

Atraumatic cervical epidural hematoma in an unlucky young male: a case report

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INTRODUCTION:

Spinal epidural hematoma (SEH) is a very rare cause of acute spinal cord compression and is estimated to occur in approximately 0.1% of 100,000 individuals. Patient can present with neurological deficits ranging from focal cervical radiculopathy to complete quadriplegia. Here, we present a case of spinal cervical epidural hematoma after lifting a heavy object in an adult patient.

REPORT:

A 39 years old, Chinese, gentleman, no comorbid, non-smoker was brought to the emergency department due to the sudden onset of bilateral lower limb weakness upon walking up from sleep. He had a history of lifting heavy objects a few days prior to his body weakness, otherwise, deny any history of trauma over the neck or back region

Based on physical and neurological examination, he had complete neurology (Frankel Classification Grade A) with sensory level C7. An acute cervical spinal cord disorder was suspected and an urgent magnetic resonance imaging (MRI) examination was ordered. MRI report revealed a cervicothoracic extradural spinal lesion causing spinal cord edema and likely impingement of the left C7 and C8 exiting nerve roots. The patient underwent posterior instrumentation and decompression over C5, C6, T1, and T2 was done. Intraoperatively, we discovered cervical epidural hematoma extending from C5-T1, evacuated around 20cc blood clot.

During follow-up of 6 months, the neurological function of the patient did not greatly recover.

Figure 1: T1 (left) and T2 (right) of cervical MRI

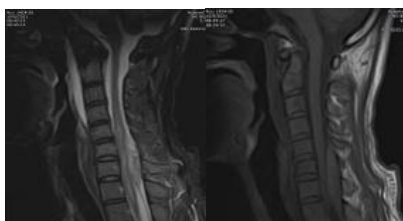


Figure 2: Hematoma evacuated intraoperatively



CONCLUSION:

Spontaneous cervical epidural hematoma (SCEH) is a rare disorder. Early diagnosis with MRI and hematoma evacuation within 24 h of symptom onset is critical to maximize recovery.

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