedetomidine (Group D, n= 24) or oral sumatriptan (Group S, n= 24)

Results: There is no statistically significant difference between S Group and D Group according to demographic data including age "years" and ASA, with p-value ($p>0.05$). There was a statistically significant increase score of VAS for pain after 24hs. And after 30hrs.

in S Group compared to D Group, with p-value ($p<0.05$); while the rest items insignificant difference between groups, with p-value ($p>0.05$). There was a statistically significant increase score of lybecker classification score after 24hs. And after 30hrs. in S Group compared to D Group, with p-value ($p<0.05$); while the rest items insignificant difference between groups, with p-value ($p>0.05$). There is no statistically significant difference between S Group and D Group according to side effects of study medications

Conclusion: In patients with postdural puncture headache, Inhaled Dexmedetomidine was more effective in relieving pain and reducing lybecker score than oral sumatriptan