

Acute Aortic Dissection Camouflaged As Cauda Equina Syndrome

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INTRODUCTION:

Aortic dissection is a tear in intimal layer which leads to progression of dissection due to entry of blood between intima and media. Hence this leads to reduced blood flow which affects structures distally such as spinal cord in which patient presents with acute neurological symptoms.

REPORT:

A 32-year-old Malay male with underlying hypertension and bronchial asthma presented to emergency department complaining of abdominal pain, lower back pain and bilateral lower limb weakness following a fall at home in sitting position. Further history noted patient had substance abuse prior to fall.

Upon assessment in emergency department patient appeared to be agitated with on and off drowsiness. He is however oriented to time, person and place. The pupil was pin pointed.

Neurological examination reveals power and sensation of upper limb was normal. However, the power and sensation of bilateral lower limb from L2 to S1 was zero. His last normal sensation at T10 level. Reflexes were hyporeflexia. Per rectal examination reveals anal tone was lax, voluntary anal contraction absent and BCR was absent. Patient bilateral lower limb was cold and peripheral pulse was absent.

Urgent bedside Doppler was done over bilateral lower limb however no signal detected. Urine toxicology screening showed positive amphetamine, methamphetamine and benzodiazepine. Chest x-ray noted widening of mediastinum

Patient was pushed for urgent CT angiogram of thorax. Upon review noted Stanford A aortic

dissection. Case was referred to cardiothoracic team for urgent operative interventions.

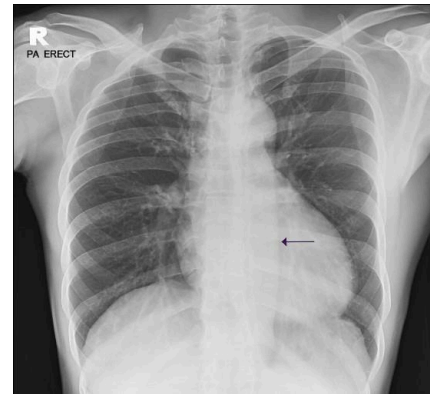


Figure 1: Chest X-ray



Figure 2: CT Angiogram of Thorax

CONCLUSION:

It is important to include acute aortic dissection as one of the differential diagnosis when encountering patient with sudden onset of lower limb weakness and bladder bowel dysfunction.

REFERENCES:

1. David N. Zull, Rita Cydulka, Acute paraplegia: A presenting manifestation of aortic dissection, *The American Journal of Medicine*, Volume 84, Issue 4, 1988, Pages 765-770