

TRAUMATIC ACUTE THROMBOSIS OF THE ABDOMINAL AORTA MIMICKING SPINAL CORD COMPRESSION

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Introduction: Acute thrombosis of the abdominal aorta is an uncommon yet potentially fatal phenomenon. Presentations not pathognomonic of the condition have been widely reported in the literature with manifestation of acute neurological deficits predominating in some cases.

Discussion: A 50-year-old male presented with bilateral lower limb weakness after a workplace accident. He was hit over the lower back by a forklift causing a fall from standing position. There was mild lumbar paraspinal tenderness. Motor and sensory modalities below T12 level were absent with the exception of deep and superficial anal sensation, anal tone, bulbocavernous reflex and voluntary anal contraction. CT whole spine performed due to preliminary clinical findings suggestive of spinal pathology; was normal. On re-examination, bilateral lower limbs were cold, pale, areflexic and rigid with mild skin mottling. DPA, PTA and popliteal pulses were not palpable with absence of Doppler arterial signals. Bilateral femoral pulses were faintly palpable with a monophasic signal on Doppler. Suspicion of acute limb ischemia prompted a CTA which showed total thrombotic occlusion at the distal abdominal aorta extending to the bilateral proximal common iliac arteries. Patient was deemed unsuitable for re-vascularization by the surgical team in view of pre-mortem rigor mortis and was counselled for bilateral hip disarticulations. Patient discharged against medical advice and succumbed to the condition 3days later.

Conclusion: The artery of Adamkiewicz is the primary supply to the lower two-thirds of the spinal cord. The possible mechanism postulated is occlusion of the artery of Adamkiewicz by atherosclerotic plaques, mural thrombus or thromboembolism to the anterior spinal artery causing anterior spinal artery syndrome; paraplegia with relative sparing of the sacral roots. Neurological and circulatory insufficiency in the lower extremities are often erroneously attributed to central nervous disorder. Thorough physical examination is indispensable and not be overlooked in the acute setting.