

## TANDEM THORACIC AND LUMBAR SPINAL STENOSIS IN A YOUNG PATIENT : A CASE REPORT

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**Introduction:** Tandem spinal stenosis ( TSS ) is defined as spinal stenosis that combines cervical and lumbar spinal stenosis, but, a few reports has been associated with tandem thoracic and lumbar spinal stenosis. It is important to determine the neurological level properly, in an event that patient presented with mixed upper and lower motor neuron lesion, so adequate decompression can be done and patient has higher chance of neurologic recovery.

**Discussion:** A 26 years old Male, heroin chaser, have sudden onset of bilateral lower limb weakness and numbness, with urinary and bowel incontinence. No injury prior to this weakness. Clinically, sensation reduced from T10. Muscle power affected more on the left side compare to right (MRC grade left : L2 ( 1 ) , L3 ( 3 ) , from L4 till S1 ( 0 ) , right side : L2 ( 3 ) , L3 ( 4 ) , L4 ( 4 ) , L5 ( 3 ) , S1 ( 4 ) ). The reflex, brisk over bilateral knee , and absent at ankle region. There is absent perianal sensation and BCR with anal tone lax. The infective parameter are negative. MRI including the thoracic region shows 2 sites of compression, at T10/T11( Figure 2 ) and L4/L5 ( Figure 3 ) region due to a prolapsed disc. Urgent decompression at T10/T11 and L4/L5 with posterior instrumentation was done. Patient was able to regain his full muscle power by the end of 2 months, and his full bowel functional recovery after 5 months post surgery. We are reporting a case of tandem thoracic and lumbar stenosis with a young patient who presented with mixed upper and motor lower lesions sign.

**Conclusion:** Tandem thoracic and lumbar stenosis need to be suspected in patient who presented with conus medullaris syndrome, for adequate management can be administered.