

Spontaneous Spinal Epidural Haematoma in pregnancy



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CLINICAL PRESENTATION

- 27 year old female
- Antenatal, 32 weeks
- Sudden onset back ache and weakness of both lower limbs
- Progressed to paraplegia and bilateral lower limb numbness
- No H/o trauma
- Clinical Diagnosis: Transverse myelitis D6 level

MRI

- Well defined, biconvex, longitudinally oriented lesion in the epidural space
- D4 to D7 level with cord edema
- Located posteriorly on right pushing the spinal cord anteriorly and to left, compressing it.
- T1 hyperintense, T2 hypointense, STIR hypointense
- Blooming on Gradient
- Contrast not performed- pregnancy
- Diagnosis: Early Subacute Spinal Epidural Hematoma

SHE WAS MANAGED WITH..

- Lower segment caesarean section and delivery
- Followed by laminectomy and decompression, in the same sitting
- Per op –Evacuation of blood clot about 10g
- HPE: Chronic non specific inflammation with no evidence of neoplasm / AVM

DISCUSSION

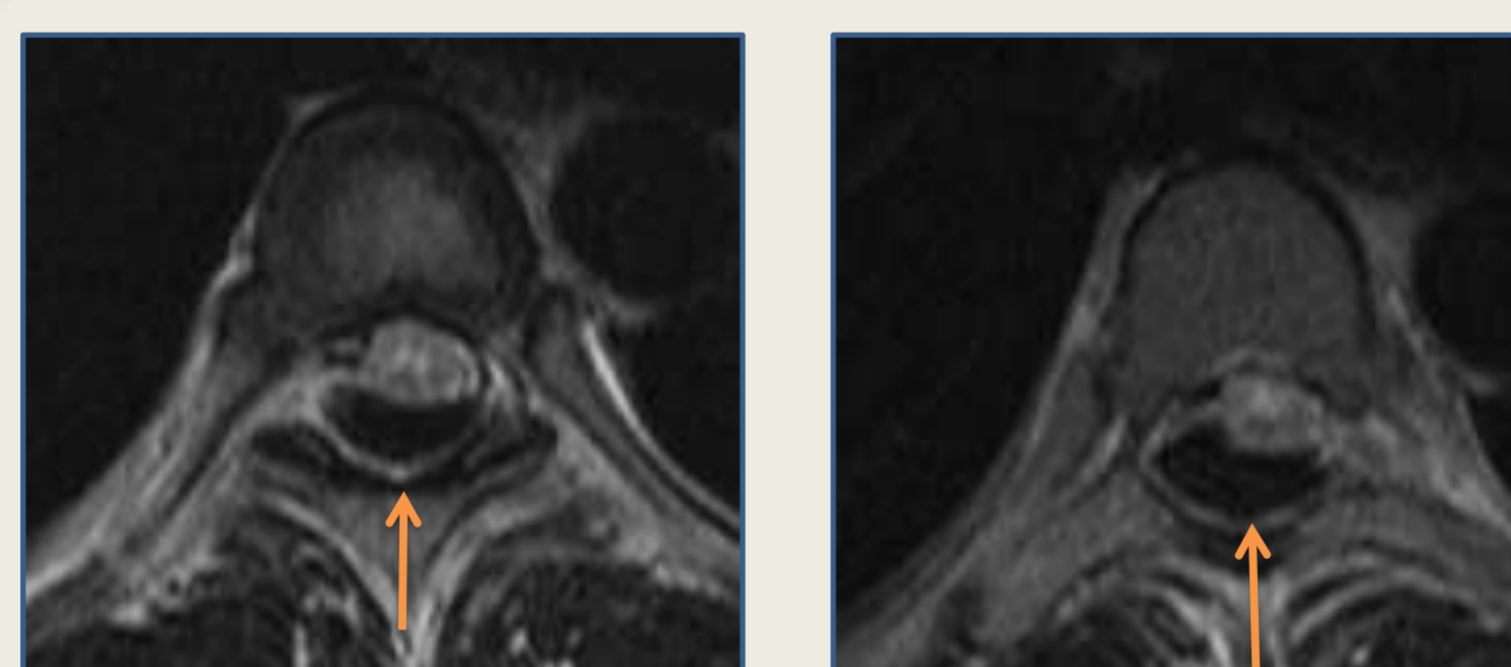
- Spinal epidural hematoma
- Rare spinal emergency, < 1% of spinal space-occupying lesions
- Incidence 0.1 per 100,000 patients per year
- Pregnancy related epidural haematoma- even more rare entity
- World wide- only 5 documented cases reported



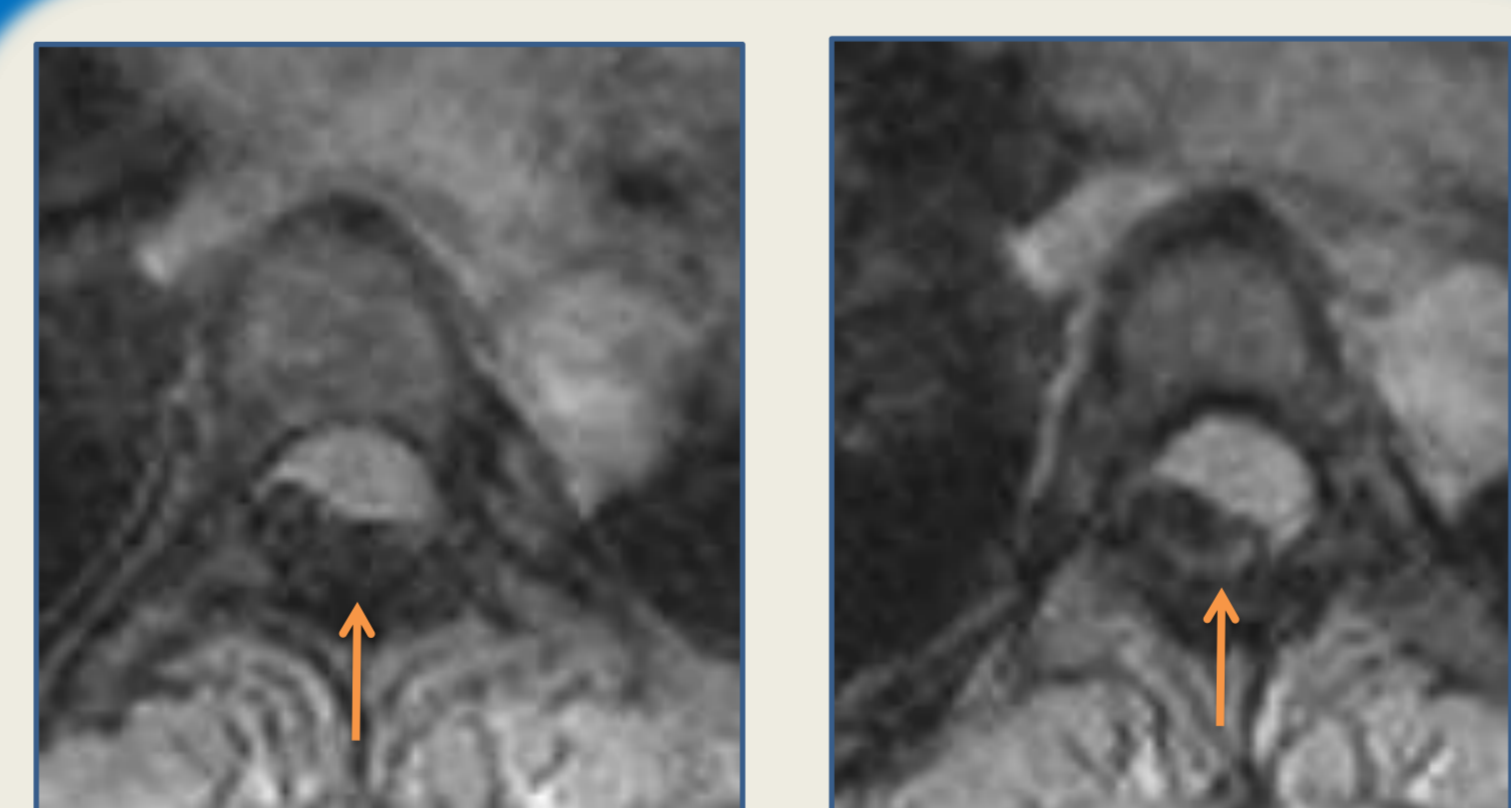
T₁ Sagittal



T₂ Sagittal



T₂ Axial



Gradient



STIR Coronal

ETIOLOGY

- 40–50% of cases - no underlying cause identified
- Clotting disorders
- Epidural veins valveless, in low pressure epidural space.
- Unprotected from sudden increases in intra-abdominal or intrathoracic pressure
- Veins-rupture and haemorrhage
- Most often located in the thoracic and cervicothoracic region

INVESTIGATIONS

- Conventional Myelography - epidural lesion with partial or complete spinal block
- Conventional CT - false negative results if haematoma is isodense to the thecal sac or the spinal cord
- Contrast enhancement predominantly in hyperacute/acute stages
- MRI diagnostic method of choice for spinal emergencies

Differential diagnosis

- Neoplastic lesions like Metastasis
- Epidural Abscess
- Subdural Hematoma

CONCLUSION

- Early Diagnosis for full recovery
- MRI important diagnostic role
- Surgery to be performed as rapidly as possible

REFERENCES

- The British Journal of Radiology, 77 (2004), 881–884 E 2004 The British Institute of Radiology, DOI: 10.1259/bjr/58217479.
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