

## **MEDULLARY ISCHEMIA- CORRELATIONS BETWEEN CLINICAL COURSE AND NEUROIMAGING DIAGNOSIS**

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Medullary ischemia is a consequence of the decrease in circulatory blood flow, which can involve one or more spinal segments especially in T3 respectively T4 anterior spinal artery territory.

We present the case of a 66 years old patient with known heart disease, hospitalized in orthopedic clinic for back pain irradiated in the right leg accompanied by paresthesia, with an onset 2 weeks prior to admittance.

The MRI of the lumbar spine highlighted hyper -looking areas in T2 disc, hernias at levels L3-L4 and L5-S1, with no immediate surgical indication.

Under treatment with NSAIDs and analgesics in orthopedics clinic, the patient developed plegic motor deficit, leg muscle hypotonia and osteotendinous are flexia, positive Babinski sign on the right, acute urinary retention, impaired sensitivity dissociation Syringomyelia like. When transferred in the neurology clinic, the patient developed acute paraplegic motor deficit under treatment with: neurotrophic, anticoagulants, NSAIDs and peripheral vasodilators.

It was perform athoracic-lumbar spine MRI, showing a space replacement process T10-T11, intramedullary 2,3/9,7mm in the sagittal plane spinal cord, with consequent widening and present gadofilia. The patient was transferred to the neurosurgical clinic, where the repeated MRI of the thoracic spine revealed medullary ischemia at the T10/T12 level, which brought up the suspicion of arterial-venous malformation in this area. Subsequently arteriography ruled out the diagnosis of arterial-venous malformation. As important features of this case we notice: ictus medullary location in the lower thoracic and insidious clinical onset of symptoms.