

척수재활

게시일시 및 장소 : 10 월 19 일(토) 08:30-12:30 Room G(3F)

질의응답 일시 및 장소 : 10 월 19 일(토) 11:00-11:30 Room G(3F)

P 3-138

Spinal cord infarction in a patient with type A aortic dissection : A Case Study

Jae Young Lee^{1*}, Hyuk Kim², Kyu Hoon Lee^{1†}

Hanyang University Medical Center, Department of Rehabilitation Medicine¹, Hanyang University Medical Center, Department of Thoracic Surgery²

Introduction

Spinal cord infarction is an uncommon disease, and aortic dissection as etiologic factor for spinal cord infarction is extremely rare. Especially, spinal cord infarction after surgical or endovascular repair of an aortic aneurysm or dissection is reported as 0.74 % in patients with ruptured aneurysm or dissection compared to 0.16% with unruptured aneurysm. Also, there are two case reports of spinal cord infarction with type B aortic dissection. We now describe a case of spinal cord infarction due to type A aortic dissection without surgical repair.

Case report

A 60-year-old man, previously hypertension and arrhythmia diagnosed, visited emergency department for the paraplegia. He did not complain of back pain which is the most common symptom of aortic dissection. On physical examination, his motor grade was zero on bilateral hip flexors, knee extensors, ankle dorsiflexors, long toe extensors, and ankle plantar flexors. He represented anesthesia below the dermatome T9 including the perianal areas. No voluntary anal contraction and deep anal pressure was observed. Computed tomography revealed acute type A aortic dissection with a thrombosed false lumen(Intramural hematoma) from aortic root to abdominal aorta, just proximal to origin of left renal artery. Cervical and lumbar spine magnetic resonance imaging did not reveal the signal change of spinal cord. Thoracic spine magnetic resonance with diffusion revealed subtle cord signal change in lower T-spine.

Conclusion

Spinal cord infarction after aortic dissection is rare and most of the cases was arised after surgical or endovascular repair. Also, only spinal cord infarction with type B aortic dissection is reported. Type A aortic dissection can cause spinal cord infarction and like this patients, complete spinal cord injury can be occurred. So, when patient with paraplegia visits, if there is no lesion of cord compression, the evaluation of aortic dissection with computed tomography angiogram might be included for paraplegia although he or she does not complain of back pain.

