

WHITE CORD SYNDROME : A DISASTER TO KEEP IN MIND

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Introduction: White cord syndrome or reperfusion injury of chronically ischemic spinal cord is a very rare occurrence and most of the time is diagnosis of exclusion. It is a complication post posterior spinal decompression surgery where patient develop acute paralysis post procedure. We present a case of quadriplegia following posterior spinal decompression.

Discussion: A 24 year old gentleman presented with progressive bilateral lower limb weakness with myelopathy sign. examination show power both lower limb intact but weak. We proceed with CT cervical and finding shows anterior and posterior bridging osteophytes with significant spinal canal stenosis caused by posterior bridging osteophytes at C6/C7 level. MRI shows C6/C7 disc prolapse with canal stenosis and cord compression. we proceed with posterior decompression and spinal instrumentation. preoperative, post fibre optic neurology intact. During post operative review, upon examination, neurology lower limb worsening with power 0/5 at left lower limb. MRI urgent was ordered and shows improving stenosis, otherwise other finding similar to MRI before operation. We started the patient on steroid and started him on rehabilitation.

Conclusion: The mechanism of acute weakness following cervical spine decompression in absence of technical cause is not fully understood, but current theory suggest reperfusion injury in most likely the cause. Still, it remains the diagnosis of exclusion.