



E-QUID: ANSWER / *Neuroradiology*

Intracranial hypotension[☆]



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Case report

A 55-year-old woman suffering from lumbar and sciatic pain on alternating sides for over 10 years. Several operations on her spine were carried out abroad: C4-C5 and C5-C6 disc prostheses and the insertion of interspinous spacers 5 years ago in L3-L4, L4-L5 and L5-S1 without significant efficacy. A sacroradiculography was carried out without complications. It revealed the impairment of several discs without lumbar canal stenosis, and dynamic instability in L3-L4 and L4-L5. Since recent imaging was not available, a spinal MRI was carried out the next day (Figs. 1–3).

What is your diagnosis?

After reading the case report, which of the following proposals is your diagnosis:

- epidural hematoma;
- intracranial hypotension;
- epidural injection of iodine contrast agent;
- dural arteriovenous fistula with perimedullary venous drainage.

Diagnosis

Intracranial hypotension.

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[☆] Here is the answer to the case "Spinal MRI after sacro-radiculography" previously published. As a reminder we publish again the entire case with the response following.

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Figure 1. MRI of the cervical spine. T2-weighted sagittal section (TR/TE: 3427/102).

Comments

The MRI (Signa HDxt, General Electric, Fairfield, Connecticut, USA) reveals a posterior extradural collection of fluid that is well visible at the cervicodorsal level (Figs. 4 and 5). It is associated with the seeming adhesion of the roots of the cauda equina (Fig. 6). After the injection of gadolinium (Dotarem, Guerbet, Roissy, France), we note the dilation

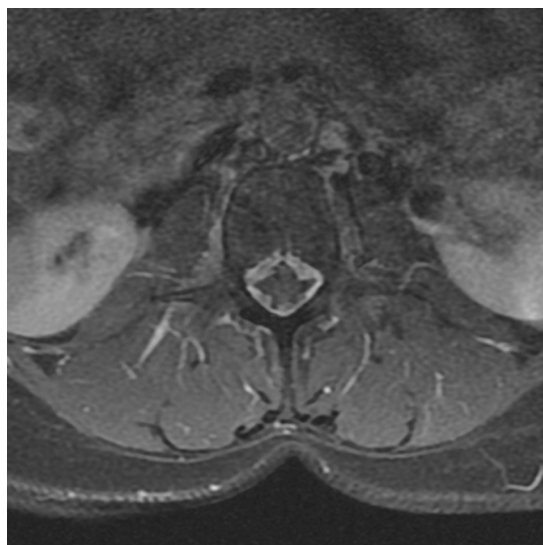


Figure 3. MRI of the lumbar spine. T1-weighted axial section with fat saturation (TR/TE: 761/9.208) after intravenous injection of gadolinium.

of the epidural venous plexus (Figs. 7 and 8). The appearance indicates a Monro-Kellie phenomenon compensating for the intracranial hypotension related to the recent sacroradiculography. Upon questioning, the patient reported headaches, mainly with prolonged standing. It remains moderate and spontaneously disappears after a few days.



Figure 2. MRI of the lumbar spine. T1-weighted sagittal sections (left image, TR/TE: 456/10) and T2-weighted sagittal sections (right image, TR/TE: 3046/105).

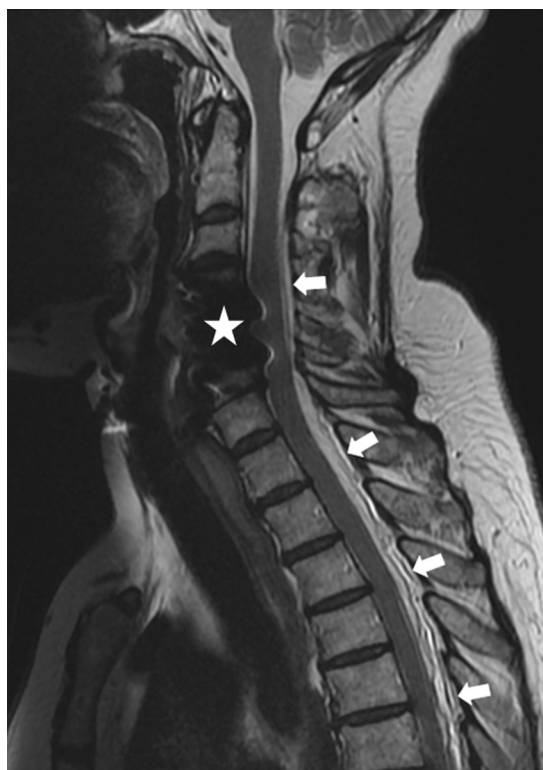


Figure 4. MRI of the cervical spine. T2-weighted sagittal section (TR/TE: 3427/102). Appearance of posterior epidural collection of fluid (arrow). Metal artefact of disc prostheses (star).

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