

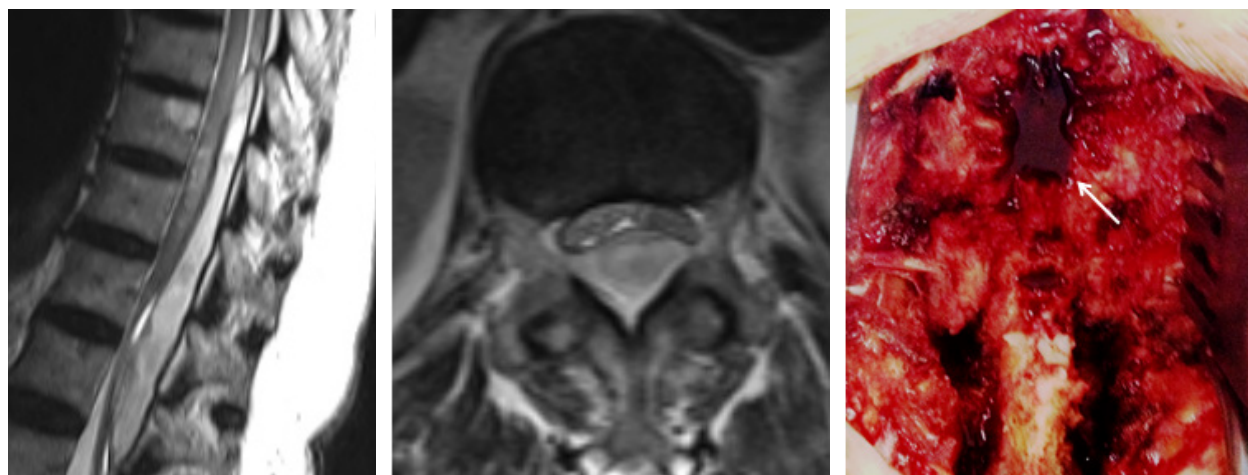
# Sudden back pain as clinical presentation of spontaneous spinal epidural hematoma

Dor lombar súbita como apresentação clínica de hematoma epidural espinhal espontâneo

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An 89-year-old woman admitted to the Emergency Care Department with reported back pain nine days earlier that started suddenly when sitting. This subsequently evolved into progressive paraparesis (Frankel D). An MRI of the lumbosacral spine revealed an extensive lumbar epidural hematoma (Figure). The patient underwent decompressive laminectomy of T12-L1.

Spontaneous epidural hematoma is a rare disease, most often involving the thoracolumbar region, followed by the cervical region<sup>1</sup>. Non-traumatic causes include hypertension, coagulopathies, use of anticoagulants, arteriovenous abnormalities, tumors of the backbone and lumbar puncture. In approximately 40% of cases, the etiology cannot be determined. Typically, pain is the root of the acute onset, accompanied by neurological deficit<sup>1,2</sup>.



**Figure.** Sagittal and axial sequence. Epidural hematoma T5-T6 to L1-L2, more importantly in the T9-T10 to L1-L2 segment, which shows the compressive effect on the roots of the cauda equina, the thoracic spine and medullary conus. Bottom right: Intraoperative photograph showing the epidural hematoma after laminectomy (white arrow).

## References

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