

## SPONTANEOUS EPIDURAL HEMORRHAGE POST THROMBOLYTIC AGENT

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**Introduction:** Spontaneous spinal epidural hemorrhage is a rarely occur. Here, a case spontaneous spinal epidural hemorrhage post thrombolytic agent was reported in a 71-year-old male referred to emergency department following severe low back pain.

**Discussion:** A 71 year-old male with underlying diabetes mellitus and hypertension was admitted to the emergency department (ED) with chief complaint of low back pain and weakness of bilateral lower limb. The pain began 3 days prior to admission and the weakness started on the day of admission. on further history, he had been admitted to other hospital 1 weeks prior to admission due to myocardial infarction and was treated with thrombolytic agent for 3 days and continued with anticoagulant since then. The patient did not have a serious trauma history. On admission to the ED, he had temperature of 36.5C, 19/minute respiratory rate, 85/minute pulse rate, and 130/85 mmHg blood pressure; and 96% oxygen saturation on room air. In physical examination, he did not have tenderness in the spinal column. His pain had diffuse nature toward knees while the knees examination was normal. Neurological examination showed loss of power over L2 and L3 bilaterally. Reflexes are normal. Therefore, it was planned to do thoracolumbar MRI for the patient. The radiologist reported a epidural hematoma in the T12, L1 regions. However the epidural hematoma was complicated with infection and patient died on day 7 of admission.

**Conclusion:** Although it is rare, however high index of suspicious for epidural hemorrhage should be taken if patient presented with low back pain and weakness and have history of thrombolytic agent. Spinal epidural hematoma is typically heralded by localized back pain, with or without radicular radiation. Neurological deficit from spinal cord compression generally follows, progressing over a span of hours. With timely spinal cord decompression, neurological recovery can be substantial