

CASE DESCRIPTION

A 71-year-old male presented with gradual left arm weakness secondary to cervical meningioma. He subsequently underwent posterior cervical C2-C4 laminectomy and resection of the mass. Upon presenting to acute rehabilitation, he was only noted with mild left leg weakness. Admission venous duplex revealed acute, bilateral common femoral DVTs, and he was cleared by neurosurgery to start on therapeutic enoxaparin. On day 11, patient was noted with new right leg weakness. CT head was negative for acute stroke; however, CT cervical spine revealed a 7.4cm x 5.1cm x 8.5cm hematoma at C2-C3 resulting in cord compression. He was started on dexamethasone and transferred back to acute care for neurosurgical intervention. During his transfer, patient developed tetraplegia. He underwent urgent evacuation of the cervical hematoma with neurosurgery. Post-operatively, patient improved neurologically, and he was admitted back to acute rehabilitation, where physical exam revealed no weakness in his arms and 4/5 strength in both legs.

IMAGING STUDIES



A) CT cervical spine in sagittal view shows C2-C3 laminectomy and anterior displacement of the posterior aspect of the thecal sac due to a hematoma



B) CT cervical spine in transverse view demonstrates thecal sac narrowing

DISCUSSION

Compression of the cervical spine can represent a true medical emergency. We present a case where the initial physical exam finding of a C2-C3 cervical hematoma was right leg weakness. This unilateral finding was an unusual localization for a high cervical lesion, which typically presents with bilateral symptoms. The patient's unilateral weakness was more characteristic of a stroke, resulting in CT head imaging. However, cervical spine imaging was also pursued due to his recent surgical history and current anticoagulation.

CONCLUSION

Our patient's initial finding of right leg weakness due to C2-C3 spinal cord compression is not characteristic of a high cervical lesion, which typically manifests with bilateral symptoms. By highlighting an atypical case, we hope to increase clinician awareness of a potential presentation of cervical hematoma as timely intervention can decrease patient morbidity.

REFERENCES

- Gopalkrishnan CV, Dhakoji A, Nair S. Spontaneous cervical epidural hematoma of idiopathic etiology: case report and review of literature. *J Spinal Cord Med.* 2012;35(2):113-117.
- Holtas S, Heiling M, Lonntoft M. Spontaneous spinal epidural hematoma: findings at MR imaging and clinical correlation. *Radiology* 1996;199(2):409-13