

Spontaneous spinal epidural hematoma clinical features

The clinical picture of [spontaneous spinal epidural hematoma](#) is fairly consistent but nonspecific. Usually starts with severe [back pain](#) with a radicular component. It may occasionally follow minor straining and is less commonly preceded by major straining or back trauma. Spinal neurologic deficits follow, usually progressing over hours, occasionally over days. Motor weakness may go unnoticed when patients are bedridden with pain.

[Long-tract signs](#) ([Babinski sign](#)...) may indicate it.

Spontaneous [spinal epidural hematoma](#) (SSEH), is a rare condition that typically presents with acute [back pain](#) and paraparesis or quadriparesis. However, hemiparesis is a rare initial symptom of SSEH, and requires prompt diagnosis and management to prevent morbidity and mortality ^{1) 2)}.

Eueba et al. report two cases of SSEH presenting with hemiparesis, which were difficult to distinguish from cerebral stroke. In both cases, source images of MR angiography were useful for the diagnosis of SSEH. The first patient was an 84-year-old man who presented with monoparesis in the left lower extremity, without back pain. He was initially misdiagnosed with a cerebral stroke and treated inappropriately with antiplatelet agents. Five days after admission, the correct diagnosis of SSEH was made based on cervical magnetic resonance imaging. Source images of cervical MR angiography also revealed SSEH. He was managed conservatively because of his relatively mild symptoms and stable condition, and his symptoms improved by rehabilitation. The second patient was a 72-year-old woman who presented with right hemiparesis and back pain. Source images of cervical MR angiography revealed a right posterolateral epidural hematoma, and underwent emergency surgical decompression and hematoma removal. We emphasize that SSEH should be considered in the differential diagnosis for patients with acute hemiparesis, even though they do not complain of back pain, and that source images of neck MR angiography could be useful for quickly screening for SSEH ³⁾.

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