

PP-030

Category: Clinical Decision Making

ACUTE SPINAL SUBDURAL HEMATOMA DUE TO HYPERTENSION PRESENTING WITH PARAPLEGIA AND PARESTHESIA.Feruza TURAN SONMEZ, Department of Emergency Medicine, Diskapi Yildirim Beyazit Research HospitalFatih BUYUKCAM, Department of Emergency Medicine, Diskapi Yildirim Beyazit Research HospitalAhmet CEYLAN, Department of Emergency Medicine, Diskapi Yildirim Beyazit Research HospitalÖmer Faruk DEMIR, Department of Emergency Medicine, Diskapi Yildirim Beyazit Research Hospital

Abstract: Spinal cord hematomas are remarkably uncommon. In some patients, compression of the spinal cord by spinal subdural hematoma has led to acute paraplegia. SSDH occur most often in the thoracic spine. Diagnosis of spontaneous spinal subdural hematoma requires prompt radiological assessment.

Case Report: A 62-year-old man was admitted with sudden onset of chest and mild back pain for 2 hours. His blood tension was 220/150 mmHg. He complained of pain radiating to back but no sensory abnormalities including touch, pain and vibration were found. However, during antihypertension treatment in ER he gained an urinary incontinence and complained of weakness in his legs. In recurrent neurological examination he represented a cauda equina syndrome and his lower extremities were of MRC grade 2 in proximal and 3 in distal examination of both legs. His motor weakness and back pain were resolved spontaneously within 8 hours after symptom onset. The brain computed tomography (CT) scan on admission was not remarkable. The vertebral MRI on 20 hours after symptom onset showed mass-like lesion at the dorsal portion of spinal cord extending from T10 down to L3 level longitudinally, with compression of the posterolateral portion of spinal cord (Fig.1A). The lesion was hypointense on T2-weighted image and isointense on T1-weighted image (Fig. 1B), suggesting acute stage of hemorrhage.

Conclusion: We report an unusual case with acute SSDH presenting with transient hemiparesis developed during antihypertensive treatment. We suggest that acute SSDH should be considered even in patients with hemiparesis, being commonly misdiagnosed as CVA.

Keywords: spinal subdural hematoma spontaneous



Fig.1A



Fig.1B



Fig.2

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A RARE DIAGNOSIS IN THE ER: KLIPPEL-TRENAUNAY-WEBER SYNDROME (KTWS)

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Introduction: KTWS is characterized by cutaneous vascular malformations, bone and soft tissue hypertrophy and varicose veins.

Case: 19-year-old patient, with a history of left leg amputation (above the knee) due to KTWS at the age of 3, presented with pain and swelling at the left inguinal area. The pain generated from the left lower quadrant where



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Emergency Medicine Association of Turkey



The 2nd EurAsian Congress on Emergency Medicine

“2nd EACEM”

“Emergency Medicine: The Specialty That Bridges Continents”

October 28-31, 2010

Gloria Golf Resort Hotel, Antalya - Turkey



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