Acute Cauda Equina Syndrome Secondary To Spontaneous Intraspinal Intradural Extramedullary Hematoma Post Streptokinase Infusion: A Case Report.

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INTRODUCTION:

Nontraumatic spontaneous intradural extramedullary hematoma are extremely rare. It could lead to spinal cord compression and have devastating consequences.

CASE REPORT:

A case of 59 years old gentleman was admitted to medical ward for acute myocardial infarction. He was successfully thrombolysed. After 3 days on infusion streptokinase, he had sudden onset of bilateral lower limb weakness and with urinary and bowel retentiont. Clinical findings showed complete neurology. A magnetic resonance imaging result showed an intradural hematoma extending from T9 until L5 compressing the spinal cord and cauda equina. He was scheduled for emergency decompression with high risk consent in view of recent thrombolysis with concurrent subarachnoid hemorrhage. Despite having normal coagulation profile, he refused surgery & defaulted follow up.

Figure 1

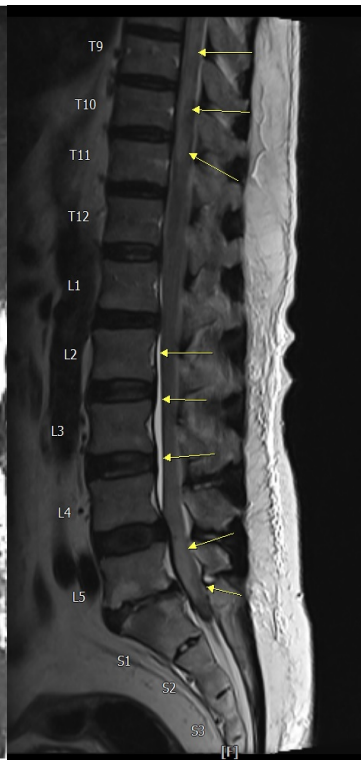

Figure 2

DISCUSSION :

Emergency surgical decompression should be done within 24-48 hours for this patient as there is significant improvement of motor and sensory deficits as well as urinary and retal function[1]. There have been rare cases reported in the literature showed spontaneous recover without surgical procedure [2] . Other cases reported showed substantial clinical improvement after bed rest and intense rehabilitation programme.

CONCLUSION:

Any sign of acute spinal cord compression with patient post anti-coagulant thrombolysis should be suspected with coagulapathy-induced spinal hemorrhage. Surgical decompression has proven relatively good outcome..

REFERENCES:

1. Ahn Uri et al . cauda equina syndrome secondary to lumbar disc heniation, Departments of Orthopaedic , Surgery and Oncology, Johns Hopkins University School of Medicine, Baltimore, MD 21287, USA.
2. Tamano Y et al. spontaneous resolution of idiopathic spinal subdural hematoma. Department of Neurosurgery, Higashisaitama Hospital, Tokyo.