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P-046 - ACUTE SPONTANEOUS SPINAL SUBDURAL HEMATOMA – AN UNLIKELY DIAGNOSIS OF AN URGENT PATHOLOGY

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Resumen

Introduction: Subdural hematomas are an infrequent spinal pathology, representing 4.1% of spinal hematomas. Among their etiologies, traumatic, iatrogenic, and spontaneous causes are recognized. The spontaneous cause has been associated with risk factors such as coagulopathy, the use of anticoagulants, or underlying vascular malformations. The first described case was published in 1948 (Schiller et al.), and there are reports of case studies and limited case series in the literature. Currently, their detection and diagnosis have increased due to the development of imaging techniques.

Case report: We present the case of an 84-year-old patient, anticoagulated with acenocoumarol, diagnosed with a spontaneous subdural hematoma at the T11 to L2 level, presenting with acute motor neurological deficit in the lower extremities. The patient initially presented with intense lumbar pain radiating to the lower limbs, developing lower limb plegia after 3 days of evolution. An urgent spinal MRI was performed, revealing an extramedullary intradural hematoma extending from T11 to L2, with signs of compressive myelopathy up to the T10 level. Given the findings, urgent surgical intervention was decided for evacuation and spinal decompression, with a complete laminectomy at T12, L1, and L2, followed by hematoma evacuation. Posoperative exploration revealed a T8 spinal cord injury, classified as AIS C.

Discussion: Although rare, spinal subdural hematomas constitute a surgical emergency that, although evacuable, can lead to non-recoverable neurological deficits. In cases of spontaneous etiology, they are more commonly found at the dorsal level, with dorsal-lumbar presentations being the least frequent. Their most common clinical manifestation is an acute neurological deficit with paresis or plegia of the limbs. Early diagnosis and surgical evacuation are of paramount importance for the functional prognosis of the patient.