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Paraplegia after Myocardial Revascularization

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Paraplegia is one of the most severe and rare complications of post-operative coronary artery bypass graft (CABG) surgery, and neurologic injury is known to be a major cause of mortality and morbidity after CABG. We experienced two cases of patients who reported newly developed motor weakness of bilateral lower extremities after CABG surgery. A 61-year-old man underwent emergency CABG surgery for non-ST elevation myocardial infarction (NSTEMI). We performed percutaneous transluminal angioplasty of bilateral common iliac artery. The muscle strength was continued to 2/5 grade measured by manual muscle test. Right lumbosacral plexopathy and left sciatic and femoral nerve injury was diagnosed in nerve conduction study (NCS) and electromyography (EMG). The lumbar magnetic resonance image (MRI) of the patient showed no specific findings including spinal cord infarction. Another 38-year-old man visited emergency room with chest pain and was diagnosed with STEMI. Cardiogenic shock developed during coronary angiogram (CAG) and extracorporeal membrane oxygenation (ECMO) was performed thereby. The intra-aortic balloon pump (IABP) was used after the patient's vital sign was stable. After the procedure, the strength of both lower extremities was 2/5 grade when measured by MMT. The NCS and EMG results revealed bilateral sciatic and femoral nerve injuries. Paraplegia after myocardial revascularization is rare complication, and spinal cord infarction is reported to be the most common cause of motor weakness. We experienced two patients with paraplegia who were not caused by spinal cord infarction after the intervention.