



Neurocirugía

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P194 - ABOUT POST-OPERATIVE BROWN-SÉQUARD SYNDROME: A REVIEW

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Resumen

Introduction: Among all types of spinal cord injuries, Brown-Séquard syndrome (BSS) is a rare neurological condition caused by a hemi-lesion of the spinal cord. BSS is characterized by an ipsilateral absence of motor control and discriminatory/proprioceptive/vibratory sensation at and below the spinal level involved, plus a loss of contralateral temperature and pain sensation, a couple of vertebral segments below the lesion. BSS mostly has a traumatic etiology, but it can also be caused by surgical interventions. Analysis and review of the clinical setting of BSS after surgery and presentation of a case after spinal cord decompression.

Case report: An 82 year-old male, with a known diagnosis of prostate cancer was admitted in the emergency department after the onset of a 3 days progressive paraparesis (grade 3 motor strength, with no sensory involvement). The MRI showed a posterior epidural tumoral mass centered to D3-D4. A surgical decompression was performed and immediately after surgery a clinical worsening was observed with the onset of a BSS. The control MRI showed an ischemia in a hemi-section of the spinal cord. The patient didn't improve during follow-up.

Discussion: This rare entity must be considered as a surgical complication after decompressive spinal cord surgery related with iatrogenic intra-operative lesion or vascular injury. However, most of the published cases have a favorable outcome and show complete or partial reversibility of the motor and sensory loss of function. Nevertheless, this is not always the rule, being important a proper understanding of this pathology.