

Autonomic dysreflexia

Autonomic **dysreflexia** (AD), also known as autonomic hyperreflexia or mass reflex, is a condition and a potential medical emergency classically characterized by uncontrolled hypertension and bradycardia, although tachycardia is known to occur.

AD occurs most often in individuals with spinal cord injuries with lesions above the T6 spinal cord level, although it has been reported in patients with lesions as low as T10.

The uncontrolled hypertension in AD may result in mild symptoms, such as discomfort, blurred vision and headache; However, severe hypertension may result in potentially life-threatening complications including seizure, intracranial bleed, or retinal detachment.

A 66-year-old man with a history of complete C7 **quadriplegia** presented with new-onset **autonomic dysreflexia** that resulted from **Charcot spinal arthropathy** (CSA). Pathologic instability, in the atypical site of the mid-thoracic spine, spanning from the **T8-T9 vertebral** levels was appreciated on physical exam as an audible, palpable, and visible dynamic **kyphosis**; kyphosis was later confirmed on neuroimaging. Based on the CSA severity and sequelae, the patient underwent bilateral decompression laminectomy with lateral extracavitary arthrodesis and posterior instrumentation. Symptoms dramatically improved and at 1-year follow-up, dynamic thoracic kyphosis and most symptoms of autonomic dysreflexia had resolved.

Based on our case and published reports, vigilant imaging and thorough physical examination in long-standing spinal cord injury could help early diagnosis and treatment of CSA, theoretically preventing development of cord atrophy and subsequent long-term sequelae. Surgical correction rather than bracing may be recommended in patients who have complete injury at or above T6 in patients with symptoms of autonomic dysreflexia associated with CSA confirmed on neuroimaging ¹⁾.

¹⁾

Gibson JL, Vuong SM, Bohinski RJ. Management of autonomic dysreflexia associated with Charcot spinal arthropathy in a patient with complete spinal cord injury: Case report and review of the literature. Surg Neurol Int. 2018 May 29;9:113. doi: 10.4103/sni.sni_287_17. eCollection 2018. PubMed PMID: 29930879; PubMed Central PMCID: PMC5991269.

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