Spontaneous Spinal Epidural Hematoma
Tanima Das*, Arup K Kundu**, Sandip Ghosh***, Anupam Maity****, Nirmalya Roy*****

A 74 years old male patient presented with ‘sudden onset’ back pain and weakness of both the lower limbs of 6 hours duration. Weakness was associated with stiffness and girdle sensation at the level of nipples; sensory-loss was present up to the D₅ (thoracic spinal level). He had right sided unilateral root pain, along with urgency and hesitancy of bladder; constipation was stated on enquiry. There was neither any H/O involvement of the upper limbs, nor any history suggestive of involvement of cranial nerves/ preceding history of diarrhea/ vaccination; fever, arthralgia, skin rash, bleeding manifestations, trauma, recent weight loss or H/O similar symptoms in the past was absent. He was nondiabetic but hypertensive, which was controlled with amlodipine. The patient suffered from ischemic heart disease and was on anti-platelet drugs, statins, and occasionally sublingual nitrates. He had no addictions.

At presentation, his vitals were stable. Neurological examination revealed flaccid lower limbs with girdle sensation at D₅, power grade 2/5 in both lower limbs with loss of all deep and superficial reflexes; plantar response was bilaterally extensor. All modalities of sensory loss were present up to the D₅ level. Ophthalmoscopy and cranial nerve examinations were normal. Other systemic examinations were within normal limits.

Blood for routine investigations and biochemistry were normal. MRI of dorso-lumbar spine showed a longitudinal lesion extending from D₄ to L₁ causing extradural compression of the cord without involvement of the vertebrae or intervertebral discs (Figures 1 and 2). Neurosurgical consultation suggested immediate decompression. The patient was operated almost 72 hours after onset of symptoms. A dark coloured spinal epidural hematoma was detected during laminectomy. Patient improved marginally after operation. He was advised physiotherapy and stoppage of anti-platelet drugs.

Spontaneous spinal epidural hematoma (SSEH) is a rare entity. It is an emergency which requires urgent diagnosis and decompressive management to prevent serious permanent neurodeficit. Delay in presentation and diagnosis might be hazardous. Any bleeding diathesis or medications like anticoagulants, anti-platelet drugs may predispose this condition. However, the underlying cause is a network of weakened epidural veins or locus minoris resistentiae.

References

*Assistant Professor of Medicine, R.G. Kar Medical College, Kolkata-700 004, West Bengal; **Professor of Medicine, KPC Medical College, Kolkata-700032, West Bengal; ***RMO cum Clinical Tutor, Medicine, ****Postgraduate Trainee R.G. Kar Medical College, Kolkata-700 004, West Bengal; *****Assistant Professor of Medicine, KPC Medical College, Kolkata-700032, West Bengal
Received: 27.01.2011; Revised: 29.03.2011; Accepted: 28.04.2011