

Symptomatic Lumbar Disc Protrusion Causing Progressive Myelopathy in a Low-Lying Cord

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Abstract

Low-lying cord is an uncommon entity, and cord compression due lumbar disc disease is rarely encountered. We discuss our experience with a case of lumbar cord compression secondary to a large disc protrusion, which caused myelopathy in a low-lying/tethered cord. A 77-year-old woman with known spina bifida occulta presented with 6-week history of severe low back pain and progressive paraparesis. Magnetic resonance imaging showed a low-lying tethered cord and a large disc prolapse at L2/3 causing cord compression with associated syringomyelia. Medical comorbidities precluded her from anterior decompression, and therefore a posterior decompression was performed. She recovered full motor power in her lower limbs and could eventually walk unaided. She had a deep wound infection, which was successfully treated with debridement, negative pressure therapy (vacuum-assisted closure pump), and antibiotics. Six months after surgery, her Oswestry Disability Index improved from 55% preoperatively to 20%. Posterior spinal cord decompression for this condition has been successful in our case, and we believe that the lumbar lordosis may have helped indirectly decompress the spinal cord by posterior decompression alone.

Keywords

low-lying cord - tethered cord - decompression - spina bifida - myelopathy

症狀性腰椎間盤突出症導致低位神經線的進行性脊髓病變

低位神經線是一種罕見的實體，因腰椎間盤突出病引致脊髓壓迫症是很少遇到的。我們將討論我們的經驗，是關於因大型椎間盤突出症引致腰椎脊髓壓迫症，造成低位/牽扯神經線出現脊髓病變。一個患有隱性裂脊椎的 77 歲女人有嚴重的腰痛和漸進性下肢輕癱 6 週的歷史。磁力共振成像顯示，造成低位牽扯脊髓和大型 L2 / 3 椎間盤突出引起脊髓壓迫與相關的脊髓空洞症。合併症令她不能於前路減壓，因此需進行後路減壓。病人的下肢活動能力完全在康復，並最終能在不使用輔助工具下獨立行走。她有深部傷口感染，以清創，負壓療法（真空輔助閉合泵）和抗生素成功治療。手術 6 個月後，她的 Oswestry 功能障礙指數從手術前的 55% 提高到 20%。在我們的病例中，後路脊髓減壓是成功的，我們相信即使只進行脊髓後路減壓，腰椎前凸可能間接幫助了脊髓減壓。