Teaching *NeuroImage*: Spontaneous idiopathic spinal subdural hematoma

N. Montano, MD
C.G. Nucci, MD
F. Doglietto, MD
A. Cianfoni, MD
C. Lucantoni, MD
P. De Bonis, MD
G. Tamburrini, MD
M. Visocchi, MD

Address correspondence and
reprint requests to Dr. Francesco
Doglietto, Institute of
Neurosurgery, Catholic
University School of Medicine,
Largo Agostino Gemelli, 8, 00168
Rome, Italy
frandog@tiscali.it

A 54-year-old woman with autosomal dominant polycystic kidney disease, who had received a renal transplant 10 years previously, came to our attention for acute low back pain, associated with fecal and urinary incontinence. General examination was unremarkable. Neurologic examination showed a T7 level of hypoesthesia, paraparesis, and Babinski sign bilaterally. Emergency spine MRI revealed acute subdural hematoma at T6-T8 level (figure, A–C), which was surgically evacuated.

There was no evidence of vascular malformations intraoperatively and both in early postoperative spinal MRI and delayed spinal angiography. Screening for bleeding disorders was unremarkable. The pa-

tient's neurologic status was normal at the 6-month follow-up.

Among the 19 cases with idiopathic spontaneous spinal subdural hematoma reported in the literature,¹ no patient had polycystic kidney disease, a condition which has been associated with vascular fragility.²

REFERENCES

1. Kyriakides AE, Lalam RK, El Masry WS. Acute spontaneous spinal subdural hematoma presenting as paraplegia: a rare case. *Spine* 2007;32:E619–E622.
2. Kim K, Drummond I, Ibraghimov-Beskrovnaya O, Klinger K, Arnaout MA. Polycystin 1 is required for the structural integrity of blood vessels. *Proc Natl Acad Sci USA* 2000;97:1731–1736.

Figure Sagittal T2-WI (A), unenhanced T1-WI (B), and axial T2-WI (C), showing a slightly T1-hyperintense and relatively T2-isohypointense circumferential extramedullary hematoma (arrows), compressing the spinal cord

The dura, visible as a thin linear T2 hypointensity (arrowheads), is not displaced, because the hematoma is subdural in location. A more common epidural hematoma would have displaced the dura away from the bony canal.

From the Institute of Neurosurgery (N.M., C.G.N., F.D., C.L., P.D.B., G.T., M.V.) and Institute of Radiology (A.C.), Catholic University School of Medicine, Rome, Italy.

Disclosure: The authors report no disclosures.

Neurology®

Teaching *NeuroImage*: Spontaneous idiopathic spinal subdural hematoma

N. Montano, C. G. Nucci, F. Doglietto, et al.

Neurology 2008;71:e27

DOI 10.1212/01.wnl.0000324930.79807.4f

This information is current as of September 2, 2008

Updated Information & Services

including high resolution figures, can be found at:
<http://n.neurology.org/content/71/10/e27.full>

References

This article cites 2 articles, 1 of which you can access for free at:
<http://n.neurology.org/content/71/10/e27.full#ref-list-1>

Subspecialty Collections

This article, along with others on similar topics, appears in the following collection(s):

All Clinical Neurology

http://n.neurology.org/cgi/collection/all_clinical_neurology

All Spinal Cord

http://n.neurology.org/cgi/collection/all_spinal_cord

Arteriovenous malformation

http://n.neurology.org/cgi/collection/arteriovenous_malformation

MRI

<http://n.neurology.org/cgi/collection/mri>

Other cerebrovascular disease/ Stroke

http://n.neurology.org/cgi/collection/other_cerebrovascular_disease__stroke

Permissions & Licensing

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:

http://www.neurology.org/about/about_the_journal#permissions

Reprints

Information about ordering reprints can be found online:

<http://n.neurology.org/subscribers/advertise>

Neurology® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright . All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.