

A Case Report Of Traumatic Aortic Injury Mimicking A Spinal Cord Injury

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INTRODUCTION:

Traumatic aortic injury is the most common acute condition of the aorta with high mortality. We present a rare case of a patient with aortic injury which mimicked a spinal cord injury.

CASE REPORT:

A 73 year old female had a motor vehicle accident in which her car was hit by another car from behind. She was wearing seat belt and yet thrown forward with her upper body hitting the airbag. She was brought to the hospital and upon arrival she complained of severe back pain with bilateral lower limb weakness. On initial assessment, she was alert and vital signs were stable. Logrolled examination revealed tenderness at thoracolumbar region. Her lower limb power was zero, sensation was reduced from L1 to S1, lower limb pulses palpable. Per rectal examination showed intact anal tone. Abdomen was soft and Focused Assessment Sonography for Trauma (FAST) was negative. Chest and pelvic x-ray were unremarkable. Thoracolumbar x-ray did not show spine fracture. Two hours later, she was hypotensive. Upon reassessment, abdomen was soft, neurological deficit remained same except anal tone was lax and lower limb distal pulses were absent. FAST scan showed free fluid in the Morrison's pouch. Computed Tomography abdomen revealed grade two liver injury, with a sealed infrarenal abdominal aortic dissection leak with a secondary acute thrombus causing total occlusion. A vascular opinion was obtained and she was deemed unsalvageable. She deteriorated as bilateral lower limb ischemia worsened and passed away after 24hours.

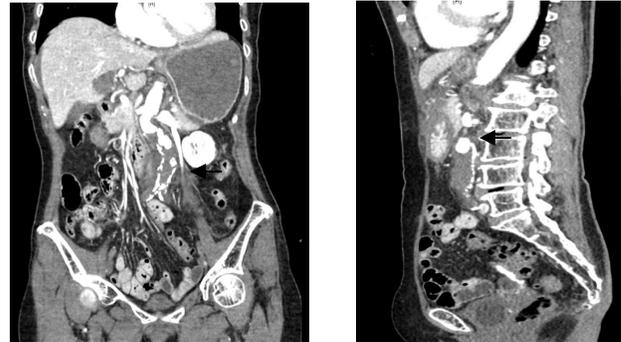


Figure 1: CT abdomen shows aortic dissection

CONCLUSION:

Aortic dissection is typically the result of a blunt aortic injury in the context of rapid deceleration. This patient presented a spinal cord injury condition which diverted the initial assessment from identifying a vascular injury. This case highlights the importance of considering aortic injury as a differential diagnosis in a patient with bilateral lower limb weakness with neurological deficit especially in a trauma setting.

REFERENCES:

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