

Cervical Intradural Abscess Masquerading as an Epidural Collection

Intradural spinal cord abscesses especially in the cervical spine are a rare occurrence. We report a rare presentation of an intradural extramedullary abscess at the atlantoaxial level, initially misdiagnosed as an epidural collection. The patient presented with worsening quadriparesis preceded by a 2-week history of upper respiratory tract infection and neck pain. Magnetic resonance imaging showed evidence of an epidural abscess on the left side abutting the cervicomedullary junction. We performed occipitocervical fixation and surgical decompression. Absence of a suspected epidural abscess led us to consider a durotomy, and an intradural abscess was recognized and drained. Presence of an intradural abscess, though extremely rare, must always be considered in suspected spinal epidural collections as radiological and clinical findings are indistinguishable between the two conditions.

頸椎硬膜內膿腫偽裝成硬膜外採集

硬膜內脊髓膿腫，尤其是在頸椎是十分罕見發生的。我們報告一個罕見的演示，是一個在寰樞椎節段的髓外硬膜內膿腫，最初被誤診為硬膜外採集。患者出現惡化四肢癱瘓之前的兩週內曾出現上呼吸道感染和頸部疼痛。磁力共振成像顯示在鄰接頸脊髓與延腦交界處的左側出現硬膜外膿腫的證據。我們進行枕頸固定和手術減壓。但沒有發現懷疑的硬膜外膿腫的情況下，促使我們考慮進行硬脊膜切開，確認了在硬膜內的膿腫和進行引流。硬膜內膿腫的存在，雖然極為罕見，當懷疑脊椎硬膜外採集時必須同時考慮，因此在放射學和臨床結果是無法區分這兩個狀況。