

Spinal Epidural Hematoma.

Every Imaging Technique Counts

AUTHORS

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CASE PRESENTATION

A **71-year-old female** patient was admitted to the emergency department because of **acute onset paraparesis alongside with thoracic pain that radiates like a belt**. A **thoracoabdominal CT angiography** was performed (Figure 1A, 1C) and the study was completed with an **MRI** (figure 1B, 1D).

DISCUSSION

Spinal epidural hematoma (SEH) is a rare spinal pathology which **differential diagnosis includes spinal abscess, spinal subdural hematoma** and other spinal masses. They usually present as a subtle **hyperdense (50-70 UH) extradural mass** in a patient with acute spinal cord compression syndrome. The best way to confirm the diagnosis is MRI. Blood may have different signal intensity depending on its evolution time.

CONCLUSION

SEH is most commonly caused because of spontaneous venous bleeds, especially in the context of over-anticoagulation or bleeding disorders. They usually locate in the **cervicothoracic region posterior to the tecal sac**.

Even though MRI confirms the diagnosis, the **spinal canal must be assessed carefully in CT imaging when a spinal cord injury is suspected**.

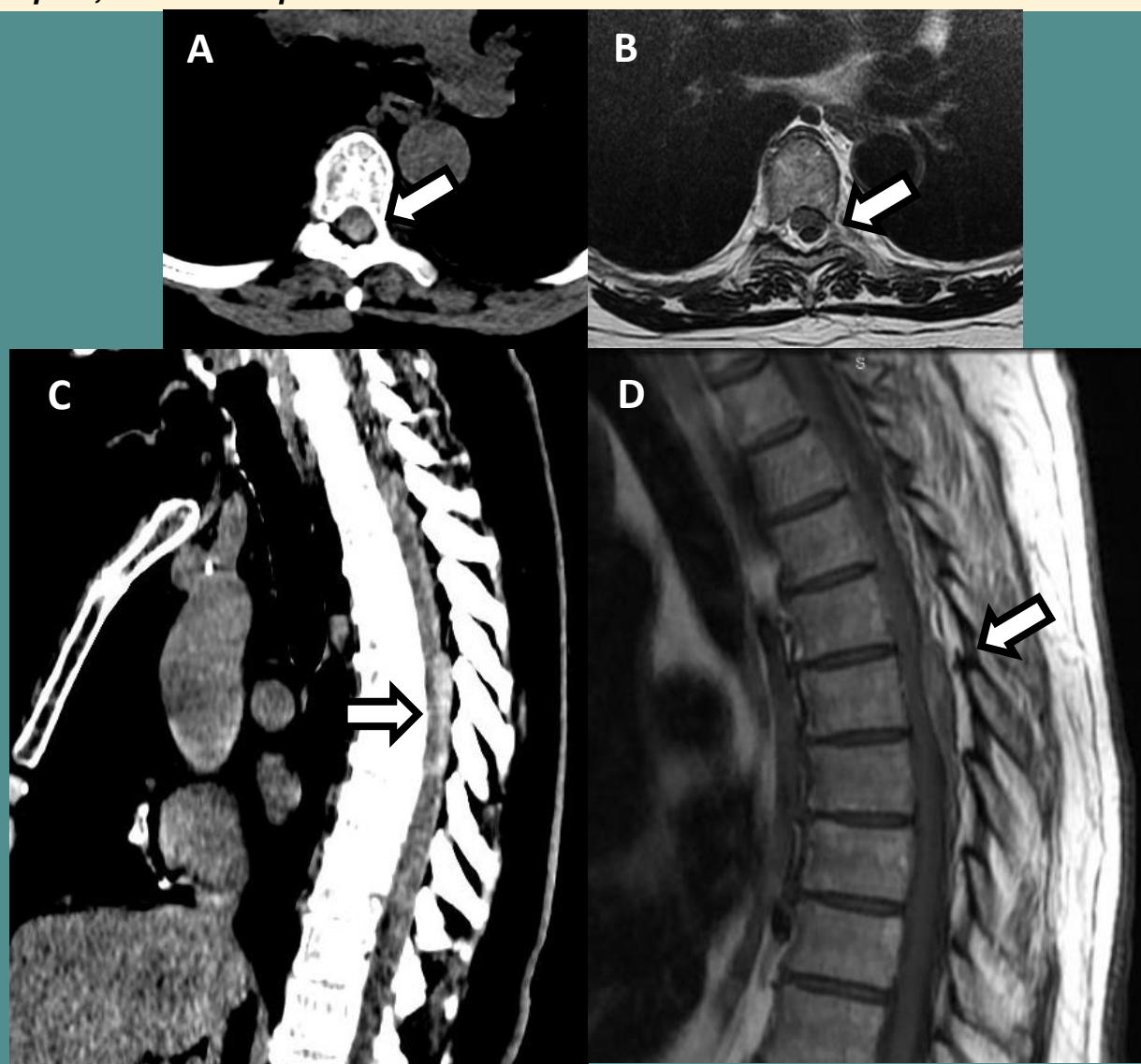


Figure 1. Unenhanced thoracoabdominal CT in axial (A) and sagittal (C) planes showing a hyperdense mass inside the thoracic portion of the spinal canal that compromises the spinal cord (white arrow). MRI correlation with the CT images showing an axial T2w hypointense (B) and sagittal T1w iso/hyperintense (D) fusiform collection that displaces the spinal cord anteriorly (white arrow) with no myelopathy signs. Findings compatible with thoracic-spine epidural hematoma.

Bibliography:

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