

# Thoracic Spinal Subdural Hematoma: A Rare Case Report

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## Introduction

Spinal subdural hematoma (SSH) is a very rare entity. It is a neurological emergency. Subdural spinal hematoma may also occur after trauma and iatrogenic procedure, including spinal epidural anaesthesia and lumbar puncture. Causative factors also include coagulopathy, use of anticoagulant or antiplatelet therapies, vascular malformation, spinal tumour, and others. The differential diagnosis of an intradural mass includes haematoma, lipomatosis, abscess and tumours. MRI is the investigation of choice. In our case the MRI findings were suggestive of a haematoma.

## Report

An 81-year-old man presented with progressive bilateral lower limb radiculopathy and paraesthesia with claudication of three months' duration. There was no history of bleeding diathesis and recent trauma. MRI revealed a subdural space occupying lesion compressing the spinal cord at T6 level producing a 'Y' shaped dural sac (Y sign). The STIR sequence showed hypointensity of cord.

## Conclusion

Spontaneous non traumatic spinal subdural hematomas (SSH) are rare and literature is sparse. The pathogenesis and aetiology of SSH are unclear. Various theories have been studied like migration from the intracranial space, redistribution of subdural hematoma to dependant areas in lower lumbar spine and collection of blood in the "intradural" space. The MRI findings in a spinal bleed vary according to the stage of bleed and chronologically label these haematomas as hyper-acute, acute, subacute and chronic. The chronic hematoma is usually hypointensity on T1W and T2W images. Our patient had a chronic subacute haematoma. The "Y" shaped sign we noted, is similar to the "Inverted Mercedes Benz" sign described by Kasliwal et al. This sign is a result of the encasement of blood around arachnoid lined neural structure. This helps to differentiate between an epidural

and subdural location of the haematoma. There are no definite guidelines for management. Treatment involves conservative management with serial MRI in cases with preserved neurology. Authors suggest that the knowledge of MRI appearance with respect to the chronological stage of the bleed is essential to avoid diagnostic and hence surgical dilemma.



*Fig. 1 showing 'Y' sign in dural sac*



*Fig. 2 showing hypointensity of cord*

## References

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2. Jenn-Yeu Song et al. Traumatic subdural hematoma in the lumbar spine. Kaohsiung Journal of Medical Sciences. Volume 27, Issue 10, October 2011, Pages 473-476.