HEADACHE RATE AND COST OF CARE FOLLOWING LUMBAR PUNCTURE AT A SINGLE TERTIARY CARE HOSPITAL
Leighanne R. McGill, Kevin B. Boylan, MD, Jacksonville, FL: We read the article by Dakka et al.1 analyzing incidence of PLPH with cutting needles with interest. Our current research offers substantial evidence supporting their conclusions regarding the advantages of noncutting, atraumatic needles.

In an ongoing longitudinal biomarker study, we collected CSF by standard lumbar puncture in 20 patients with amyotrophic lateral sclerosis. We used only Quincke (cutting) needles initially but we transitioned to Whitacre2 (noncutting) needles in an effort to minimize risk of PLPH. Fifteen of 20 patients had at least 1 of 3 lumbar punctures using a Quincke or Whitacre needle, allowing direct comparison of PLPH rate with cutting vs noncutting needles in the same subjects. PLPH rate was 30% with Quincke needles and 9% with Whitacre needles for patients undergoing lumbar puncture. Hence, the rate of occurrence of PLPH with a noncutting needle was one-third the frequency of PLPH with a cutting needle. Mean duration of PLPH was 5 days for cutting needles vs 1.67 days for noncutting needles.

Our results empirically support the conclusion of Dakka et al. that routine use of noncutting lumbar

puncture needles could potentially result in fewer procedure-related adverse events and concomitant reduction in procedure-related costs.

Author Response: Y. Dakka, Detroit; N. Warra, Livonia, MI; R.J. Albadareen, Mission, KS; M. Jankowski, Detroit; B. Silver, Providence, RI: We appreciate the interest of L.R. McGill and Dr. Boylan in our study and read with interest the details of their observations. Of note, they also observed a reduced duration of headache with the noncutting needle as compared to that of the cutting needle. These findings also have implications for the indirect costs of PLPH, including days lost from work by the patient, the caregiver, or both, and additional time allocated toward headache treatment.2


A RANDOMIZED TRIAL OF 4-AMINOPYRIDINE IN EA2 AND RELATED FAMILIAL EPISODIC ATAXIAS
Ellen Hess, Atlanta: “A randomized trial of 4-aminopyridine in EA2 and related familial episodic ataxias”1 follows this group’s preliminary report on how 4-aminopyridine (4-AP) is one of few compounds that effectively blocks attacks in EA2 patients.1,2 The authors convincingly demonstrate that 4-AP reduces the frequency of attacks, but it would be interesting to know if it modified the severity or duration of the attacks.

A rough calculation based on the values provided for total number of attacks and duration per month suggests that although EA 2 patients experienced fewer attacks, breakthrough attacks in patients taking 4-AP lasted the same amount of time as in patients on placebo. A similar effect was previously demonstrated in the tottering mouse model of EA2 whereby
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