

# Traumatic spinal epidural hematoma

Traumatic [spinal epidural hematoma](#) is a rare condition and usually causes progressive neurological deficits <sup>1)</sup>.

Traumatic causes of [spinal epidural hematoma](#) include [vertebral fractures](#), obstetrical birth trauma, lumbar punctures, postsurgical bleeding, and missile injuries.

Reports of lumbar puncture-induced spinal EDH have primarily concerned patients with hematological disorders or those receiving anticoagulation therapy<sup>1</sup>. Spinal EDH's are rarely reported in association with spine fractures, with the incidence ranging from 0.5% to 7.5% in several series.

In neonates suffering from obstetrical birth trauma, EDH's are a major factor in spinal cord injury, occurring in 85% of one series of cord-injured neonates.

In children and young adults, traumatic spinal EDH may occur without bone disruption because of the greater elasticity of the spinal column.

Spinal EDH's due to trauma are relatively uncommon and have usually caused progressive neurological deficits and required surgical decompression <sup>2)</sup>.

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see [Cervical spinal traumatic epidural hematoma](#).

## Case series

Seven patients with neurologic impairment due to traumatic SEH were retrospectively analyzed after diagnosis and surgical treatment. Thoracic localization was found in 5 cases, and lumbar and cervical localization were found in 1 patient each. One patient was affected by [ankylosing spondylitis](#) and one by [diffuse idiopathic skeletal hyperostosis](#). SEH was associated with [spine fractures](#) in 6 cases. Only 2 cases of traumatic SEH resulted from high-energy trauma. All patients underwent surgical decompression within 24 hours after admittance to the hospital. Three patients recovered completely, 3 remained paraplegic, and 1 remained monoplegic. Several concomitant conditions are suggested to be predisposing factors for the development of SEH, although its inherent mechanism is still unknown. Two patients in the present series were affected by rheumatologic disorders, confirming the elevated incidence of hematomas in such patients compared to the normal population. Three very unusual cases of SEH occurred in senile patients affected by osteoporotic fractures. Early diagnosis and urgent decompression of the hematoma remain mandatory <sup>3)</sup>.

<sup>1)</sup>

Lefranc F, David P, Brotchi J, De Witte O. Traumatic epidural hematoma of the cervical spine: magnetic resonance imaging diagnosis and spontaneous resolution: case report. *Neurosurgery*. 1999 Feb;44(2):408-10; discussion 410-1. PubMed PMID: 9932898.

<sup>2)</sup>

Fop D, Rossier AB: Post-traumatic spinal epidural hematoma. *Neurosurgery* 11:25-32, 1982

<sup>3)</sup>

Tamburrelli FC, Meluzio MC, Masci G, Perna A, Burrofato A, Proietti L. Etiopathogenesis of Traumatic Spinal Epidural Hematoma. *Neurospine*. 2018 Mar;15(1):101-107. doi: 10.14245/ns.1834938.469.

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