

# ACUTE LIMB ISCHAEMIA MASQUERADING CAUDA EQUINA SYNDROME

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## INTRODUCTION:

Bilateral lower limbs neurological deficit is commonly due to spine pathology. However, there were cases from vascular aetiology being reported to present with acute paraplegia. (1,2)

## REPORT:

Madam M, a 52-year-old lady with underlying diabetes mellitus, hypertension, mitral stenosis and atrial fibrillation, presented with back pain with bilateral S1 radiculopathy for one month and sudden onset of bilateral lower limbs weakness and numbness associated with urinary incontinence.

This patient was referred to rule out spine pathology. Neurological examination of bilateral lower limbs showed reduced power (as shown in the table below), absence of ankle reflex and reduced sensation bilateral L2 to S1 dermatome. Per rectal examination showed reduced perianal sensation.

Myotome	MRC power grading	
	Left	Right
L2	2	4
L3	2	4
L4	2	3
L5	1	3
S1	1	3

**Table 1: Power grading of lower limbs**

The patient then underwent magnetic resonance imaging (MRI) spine urgently. However, MRI was not suggestive of any spine pathology.

She subsequently developed right lower limb coldness in the ward. Urgent referral was made to vascular team. No signals of Doppler from popliteal artery and distally. Right acute limb ischaemia (Rutherford III) was diagnosed and the patient underwent urgent right above knee amputation.



**Figure 1: MRI spine. Sagittal with Axial views at L4/L5 level.**

Few hours after the operation, patient complained of coldness over the left foot. Vascular assessment was carried out and it showed no Doppler signals from the left PTA and DPA. She was diagnosed with left acute limb ischaemia (Rutherford IIA) and proceeded with urgent left femoral artery embolectomy. Left lower limb was salvageable and patient was discharged home after 10 days of hospitalization.

## CONCLUSION:

This case highlights the need of considering vascular causes especially in patients with vascular risk factors presenting with acute paraplegia.

## REFERENCES:

1. Lai et al., Aortoiliac occlusive disease presenting as sudden onset paraplegia. *Ann Vasc Surg* 2014; 1-3.
2. Chhetri et al., Acute flaccid paraparesis secondary to bilateral ischaemic lumbosacral plexopathy. *Q J Med* 2013; 106:463–465