

Atraumatic Tetraplegia.

¹Dhivakaran Gengatharan

Orthopedic and Traumatology Department, Hospital Duchess of Kent, Sandakan Sabah

INTRODUCTION:

Atraumatic acute cervical disc herniation resulting in tetraplegia is a rare condition described in a limited number of literature¹. There are approximately only 10 cases described in literature².

REPORT:

A 32-year old lady with an underlying history of diabetes mellitus presented to us with radicular neck pain and stiffness that was progressively worsening for 4 days. On the day of presentation, when she was getting up from bed, she developed sudden onset of body weakness but was still able to walk. In a few hours, she was unable to move all 4 limbs. Her vital signs upon presentation was normal including her capillary blood sugar. Neurological examination showed sensation below C4 dermatome bilaterally was 0. Power grade below C4 myotome was 0 bilaterally. Bulbocavernosus reflex was absent. There were no abnormalities in her radiographs other than loss of normal cervical lordosis. We sent her for an urgent MRI of the cervical spine which showed C3/C4 disc protrusion with suspicious intradural extension causing severe spinal cord compression and edema. (Figure 1) (Figure 2).



Figure 1

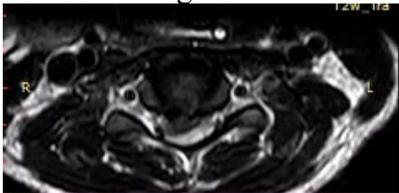


Figure 2

She was then sent to the operation theatre for anterior cervical discectomy and fusion of C3/C4. Intraoperatively, extruded disc material was removed (Figure 3). There was a puncture hole in the dura however Valsalva maneuver intraoperatively was negative. The patient is still recuperating in Intensive Care Unit at time of submission of this abstract.



Figure 3

CONCLUSION:

Cervical disc herniation associated with acute tetraplegia is very rare. Prompt diagnosis with appropriate imaging and urgent decompression is of utmost importance to improve the neurological outcome.

REFERENCES:

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2. Chen, S. H., Hui, Y. L., Yu, C. M., Niu, C. C., & Lui, P. W. (2005). Paraplegia by acute cervical disc protrusion after lumbar spine surgery. *Chang Gung medical journal*, 28(4), 254-257.