

Spinal Cord Infarction by Thoracic Vertebral Hemangioma

A Case Report



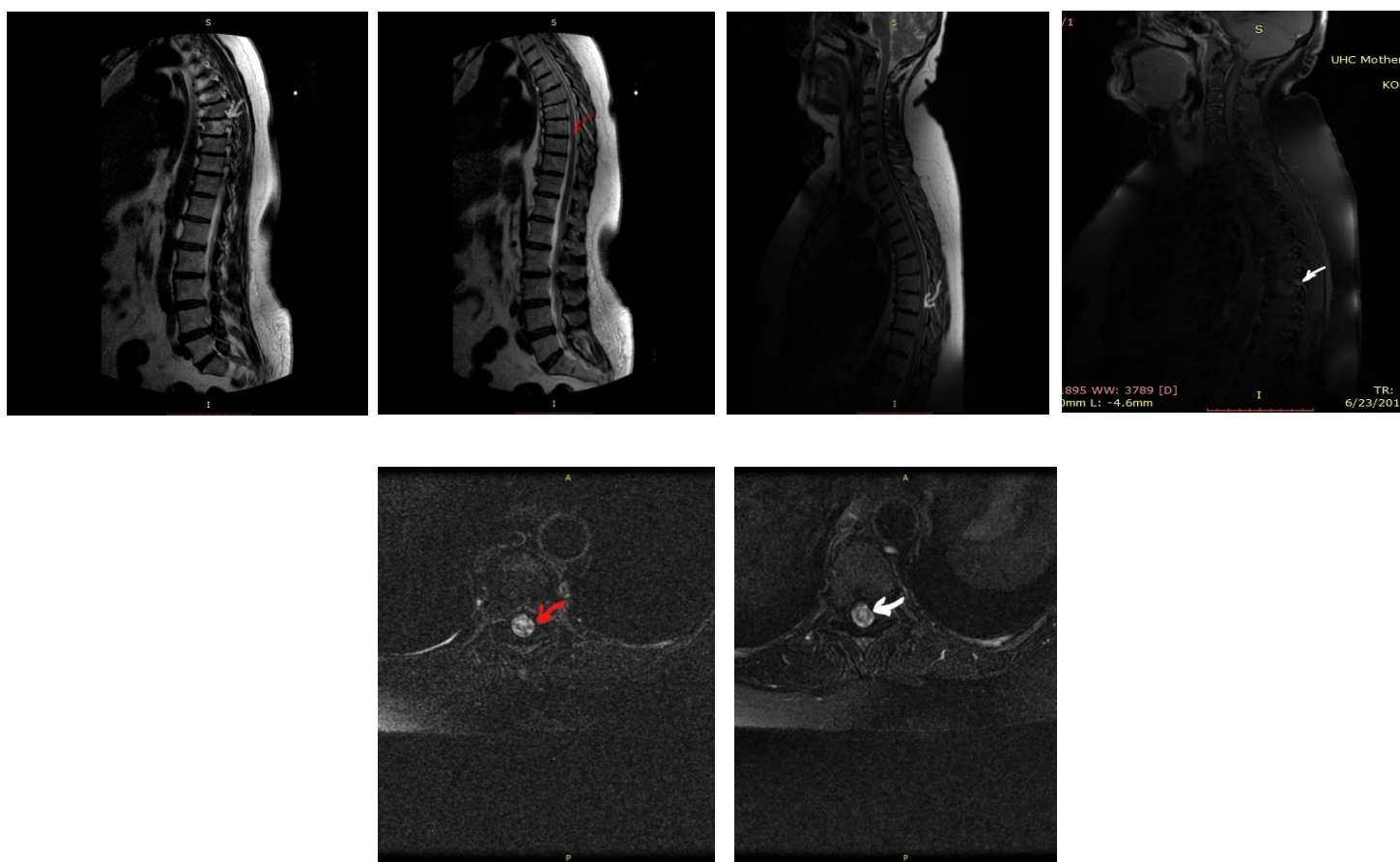
M. Papajani^{1,4}, E. Enesi², A. Kuqo^{1,3}, J. Kruja^{1,3}

1. Service of Neurology, UHC Mother Teresa, Tirana; Albania
2. Service of Imaging Diagnostics, UHC Mother Teresa, Tirana; Albania
3. Faculty of Medicine, University of Medicine, Tirana; Albania
4. Faculty of Technical Medical Sciences, University of Medicine, Tirana; Albania

Clinical case

A 55 year old woman presented with sudden and severe thoracic pain, with caudate radiation. 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 hyper reflexia develop over ensuing days and weeks.

Thoracic MRI



On the 5th day MRI demonstrate a T8-T10 myelopathy post ischemic of ASA infarct and vertebral body/posterior hemangioma in T6 and T8 with epidural extension and micro fractures in T8.

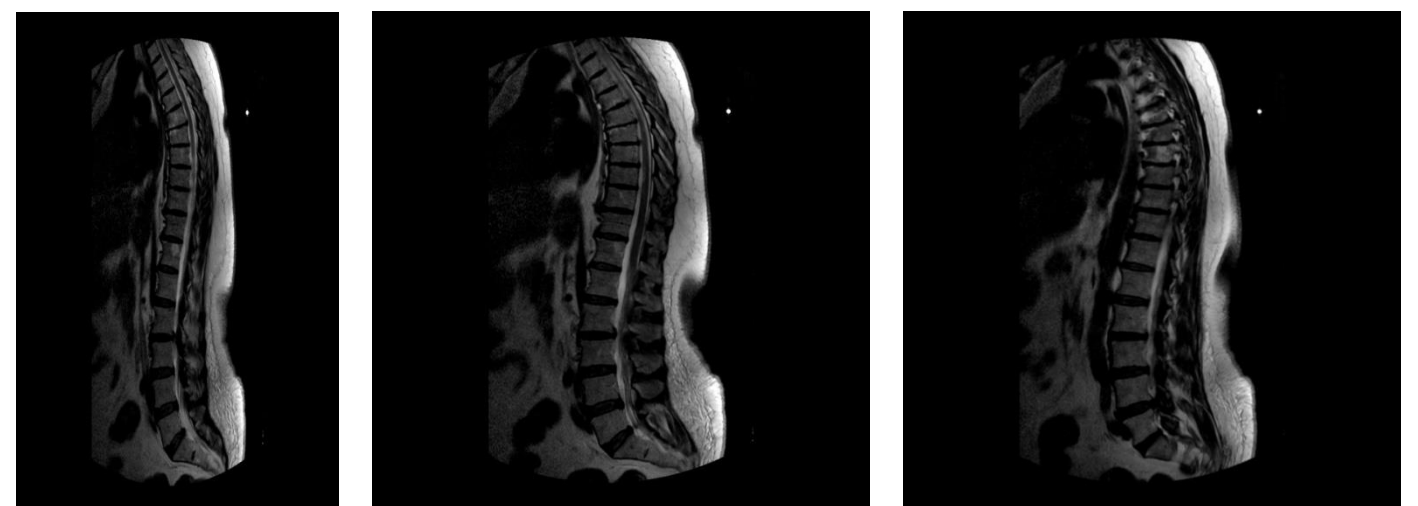
Discussion

Vertebral hemangioma is a common benign neoplasm that typically remains asymptomatic, found incidentally in 10% of the population. Although typically incidental findings, they are symptomatic in 0.9 to 1.2% of adults. Aggressive hemangiomas are characterized by bone expansion, extraosseous extension of tumor, disturbance of local blood flow, and rarely compression fractures. Approximately 45% of aggressive hemangiomas are associated with neurologic deficits, the others only characterized by pain. They most often occur between T3 and T9 vertebral segments. 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.

Follow - up

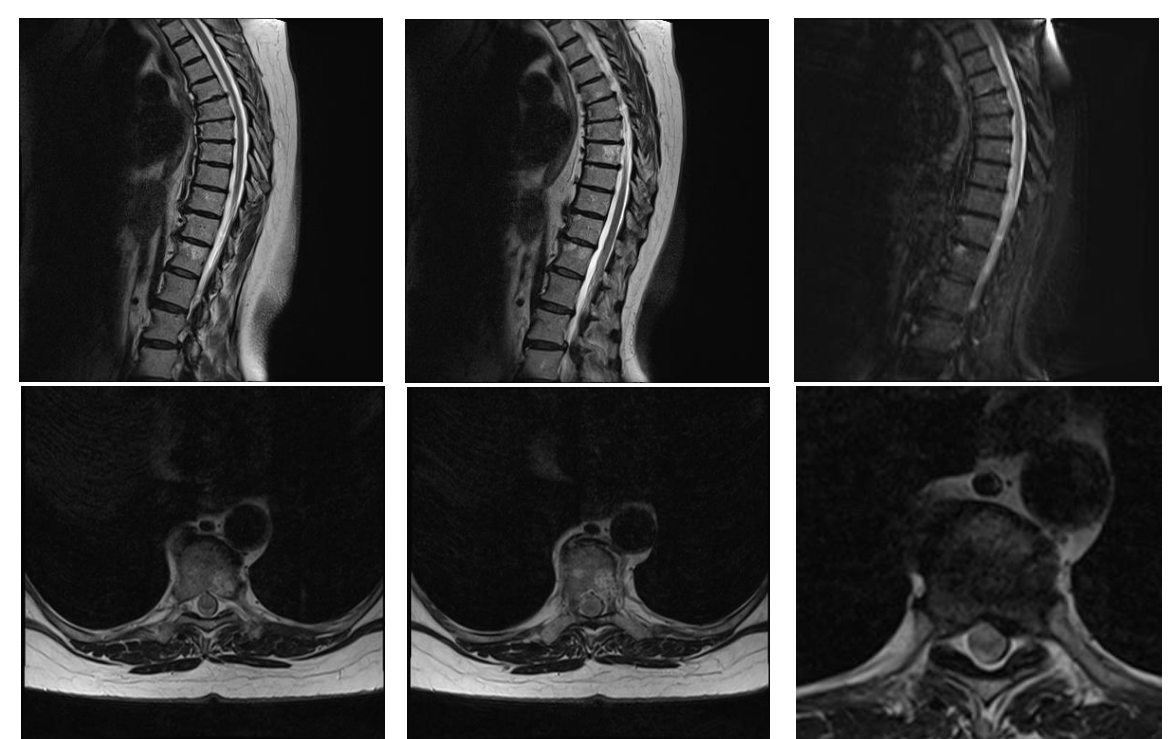
Resulted in improved condition, improvement of motor deficiency. Patient was able to walk short distances with unilateral support, persisted of T12 alternated sensitivity and moderate urine retention. She has continued regular rehabilitation.

Control MRI 09.2017



Disk degeneration and arthroscopic alterations of the articular fascia. Hemangioma of the T6 and T8 vertebral bodies. Mielomalacia T8-T9.

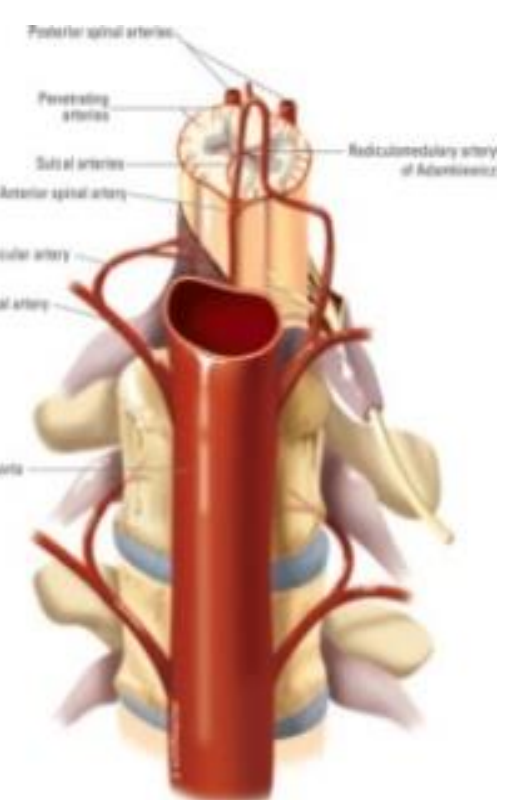
Control MRI 2018



Reduced Mielomalacia.

Conclusions

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.



References

1. Acute spinal cord compression caused by vertebral hemangioma. [Templin CR¹](#), [Stambough JB](#), [Stambough JL](#), [Spine J](#), 2004 Sep-Oct;4(5):595-600.
2. Aggressive hemangioma of the thoracic spine Wesley B. Schrock^{1*}, Raun J. Wetzel¹, Stephanie C. Tanner², and Majid A. Khan¹ 1. Department of Radiology, University of Mississippi School of Medicine, Jackson, MS, USA 2. Department of Pathology, University of Mississippi School of Medicine, Jackson, MS, USA Radiology Case. 2011 Oct; 5(10):7-13 :: DOI: 10.3941/jcr.v5i10.828
3. Aggressive spinal haemangiomas: imaging correlates to clinical presentation with analysis of treatment algorithm and clinical outcomes © 2015 The Authors. Published by the British Institute of Radiology [Francis J Cloran](#), MD, MS¹, [Bryan A Pukenas](#), MD¹, [Laurie A Loevner](#), MD¹, [Christopher Aquino](#), MD, MS², [James Schuster](#), MD, PhD³ and [Suyash Mohan](#), MD¹
4. Clinical Reasoning: A 59-year-old woman with acute Paraplegia S. Prasad, MD R.S. Price, MD S.M. Kranick, MD J.H. Woo, MD R.W. Hurst, MD S. Galetta, MD
5. Metastatic Spinal Tumor Chong-Suh Lee, Chul-Hee Jung Department of Orthopaedic Surgery, Spine Center, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Korea Spina ITumor/71 Asian Spine Journal Vol. 6, No. 1, pp7 1-87, 2012 <http://dx.doi.org/10.4184/asj.2012.6.1.71>
6. Spinal Cord Compression by Thoracic Vertebral Hemangioma—A Case Report Peter Kalina Department of Radiology, Mayo Clinic, Rochester, USA Received December 16, 2011; revised January 19, 2012; accepted January 30, 2012
7. Spinal cord compression due to vertebral hemangioma. [Aksu G¹](#), [Fayda M](#), [Saynak M](#), [Karadeniz A](#), [Orthopedics](#), 2008 Feb;31(2):169.
8. Symptomatic vertebral hemangiomas- results of treatment with radiotherapy HC SUPARNA, BM VADHIRAJA, RC APSANI, T SEETHARAMAIAH, DJ FERNANDES, K RAO, K VIDYASAGAR Ind J Radiol Imag 2006 16:1:37-40