

Abstract

Introduction

Spinal epidural hematoma (SEH) is a rare pathologic entity that accounts for less than 1% of all space-occupying spinal canal lesions [2,8]. Even more rare are spontaneous spinal epidural hematomas (SSEH), defined as a SEH without a known traumatic or inciting cause, with a reported incidence of 0.1 cases per 100,000 annually [1,2]. Currently, there is a paucity of literature regarding this topic [2,3]. SSEH can easily be missed or misdiagnosed if clinicians do not hold a high level of clinical suspicion.

Case Description

A 69-year-old female with no history of anticoagulation use or preceding trauma presented to the Emergency Department (ED) via EMS as a stroke alert. On the morning of presentation, she developed severe right-sided neck pain followed by bilateral lower extremity weakness shortly after waking up. The initial computed tomography (CT) head and CT angiogram (CTA) head and neck did not report any acute abnormalities. CT cervical spine demonstrated a large posterior epidural hematoma. She was taken for urgent decompressive laminectomy following confirmatory magnetic resonance imaging (MRI) studies. She was discharged 5 days following her initial presentation with near complete resolution of symptoms.

Discussion

SSEH is a rare pathology that can be difficult to diagnose due to its infrequent occurrence, the variability in clinical presentation, and poorly understood underlying risk factors. Symptoms can mimic other neurological pathology which can result in misdiagnosis, potentially leading to mismanagement and deleterious outcomes. It is important for clinicians to be familiar with the various clinical presentations of SSEH to maintain an appropriate level of clinical suspicion.

Early recognition and diagnosis of SSEH is of utmost importance for the preservation of neurological function and favorable outcomes.