NEUROIMAGES

Spontaneous cervical epidural hematoma mimicking acute ischemic stroke

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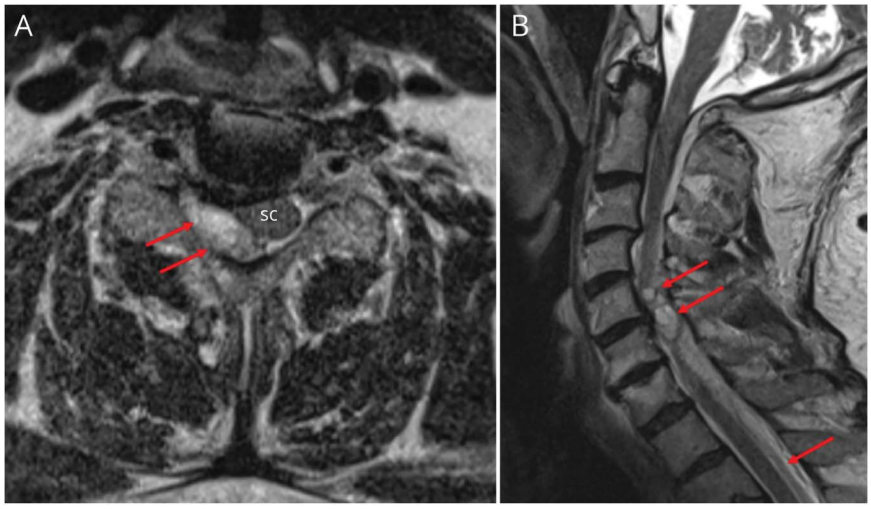
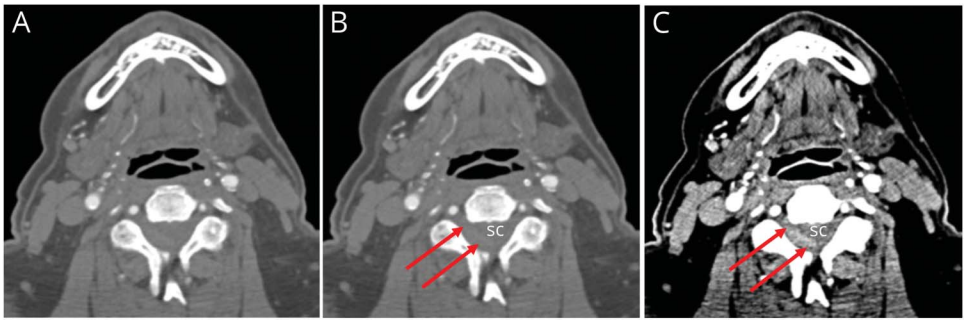
Figure 1 Cervical spine MRI



(A) Axial and (B) sagittal T2-weighted images demonstrate hyperintense extramedullary fluid collection (arrows) consistent with spinal epidural hematoma.

A 67-year-old man presented with acute right hemiparesis and hemianesthesia (NIH Stroke Scale score 5). Hyperacute neuroimaging was interpreted as normal. Following IV tissue plasminogen activator, his symptoms worsened, with concern for cervical radiculopathy. Upon

Figure 2 Head and neck CT angiogram (CTA) images



(A) Unlabeled and (B) labeled images with standard CTA window width/level settings and (C) tailored settings optimizing the density differential between epidural hematoma (arrows) and laterally displaced spinal cord (SC).

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reviewing the CT angiogram (CTA), a possible spinal epidural hematoma (EDH) was noted and subsequently confirmed with MRI (figure 1). Cryoprecipitate was administered. His symptoms gradually improved with conservative management. Spontaneous spinal EDH is rare (incidence: 0.1/100,000 per year).[1] Risk factors include hypertension and coagulopathy.[1] Although cervical spine EDH is best visualized with MRI,[2] dedicated attention to the CTA may reveal this uncommon stroke mimic prior to thrombolysis (figure 2).

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Disclosure

The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

Appendix Authors

Name	Location	Contribution
Rahul Rahangdale, MD	Department of Neurology, University of Minnesota, Minneapolis	Study design, acquisition of data, drafting of the manuscript
John Coburn, MD	Division of Neuroradiology, Midwest Radiology PA, St. Paul, MN	Interpretation of data, critical revision of the manuscript
Christopher Streib, MD, MS	Department of Neurology, University of Minnesota, Minneapolis	Study concept, critical revision of the manuscript

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