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V0064 - PROGRESSIVE PARAPARESIS IN A PATIENT PREVIOUSLY TREATED FOR A CERVICAL SPONDYLOTHIC MYELOPATHY. A MISLEADING CASE

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Resumen

Objectives: A sixty-six year old man was evaluated in 2014 for having a tetraparetic hyperreflexic syndrome. A cervical spondylothic myelopathy was found and he has been submitted to a cervical laminectomy (C4-C6). After surgery, there was a stabilization of the neurological syndrome with patient being autonomous for his daily routine - Japanese Orthopaedic Association Score of 15 points (minor motor deficit in both hands). In a later stage, he developed a progressive paraparesis losing his ability to walk. A cervical MRI was done showing no spinal cord compression. Dorsal MRI exhibited an area in the level of 6th dorsal vertebra with anterior spinal cord displacement and hypersignal suggesting myelopathy. It was assumed as an idiopathic spinal cord herniation.

Methods: A laminectomy was performed and, after dural opening, an arachnoid cyst was found compressing spinal cord anteriorly. The cyst was fenestrated and the anterior compartment was explored after dentate ligament was sectioned. No dural defect was found. Dura-máter was closed in a watertight fashion.

Results: In post-op, patient presented a marked improvement on lower limbs strength recovering the ability to walk without any support. Post-operative MRI shows resolution in dorsal spinal cord hypersignal without any compression or displacement.

Conclusions: In conclusion, on this case, previous cervical myelopathy was misleading. Lower limb worsening without upper limbs involvement made crucial a lower cord evaluation. Dorsal MRI was suggestive of spinal cord herniation but it was not found on surgery. Despite arachnoid cysts on spinal compartment being rare, they can cause severe disability and, if recognized, can be easily amenable to treatment.