Teaching Neuro*Image*: Spontaneous idiopathic spinal subdural hematoma

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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 patient'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

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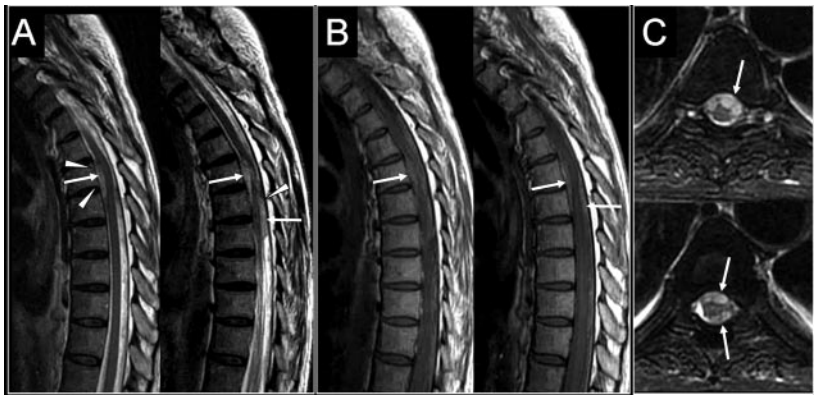
Figure **Sagittal T2-WI (A), unenhanced T1-WI (B), and axial T2-WI (C), showing a slightly T1-hyperintense and relatively T2-isohypointense circumferential extramedullary hematoma (arrows), compressing the spinal cord**



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.

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