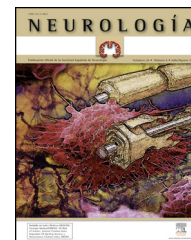




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ORIGINAL ARTICLE

Spontaneous spinal epidural haematoma: A retrospective study of a series of 13 cases[☆]



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KEYWORDS

Epidural haematoma;
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Myelopathy;
Spinal cord diseases;
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Abstract

Introduction: Spontaneous spinal epidural haematoma (SSEH) has an estimated incidence of one per million population. It is classified as spontaneous when no identifiable cause can be linked to its onset.

Objective: To describe a sample of patients with SSEH and analyse variables related to its functional prognosis.

Patients and methods: Retrospective study carried out in patients diagnosed with SSEH between 2001 and 2013 in our hospital.

Results: We included 13 subjects (7 men) with a mean age of 71 years. Of the total, 62% had hypertension and 54% were treated with oral anticoagulants; of the latter, 57% had an International Normalised Ratio above 3. The most frequent manifestation was spinal column pain (85%). Nearly all subjects presented an associated neurological deficit, whether sensory-motor (70%), pure motor (15%), or pure sensory (7%). Five patients underwent surgical treatment and 8 had conservative treatment. After one year, 3 of the patients treated surgically and 4 of those on conservative treatment had a score of 2 or lower on the modified Rankin Scale. Poorer prognosis was observed in patients with anticoagulant therapy, large haematomas, location in the lumbar region, and more pronounced motor disability at onset.

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PALABRAS CLAVE

Hematoma epidural;
Hematoma espinal;
Compresión medular;
Mielopatía;
Enfermedades
médula espinal;
Laminectomía

Conclusions: Old age, hypertension, and anticoagulant therapy are the main risk factors for SSEH. The typical presentation consists of back pain with subsequent motor deficit. In patients with established motor symptoms, surgical treatment within the first 24 hours seems to be the best option.

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Hematoma espinal epidural espontáneo: estudio retrospectivo de una serie de 13 casos

Resumen

Introducción: El hematoma espinal epidural espontáneo (HEEE) tiene una incidencia estimada de un caso por millón de habitantes al año. Se considera espontáneo cuando no se logra relacionar ninguna causa de forma directa con su aparición.

Objetivo: Describir una muestra de pacientes con HEEE y analizar las variables relacionadas con el pronóstico funcional del mismo.

Pacientes y métodos: Estudio retrospectivo de pacientes diagnosticados de HEEE en nuestro centro entre 2001 y 2013.

Resultados: Trece pacientes, 7 varones, con edad media de 71 años. El 62% presentaba hipertensión arterial (HTA) y el 54% utilizaba anticoagulantes orales, teniendo una razón normalizada internacional >3 el 57% de ellos. La presentación clínica más frecuente fue dolor en columna vertebral (85%). El 92% asoció déficit neurológico en forma de síndrome sensitivo-motor (70%), motor puro (15%) o sensitivo puro (7%). Cinco pacientes recibieron tratamiento quirúrgico y 8 fueron tratados de forma conservadora. Al año, 3 de los pacientes tratados de forma quirúrgica y 4 de los de manejo conservador tenían una puntuación igual o menor de 2 en la Escala Rankin Modificada. Se observó peor pronóstico en pacientes anticoagulados, en hematomas de mayor extensión, en hematomas localizados en región lumbar y cuando el compromiso motor inicial era mayor.

Conclusiones: La edad avanzada, la HTA y la anticoagulación son los principales factores asociados con el HEEE. La presentación típica consiste en dolor en la columna vertebral seguido de déficit motor. En pacientes con déficits motores establecidos, el tratamiento quirúrgico dentro de las primeras 24 h parece ser la mejor opción terapéutica.

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Introduction

Spontaneous spinal epidural haematoma (SSEH) is a rare disease that may lead to rapid and irreversible neurological impairment. Early diagnosis and treatment are therefore essential.^{1–4} Haematoma is considered to be spontaneous when no causes can be directly associated with its onset, as occurs in 40% to 50% of cases.^{5–7} However, there are some well-known predisposing factors, including blood dyscrasia, use of anticoagulant or antiplatelet drugs, tumours (ependymomas, neurinomas, or spinal cord gliomas), pregnancy, etc.^{1–18} Its estimated incidence rate is 1 new case per million population per year, accounting for 0.3% to 0.9% of all space-occupying spinal cord lesions.^{4,5,8,11–16,19–21} The most common clinical presentation features pain in the spinal column with a radicular component; this may be accompanied or followed by clinical signs of acute myelopathy.^{3,4,6–8,11–13,15,17,19,20,22–24} Early clinical diagnosis and confirmation with an imaging study (preferably an MRI scan) are of vital importance.^{7,9,10,19,25} SSEH is considered a surgical emergency since early haematoma evacuation is

associated with better functional outcomes.^{1,4–6,9,11,21,23,26,27} Conservative treatment is a reasonable option when neurological impairment is minimal or when patients experience significant spontaneous improvement during the first hours after onset.¹

Objective

The purpose of the present study is to describe a sample of patients diagnosed with SSEH in our hospital, and to identify and analyse the variables that may affect their functional prognosis.

Patients and methods

We conducted a retrospective descriptive study of the patients attended and diagnosed with SSEH at Hospital General Universitario Gregorio Marañón, Madrid, between

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