

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

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Citation

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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

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