

Anesthesiology  
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### Blood Patch in the HIV-positive Patient

*To the Editor:*—A 39-yr-old human immunodeficiency virus (HIV)-positive male patient was referred to us for an epidural blood patch for therapy of a post-lumbar puncture headache. He had been in relatively good health with the exception of a 5-week history of recurrent frontal and occipital headaches. His internist chose to include a diagnostic lumbar puncture as part of his work-up. Seven days prior to our meeting the patient, he had a lumbar puncture with a 20-G spinal needle. He subsequently had a severe exacerbation of his headache symptoms, with the headaches now becoming positional in nature.

The patient was accepted for therapy, after which we became concerned about the following questions. Could we increase the infectiousness of the HIV virus in the central nervous system by injecting HIV-positive blood into the epidural space after a lumbar puncture?<sup>1</sup> Could we induce the formation of a Kaposi's sarcoma in the epidural space?

We advised the patient, a former medic, of our concerns. After consultation with one of our neurosurgeons and a member of our infectious disease department, we agreed to perform the blood patch. The plan was to insert a 20-G Tuohy needle into the epidural space at L3–L4 and inject 15–20 ml of autologous blood. If the dura were perforated, we would abort the entire procedure and continue symptomatic therapy of his headaches. The procedure was performed with-

out complications, and the patient was discharged 90 min later, pain-free.

We present this case to share our questions and also in search of advice and information from others who have addressed this problem.

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#### REFERENCE

1. Resnick L, Berger JR, Shapshak P, Tourtellotte WW: Early penetration of the blood-brain barrier by HIV. *Neurology* 38:9–14, 1988

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## ANNOUNCEMENT

The American Board of Anesthesiology (ABA) will administer its fourth written examination in **Critical Care Medicine** at the Westin Hotel–O'Hare in Rosemont, Illinois on Friday, September 27, 1991. Diplomates of the ABA and other ABMS Member Boards who apply and are judged to be qualified by virtue of their additional training or experience in Critical Care Medicine will be accepted for examination. An application may be requested by writing to the Secretary, American Board of Anesthesiology, 100 Constitution Plaza, Hartford, Connecticut 06103-1721. The deadline for receipt of completed applications in the Board office is April 30, 1991.