

Spontaneous Spinal Epidural Hematoma: A Case Report

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INTRODUCTION:

Spontaneous spinal epidural hematoma is a rare cause of acute spinal cord compression. These are often neurosurgical emergencies and hence prompt diagnoses and treatment are crucial.

CASE HISTORY:

A 21-year-old female presented with a 3-day-history of worsening back pain with complete paraplegia and sensory loss below the chest along with loss of urinary sensation. Neurological evaluation revealed hypertonia and profound paraplegia; movement was absent in bilateral lower limbs. Sensory testing indicated bilateral anaesthesia below T5 level. Lower limbs reflexes were hyperreflexia. MRI showed posterior epidural lesion over T2 and T3 levels causing mild compression onto the adjacent spinal cord with minimal cord oedema represent epidural hematoma. [Figure 1a,b] Emergency T2-T3 laminectomy and decompression was done within 24 hours of diagnosis and after 1 month of intensive rehabilitation, she regained complete neural recovery.

DISCUSSION

Spontaneous spinal epidural hematomas are rare and relatively few cases have been described in the literature. Acute spinal epidural hematoma (ASEH) can be classified as spontaneous or secondary and traumatic. The commonest site for ASEH is the thoracic spine, while in the cervical region 90% of cases of ASEH are located in highly mobile C6-C7 segment¹. MRI provides a rapid and non-invasive method for direct evaluation of the spinal cord after injury and bleeding². MRI is currently the diagnostic modality of choice

and when performed within minutes or hours after spinal cord injuries may permit quick intervention and convey better prognosis. The postulated hypothesis for the spontaneous recovery of neurological impairment is the spreading of the hematoma throughout the epidural space, thus decreasing the pressure. Many early reports suggest an early operation for rapid decompression as crucial.³

Figure 1: Mid sagittal T1(a) and T2(b) weighted MRI of thoracic spine shows epidural mass (solid arrow)



1(a)

1(b)

CONCLUSION

ASEH is a rare condition with a rather unfavorable prognosis if left untreated. MRI is the most accurate methods for precise diagnosis. Urgent surgical decompression of spinal cord should be carried out.

REFERENCE

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