

Spinal Cord Infarction by Thoracic Vertebral Hemangioma - A Case Report

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A 55 year old woman presented with sudden and severe thoracic pain, which radiate caudate. This was associated with lower extremity numbness, vibratory sensation loss, coldness and burning of her feet, unsteady gait, frequent falls and a sensory level bilateral weakness. Loss of sphincter control with hesitancy and inability to void or defecate becomes evident within a few hours. The acute stages were characterized by flaccidity and loss of deep tendon reflexes; spasticity and hyperreflexia develop over ensuing days and weeks. She had an thoracic MRI on the 5th day demonstrating a T8-T10 myelopathy post ischemic of ASA infarct and vertebral body/posterior hemangioma in T6 and T8 with epidural extension and microfractures in T8. Vertebral hemangioma is a common benign neoplasm that typically remains asymptomatic, found incidentally in 10% of the population. Progressive vertebral body hemangiomas may cause cord or nerve root compression due to epidural tumor extension, expanded bone, hematoma or fracture. Pain is the commonest symptom. There is no agreement on single treatment modality for symptomatic lesions. Work-up for vascular cases and infection were excluded the compression of Adamchievic artery from the micro fractures of the body of T8 was the reason of her infarction. Keywords: Spinal Cord Infarction; Thoracic Vertebral Hemangioma