

1510 - Metastatic Spinal Cord Compression Mimicking Cauda Equina Syndrome Illustrating Importance of Adequate Diagnostic Imaging

 Fri, Mar 6  6:00 PM – 7:00 PM

Case Diagnosis: Cauda Equina Syndrome from metastatic lesion due to prostate cancer

Case Description: We present a case of a 66-year-old Caucasian morbidly obese male, with prostate cancer and extensive metastatic involvement of the axial skeleton. He experienced acute onset of low back pain, bilateral lower extremity weakness, paresthesia, and urinary incontinence. CT was unchanged from two weeks prior to his acute admission with diffuse metastatic disease throughout the spine, severe spinal stenosis L2-L5 and no definitive epidural tumor. MRI was unattainable due to patient's large body habitus, but suspicion of Cauda Equina Syndrome remained paramount. L2-L5 laminectomy was completed. The patient showed improvement to motor strength and sensation in the lower extremities immediately following decompression. Seven days later the patient developed acute worsening of paralysis and complete paresthesia of his lower extremities. Repeat CT remained unchanged. Spinal myelogram was performed revealing a contrast block at T6-T7 consistent with an epidural tumor. A T4-T8 laminectomy and epidural tumor evacuation was performed.

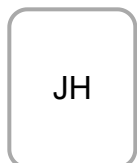
Discussions:

MRI is the gold standard for diagnosis of spinal cord compression (SCC) with 93% sensitivity and 98% specificity. Inability to obtain the MRI can hinder proper management in the emergent case of SCC. Inability to obtain definitive imaging does not give excuse to stop diagnostic work up. Alternative imaging modalities do exist and are useful for differential and definitive diagnosis.

Conclusions: Especially in cases where multiple lesions can be present, it is important to have definitive diagnosis with appropriate imaging studies.

This case illustrates the importance of adequate imaging to determine the exact cause of SCC even during an emergency mimicking cauda equina syndrome. Current guidelines recommend CT myelogram if the patient is unable to undergo MRI.

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