

A RARE CASE OF ATRAUMATIC SPONTANEOUS SPINAL CORD INJURY- OWL EYE SIGN

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Introduction: Owl eye sign represents a bilateral symmetrical ovoid foci seen on high T2 -weighted image(T2WI) in MR imaging. It is a classical sign of spinal cord infarction affecting anterior spinal artery. This finding in MRI is relatively rare, only few cases have been reported in literature.

Discussion: A 45 year-old lady with known history of Atrial septal defect (ASD) was referred to our center for sudden onset of incomplete spinal cord injury. While doing her daily job she suddenly had constricting pain over the thoracic region and subsequently noted numbness and unable to feel her bilateral lower limb. She denied trauma, fever or previous history of lower backache. On examination, the power of her lower limb was full with normal reflexes, no clonus and babinski sign downgoing. However, there was reduced sensation for pain and temperature from T10 level onwards with intact proprioception. MRI revealed no anatomical compression over spinal cord but likely anterior spinal cord infarction/ ischemia of spinal cord at T10 level. She was subsequently work-out for lupus and antiphospholipid syndrome. All investigations showed normal result, and echocardiogram had no evidence of vegetation.

Conclusion: The sudden acute loss of sensorimotor is a red flag that requires immediate management. Although the incidence of spontaneous atraumatic spinal cord infarction is rare, it may be determined by careful clinical examination supported by MRI findings.