Teaching *NeuroImages*: Acute neurologic deficits due to surfer's myelopathy

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Figure Surfer's myelopathy

(A) MRI thoracic spine demonstrates a long segment of increased short tau inversion recovery/T2 signal in the central spinal cord approximately spanning from T7/T8 to the conus. (B) Central hyperintensity in the central spinal cord at T8 and at (C) T12. (D) MRI lumbar spine was negative for compressive pathologies.

A previously healthy 32-year-old man developed acute onset of lower extremity weakness (American Spinal Injury Association [ASIA]–motor L2–S1, grade 2/5), T8 sensory level, and loss of bowel and bladder control (ASIA Impairment Scale [AIS] C) while surfing. The patient was a novice surfer and recalled a prolonged period in prone hyperextension. MRI spine was consistent with surfer's myelopathy, a rare nontraumatic cause of myelopathy found in novice surfers (figure).^{1,2} The etiology is postulated to be due to dynamic compression of the artery of

Adamkiewicz. The patient recovered full function with conservative management over 3 days. Full recovery is expected in patients with AIS B or better, as opposed to patients with AIS A, who typically do not recover.¹

AUTHOR CONTRIBUTIONS

Joshua Bakhsheshian: drafting/revising the manuscript for content, including medical writing for content, study concept or design, analysis or interpretation of data. Ki-Eun Chang: acquisition of data, analysis or interpretation of data. Ben A. Strickland: acquisition of data, analysis or interpretation of data. Dan A. Donoho: acquisition of data, analysis or

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