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IMAGES OF SPINE CARE

Spontaneous cervicothoracic epidural hematoma

Spontaneous spinal epidural hematoma is a quite rare emergency situation. It is usually seen on cervical and thoracic levels and is one of the rarest causes of spinal cord compression. It usually necessitates emergency intervention because of neurologic deficit caused by cord compression. Delay of diagnosis and treatment can cause irreversible neurologic deficit and even death [1,2].

A 19-year-old male patient admitted to the emergency service with weakness in his arms and legs. Bilateral muscle strength of upper extremities was 4 of 5, and lower extremities were paraplegic at neurologic examination. Magnetic resonance imaging revealed a nonenhancing lesion compressing the cord on posterior epidural space at C7–T2 level, iso/hyperintense on T1-weighted images, and iso/hypointense on T2-weighted images (Figs. 1 and 2). It was considered to be an acute epidural hematoma. Surgery was planned because clinical findings did not regressed in 1 day. C6, C7, and T1 laminectomy confirmed the lesion as epidural hematoma. The spinal cord was decompressed by draining the hematoma. No neurologic deficit and clinical symptom were observed at postoperative second week.

References

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[2] Buyukkaya R, Aydın O, Hakyemez B, Seref D. Rapid spontaneous recovery after development of a spinal epidural hematoma: a case report. Am J Emerg Med 2014;32:291.e1–3.

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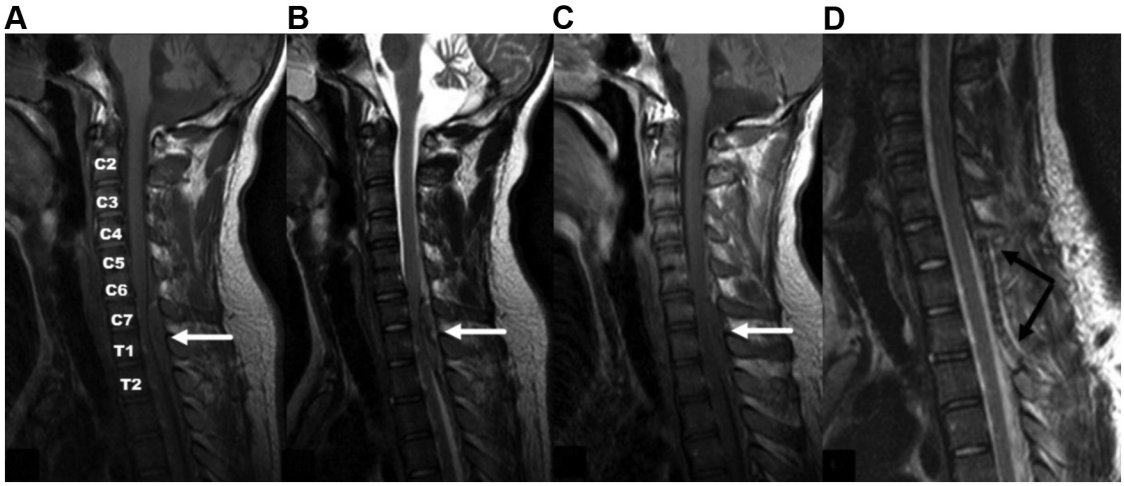

Fig. 1. Sagittal T1-weighted (A), T2-weighted (B), and postcontrast T1-weighted (C) images. Epidural hematoma is seen at C7–T2 level (white arrow). Drainage catheter is seen at operation area on sagittal T2-weighted images (D) at postoperative period (black arrow).

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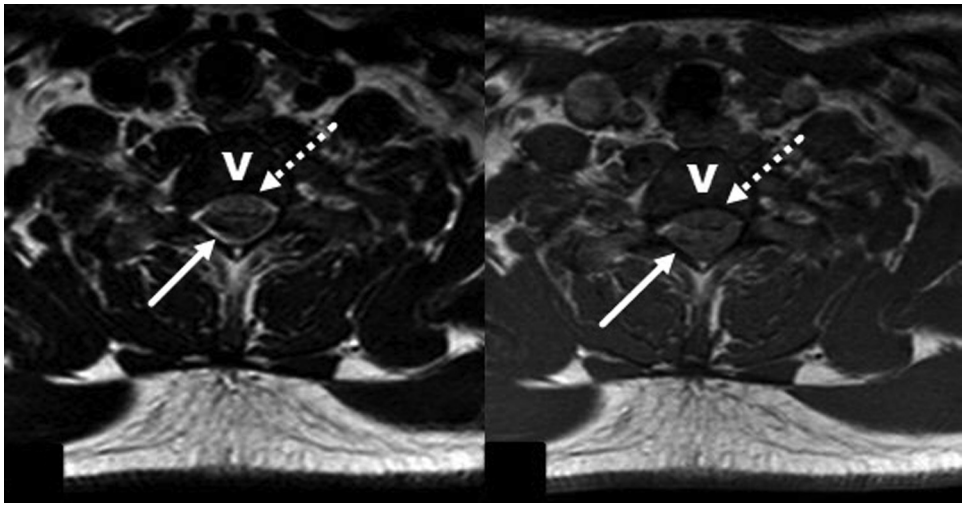

Fig. 2. Axial T1-weighted (Left) and T2-weighted (Right) images show that hematoma is at the posterior epidural space (arrow) and compresses the cord significantly (dashed arrow). V, vertebra.