Spinal Cord Herniation which Manifested Stepwise Deterioration

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Case Summary

A 56-year-old man who presented hypesthesia on his left side below T 10 level was admitted to another hospital. His spinal MRI was considered as to be normal. His symptoms were sustained for five years and then he also had mild weakness in his right leg and hypesthesia on the right side below the T6 level. He was admitted to our hospital. MRI demonstrated that the spinal cord at the T2/3 level was dis-
placed anteriorly without a tumor in the ventral subarachnoid space (Picture 1B, C), suggesting that he suffered from spinal cord herniation (SCH). Moreover, it was noted that the initial MRI showed a slight deviation of the spinal cord at T2/3 level (Picture 1A). Intraoperatively the herniation was observed to extend into the dural defect without tumors in the subarachnoid space (Picture 1D, E), and therefore he was diagnosed as having idiopathic SCH. Operative decompression improved his right side weakness and hypesthesia.

SCH usually progresses slowly (1) but it may deteriorate in a stepwise and rapid fashion (2). MRI revealed the progression of SCH in line with the clinical deterioration in this case. Because surgical reduction of SCH brings remarkable recovery in many cases (3), we should include SCH in the differential diagnosis of myelopathy. We also should do follow-up MRI if the initial MRI shows a slight deviation of the spinal cord (2).

References


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