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Spinal Cord Cavernoma Presenting as Acute Transverse Myelitis

Case Report

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A 67-year-old male presented with history of acute onset bilateral lower limb weakness, decreased sensation below umbilicus and urinary retention which progressed within a span of 12 hours to reach its nadir. Neurologic examination revealed paraplegia, absent deep tendon reflexes in lower limbs, bilateral absent plantar responses and impaired touch, pain, temperature, joint-position and vibration sensation below T10 dermatome, indicative of spinal-cord pathology around D7-D8 vertebral levels . MRI of the dorsolumbar spine showed a cavernous malformation at D7 vertebral level with surrounding haemorrhage and oedema extending about 13cms longitudinally (Figure 1, A-D).

The screening MRI of the brain revealed multiple cavernous malformations of bilateral cerebral hemispheres (Figure 2, A-D).

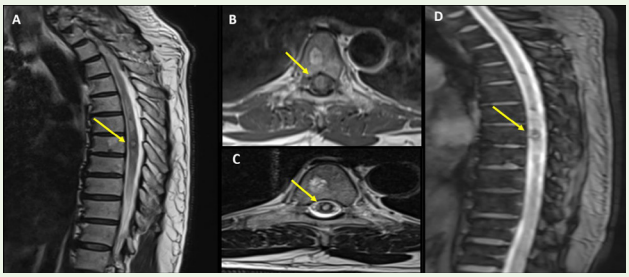

Figure 1: T2-weighted sagittal (A) and axial (B,C) sections of MRI-spine showing a hyperintense lesion with a surrounding hypointense rim at D7 vertebral level, suggestive of cavernoma at D7 vertebral level with surrounding hyperintensity indicating haemorrhage and oedema extending longitudinally for about 13cms. The lesion also demonstrated blooming on GRE sequence (D).

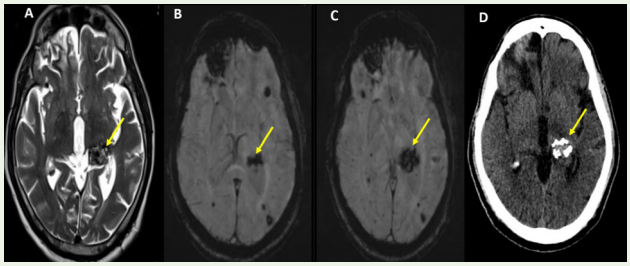

Figure 2: MRI of the brain showed lesions of mixed signal intensities on T2-sequence (A) and blooming on SWI sequences (B, C) suggestive of multiple intra-cerebral cavernous malformations. CT-brain (D) showed the characteristic popcorn calcifications associated with cavernous malformations.

Cavernous malformations of the spinal cord are rare entities, comprising 5% of intramedullary spinal cord lesions [1]. Unlike their intracranial counterparts, spinal cavernomas have an increased tendency to bleed. The clinical presentation of spinal cord cavernomas can be varied, ranging from limb paraesthesias when the lesion is occult to debilitating spinal cord syndromes such as paraplegia, progressive myelopathy to acute transverse myelitis [2] when there is haemorrhage into the cavernoma. Our case highlights the acute presentation of spinal cord cavernoma due to haemorrhage.

References

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