PP030 ACUTE SPINAL CORD INFARCT IN YOUNG ADULT

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INTRODUCTION

Acute spinal cord infract is rare but devastating disorder. Patient typically presented with acute paraparesis or quadriparesis. Fibrocartilaginous embolization is a potential cause of spinal cord infarct in adolescent.

CASE REPORT

We report a case of 15-year-old boy with no underlying medical illness who presented to us after developed sudden onset of weakness and numbness of bilateral upper limbs. Physical examination revealed a well-appearing teenager in acute respiratory distress with poor respiratory effort. He developed type 2 respiratory failure and required mechanical ventilation in emergency room. Motor system examination revealed reduced power over bilateral upper limb with strength of 1/5. Both upper limbs were hypotonic and biceps reflexes were absent. Magnetic Resonance Imaging (MRI) was performed and revealed long segment abnormal hyperintense signal in spinal cord from C2 until C7 in T2 weighted sequence and TIRM sequence. The diagnosis of acute spinal cord infarct was then made. He was admitted to ward for 6 weeks with partial improvement of his neurological status after inpatient active rehabilitation.

DISCUSSION AND CONCLUSION

Spinal cord infarct is difficult to diagnose clinically due to its rarity as compared to other common causes of acute myelopathy such as inflammatory causes or external compression. Spinal MRI with DWI plays a pivotal role in diagnosing spinal cord infarct. There is still no treatment guideline available for spinal cord infarct due to fibrocartilage embolization. The level of injury remains as an important prognostic factor for survival outcome. This case highlights the importance of recognizing rare causes of spinal cord pathology and considering infarction in the differential diagnosis of acute myelopathy. Awareness of this clinical entity may help to shorten turnaround time for reaching the diagnosis. Clinician should request for spinal MRI with DWI when raised clinical suspicion for spinal cord infarct.