Thoracic Spinal Cord Herniation- Delayed Diagnosis is a Major Concern.

A Hussain, A Khorsandi, M Gowan, J Daniel

Citation

A Hussain, A Khorsandi, M Gowan, J Daniel. *Thoracic Spinal Cord Herniation- Delayed Diagnosis is a Major Concern.*. The Internet Journal of Neurology. 2008 Volume 11 Number 2.

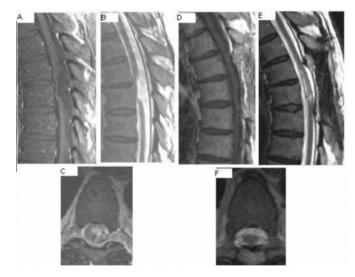
Abstract

Sir,

A 54 year-old man presented with 3 years of progressive left foot drop and 4 months of proximal weakness in right leg. Hypoesthesia between left T8 and T10 levels. There was 0/5 strength of left ankle dorsiflexors, invertors and evertors. There was 3/5 strength of left hamstring, iliopsoas and right extensor digitorum brevis. No abdominal reflex but brisk ankle and knee jerks. Babinski's signs with increased tone in both lower extremities. MRI (Figure: A-F) of thoracic spine showed T5/T6 anterior thoracic spinal cord herniation. It is uncommon and often diagnosed late or misdiagnosed as a presumed posterior intradural arachnoid cyst.1,2 Prompt diagnosis and treatment can prevent severe disability.

Figure 1

Figure: Pre-operative images: Sagittal spin echo T1-WI (A), FSE T2-WI (B), Axial FSE T2-WI (C) — Left anterolateral herniation (C), There is anterior displacement of the thoracic cord at T5/T6 level within the ventral epidural space abutting directly the posterior aspect of the T5/T6 disc and the corresponding vertebral body. Post-operative images: Sagittal spin echo T1-WI (D), FSE T2-WI (E), Axial FSE T2-WI (F), showing resolution of thoracic cord herniation at T5/T6 disc level with gliotic anterior cord atrophy.



References

- 1. Ignacio JB, Jonathan BL, Alberto LG, Leon T, et al. Diagnosis an treatment of spinal cord herniation: a combined experience. J Neurosurg Spine 5:294-302, 2006
- 2. Ghostine S, Baron EM, Perri B, Jacobson P, et al. Thoracic cord herniation through a dural defect: description of a case and review of the literature. Surg Neurol. 2008 Jan 18. [Epub ahead of print]

Author Information

A Hussain

A Khorsandi

M Gowan

JL Daniel