

Thoracic Spinal Epidural Hematoma

A **Thoracic Spinal Epidural Hematoma (TSEH)** is a rare condition involving blood accumulation in the **epidural space** of the thoracic spine, which may compress the spinal cord and cause acute neurological deficits.

□ Definition

A collection of blood between the **dura mater** and the **vertebral wall** in the **thoracic spinal canal**.

□ Epidemiology

- **Incidence:** ~0.1 per 100,000/year (all SEH); thoracic less common.
- **Age:** More frequent in adults >40 years.
- **Gender:** Slight male predominance.

⚠ Etiology / Risk Factors

- **Spontaneous Thoracic Spinal Epidural Hematoma** (idiopathic, coagulopathy, vascular malformations)
- **Traumatic** (even minor trauma or spinal manipulation)
- **Iatrogenic** (epidural injection, lumbar puncture)
- **Neoplastic or infectious** (rare)

□ Clinical Presentation

- **Acute thoracic back pain**
- **Motor deficits:** paraparesis or paraplegia
- **Sensory level** loss
- **Sphincter dysfunction**
- May mimic:
 - Aortic dissection
 - Stroke
 - Transverse myelitis

□ Diagnosis

- **MRI spine with contrast:** gold standard
 - Identifies epidural blood compressing spinal cord
- **CT:** less sensitive; useful for bony abnormalities
- **Spinal angiography:** if vascular lesion suspected

✂ Management

- **Urgent surgical decompression** (laminectomy)
 - Especially if deficits are severe or worsening
- **Conservative** management:
 - Only in stable or improving patients
- **Correct coagulation disorders**

▢ Prognosis

- Best outcomes if surgery within **12 hours**
- Prognosis depends on pre-op neurological status and delay to treatment

▢ Key Points

- Acute thoracic back pain + neurological signs = emergency MRI
- Delay in diagnosis/treatment → permanent damage
- Early decompression = key to neurological recovery

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Last update: **2025/05/23 19:05**

