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O-RAQ-21 - SPINAL CORD HERNIATION AND REPAIR

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Resumen

A 33 year-old woman presented with a 20-month history of slowly progressing back pain followed by gradually reduced sensation in her left leg. Neurological examination revealed a sensory level at T7 with loss of pain and temperature on the left side of the trunk and lower limb, and mild paresis of the right leg (Brown-Séquard syndrome). Magnetic resonance imaging demonstrated a ventral displacement of the spinal cord at the T7-T8 level. An anterior dural defect caused the extrusion and incarceration of the cord. Spinal cord herniation is an uncommon but treatable, and often misdiagnosed, cause of myelopathy. It preferentially affects women, almost always in the mid-thoracic region. Etiology and pathogenesis are controversial. Surgery is offered to prevent further neurological deterioration. This patient underwent surgical repair of the dural defect and repositioning of the cord to its normal anatomical position. Ten months after surgery the patient has completely recovered strength and the sensory defect is improved. This surgical video shows how the anterior dural defect can be sutured with metallic micro-staples with little artifact effect on postoperative MR images.