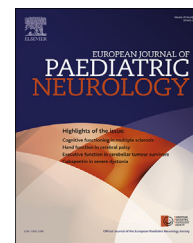




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Case Study

Progressive paralyzing sciatica revealing a pelvic pseudoaneurysm a year after hip surgery in a 12yo boy

Grégoire Boulouis ^{a,*}, Eimad Shotar ^a, Volodia Dangouloff-Ros ^a,
 Pierre-Henri Janklevicz ^b, Nathalie Boddaert ^a, Olivier Naggara ^{a,c},
 Francis Brunelle ^a

^a Department of Pediatric Radiology, Necker Enfants-Malades Hospital, Paris, France

^b Department of Pediatric Orthopedic Surgery, Necker Enfants-Malades Hospital, Paris, France

^c Department of Neuroradiology, INSERM U894, Descartes University, CH Sainte Anne, Paris, France

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ABSTRACT

Identifying extra spinal causes of a lumbar radiculopathy or polyneuropathy can be a tricky diagnosis challenge, especially in children. Among them, traumatic or iatrogenic pseudoaneurysms of iliac arteries have been seldom reported, in adults' series.

The authors report an unusual case of progressive paralyzing left sciatica and lumbar plexopathy in a 12 years old boy, 12 months after a pelvic osteotomy for bilateral hip luxation secondary to osteochondritis dissecans. Spine MRI and pelvic CT angiography revealed a giant internal iliac artery pseudoaneurysm, enclosed in a chronic hematoma.

The patient was successfully treated with endovascular coil embolization, and subsequent surgical hematoma evacuation. However, three months after treatment, neurological recovery was incomplete.

This case highlights the importance of a rapid and extensive diagnosis work up of all causes of lower limb radiculopathies in children, including pelvic arteries lesions especially after pelvic surgery to avoid therapeutic delays that may jeopardize the chances of neurological recovery.

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1. Introduction

Although rare, extraspinal causes of lumbar radiculopathies are well identified. Among them, iatrogenic or traumatic

pseudoaneurysms of iliac arteries have been seldom reported.^{1–4} Their identification is challenging, especially in children and when symptoms occurred in a delayed fashion after surgery or traumatism.

Abbreviations: CT, computed tomography; MRI, magnetic resonance imaging; DSA, digital subtraction angiography.

* Corresponding author. Department of Pediatric Radiology, Batiment Laennec, Hopital Necker Enfants-Malades, Rue de Sèvres, 75015 Paris, France. Tel.: +33 6 63 11 46 05.

E-mail address: gregoireboulouis@gmail.com (G. Boulouis).

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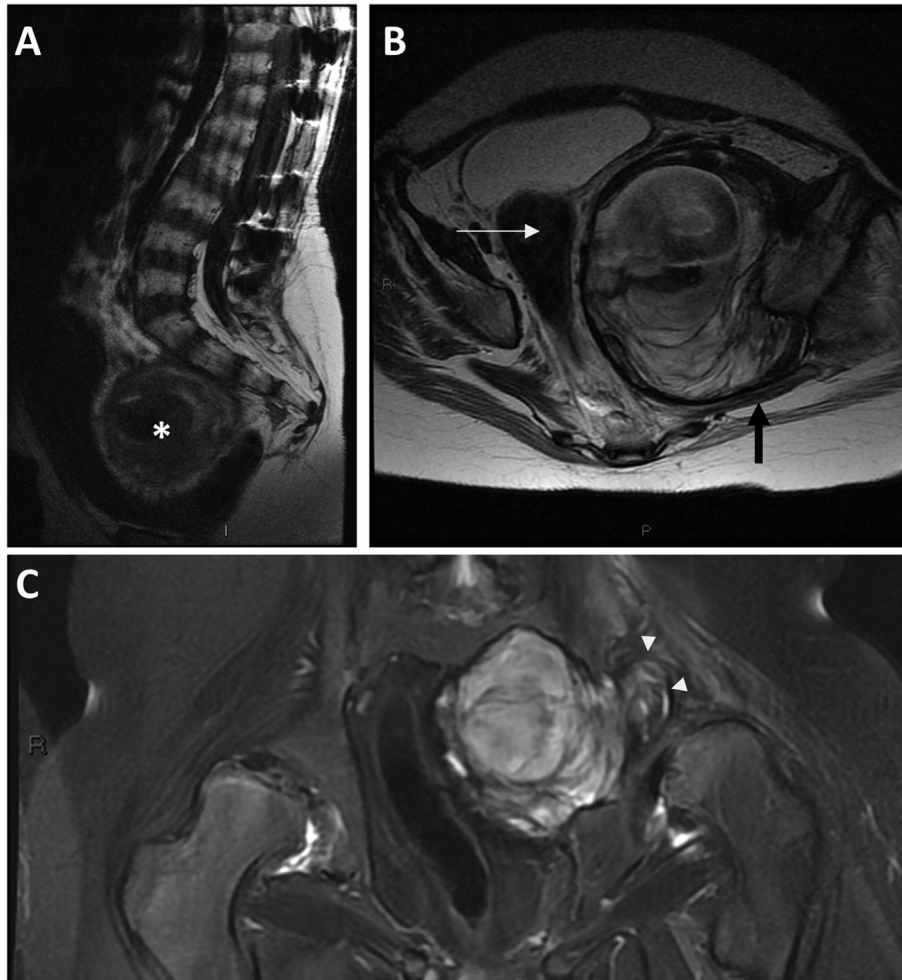


Fig. 1 – (A) Sagittal section of a T1 weighted lumbar spine MRI showing spinal anomalies related to MPS IVa and lumbar osteosynthesis material related to past surgery. A large rounded heterogeneous lesion is visible (white star). **(B–C)** Axial and coronal sections with and without fat signal saturation centered on the pelvic hematoma demonstrating its extension to the greater iliac incisure (white arrowheads) and its mass effect on the pelvic structures (horizontal arrow).

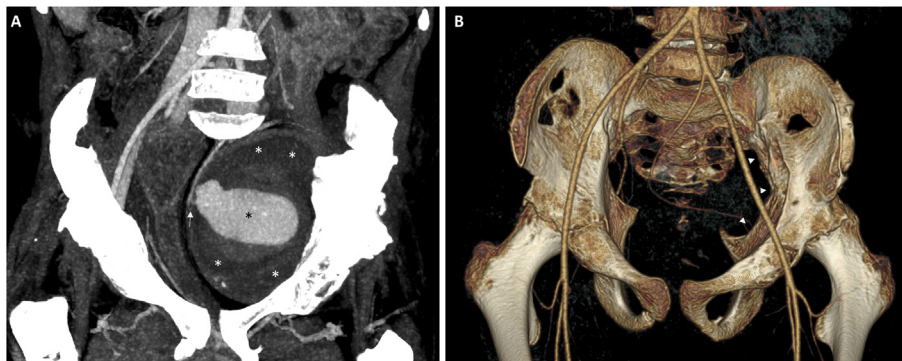


Fig. 2 – Coronal reformats of a pelvic angioCT in Maximum Intensity Projection (A) and Volume Rendering (B) views demonstrating a large circulating hematoma (pseudoaneurysm, black star) developed on the lateral aspect of the left internal iliac artery (vertical arrow), with a large filling defect on its periphery corresponding to a parietal clot (white stars). (B) Arrowhead show an enlargement of the greater iliac incisure due to the hematoma erosion developed over the months.

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