

Spinal chronic subdural hematoma

Chronic subdural hematoma (CSDH) is uncommon in the spine. Most spinal CSDH occur solitary in the lumbosacral region. We report a rare case of multiple spinal CSDHs associated with hematomyelia. Herein, the diagnostic and therapeutic management of the complex spinal CSDHs is reviewed, along with the pertinent literature. CASE DESCRIPTION:

A 79-year-old woman on warfarin therapy presented with lower back pain and progressive lower extremity weakness developed in two weeks. She had paraplegia and urinary incontinence. Thoracolumbar magnetic resonance imaging (MRI) showed a CSDH from the T12-L3 level compressing the cauda equina. In addition, one-shot whole-spine MRI showed another CSDH and hematomyelia at the T2-3 level. The patient underwent L2-3 hemilaminectomy, which revealed a liquefied subdural hematoma. Moreover, delayed T2 laminectomy exposed an organized subdural hematoma and xanthochromic hematomyelia. After each surgery, the patient showed significant motor recovery. Finally, the patient could walk, and the urinary catheter was removed. CONCLUSIONS:

A spinal CSDH may occur in multiple regions and may be associated with hematomyelia. Whole-spine MRI is useful to examine the entire spine for CSDH accurately and thoroughly. Comprehensive surgical exploration of all symptomatic hematomas may restore the neurological functions even with delayed surgery ¹⁾.

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Oichi Y, Toda H, Yamagishi K, Tsujimoto Y. Multiple spinal chronic subdural hematomas associated with thoracic hematomyelia: a case report and literature review. World Neurosurg. 2019 Aug 5. pii: S1878-8750(19)32125-4. doi: 10.1016/j.wneu.2019.07.209. [Epub ahead of print] PubMed PMID: 31394354.

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