

The nerve roots extending from the lumbar spine are susceptible to compression, leading to CES. Intervertebral discs can be dislocated to different degrees, contributing to such compression. Various etiologies of CES include fractures, abscesses, hematomas, and any compression of the relevant nerve roots.

Injuries to the thoracolumbar spine will not necessarily result in a clinical diagnosis of CES, but in all such cases it is necessary to consider. Few epidemiological studies of CES have been done in the United States, owing to difficulties such as amassing sufficient cases as well as defining the affected population, therefore this is an area deserving of additional scrutiny.

Traumatic spinal cord injuries occur in approximately 40 people per million annually in the United States, resulting from traumas due to motor vehicle accidents, sporting injuries, falls, and other factors.

An estimated 10 to 25% of vertebral fractures will result in injury to the spinal cord.

Thorough physical examinations are required, as 5 to 15% of trauma patients have fractures that initially go undiagnosed.

Gender of CES patients admitted to the hospital. CES is slightly more common in men than women. The most frequent injuries of the thoracolumbar region are to the conus medullaris and the cauda equina, particularly between T12 and L2.[8] Of these two syndromes, CES is the more common.

CES mainly affects middle-aged individuals, particularly those in their forties and fifties, and presents more often in men.

It is not a typical diagnosis, developing in only 4 to 7 out of every 10,000 to 100,000 patients, and is more likely to occur proximally.

Disc herniation is reportedly the most common cause of CES, and it is thought that 1 to 2% of all surgical disc herniation cases result in CES.

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