

## Uncommon presentation of Cauda Equina in pregnancy

<sup>1</sup>Nordin AI; <sup>1</sup>Zamil NA; <sup>1</sup>Othman NH; <sup>1</sup>Razali AF, <sup>1</sup>Lazura; <sup>2</sup>M Nazarallah MH<sup>2</sup>; <sup>1</sup>Loong YS

<sup>1</sup>Department of Orthopaedics, Hospital Ampang, Selangor

<sup>2</sup>Orthopaedic Unit, Universiti Sains Islam Malaysia

### INTRODUCTION:

Cauda Equina (CE) is a surgical emergency and should be promptly treated. CE in pregnancy is rare and it poses a great challenge in investigation and treatment<sup>1</sup>. The literature revealed CE in pregnancy usually presented with severe lower back pain and urinary incontinence<sup>1,2</sup>. We report a case of CE in pregnancy which presented only with urinary incontinence and saddle anaesthesia with no apparent lower back pain.

### REPORT:

A 33-year-old gravida 2 at 35 weeks with underlying gestational diabetes mellitus, presented to us with a complaint of urinary incontinence and no bowel output for 4 days. She denies any history of trauma or back pain. Clinically, the patient had reduced perianal sensation with no significant neurological deficit of bilateral lower limbs. Her condition deteriorated clinically within 24 hours with significant neurological reduction of bilateral lower limbs. Laboratory investigations were unremarkable.

MRI reported an L4/L5 intervertebral disc bulge with possible annular tear and sequestration of disc material causing spinal canal stenosis and compression of cauda equina and bilateral L4/L5 nerve roots. The decision was made after careful consideration between the obstetrics and spine surgical teams. The patient underwent an emergency Caesarean section followed by bilateral laminectomy and nerve root decompression.

Postoperatively, the patient did not show any complications and gave birth to a healthy baby. The saddle hypoesthesia immediately resolved after surgery. The patient had a full recovery from bowel and urinary dysfunction.

### CONCLUSION:

In the majority of cases, CE usually presented with chronic lower back pain with saddle anaesthesia. In this case, the absence of lower back pain may cause difficulty in diagnosing the condition. However, in an uncommon presentation of just saddle anaesthesia and incontinence a possible diagnosis of CE still should be considered. MRI is the gold standard for investigation and it is safe during pregnancy if used without gadolinium-contrast. The management should be an interdisciplinary decision between obstetric, spine and paediatric team for favourable outcome to the condition.



Figure 1: MRI revealing L4/L5 intervertebral disc bulge causing nerve root compression

### REFERENCES:

1. J.F.J. Viseu Pinheiro et al., International Journal of Surgery Case Reports 49 2018 14-16
2. Tayfun Hakan, Journal of Neurosciences in Rural Practice, 2012 May-Aug; 3(2): 197-199
3. Gatta G et al, Journal of Personalized Medicine 2022,12,9