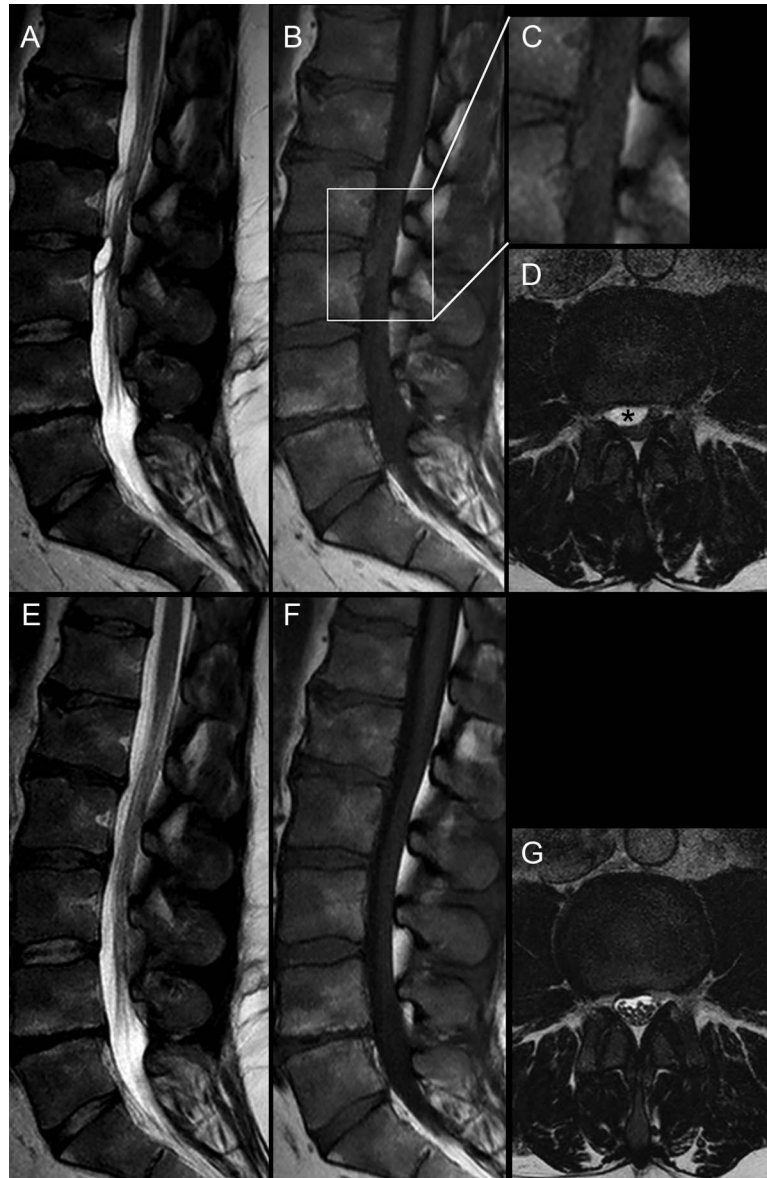


Teaching NeuroImages: Posttraumatic lumbar epidural hematoma

Jasper van Aalst, MD,
PhD
Kim Rijkers, MD, PhD
Alida A. Postma, MD,
PhD

Correspondence to
Dr. van Aalst:
j.van.aalst@mumc.nl

Figure MRI of the lumbar spine



Sagittal T2-weighted (A) and T1-weighted (B), detail (C), and transverse T2-weighted (D) MRIs show a convex hyperintense T2 lesion in the ventral epidural space at L2-L3, with slight hyperintensity at T1 without obvious signs of adjacent disc degeneration or hydrops of facet joints. The asterisk in panel D points at the hematoma. One year later, the MRI was normalized (E-G).

A 36-year-old man presented with pain radiating from his right hip to the knee, after a heavy fall on his back 2 months earlier. At neurologic examination,

bilateral Lasegue's sign (straight leg raise test) was present. MRI revealed a ventral epidural space-occupying lesion at L2-L3 (figure). The differential

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From the Departments of Neurosurgery (J.v.A., K.R.) and Radiology (A.A.P.), Maastricht University Medical Center, Maastricht, the Netherlands. Go to Neurology.org for full disclosures. Funding information and disclosures deemed relevant by the authors, if any, are provided at the end of the article.

diagnosis consisted of a sequestered disc, a ventral synovial cyst, and an epidural hematoma.

The diagnosis of a spinal epidural hematoma can be challenging; a posttraumatic lumbar epidural hematoma is even more rare.^{1,2}

In our patient, the complaints resolved spontaneously and 1 year later, the lesion had disappeared (figure).

AUTHOR CONTRIBUTIONS

Dr. J. van Aalst treated the patient and drafted the manuscript. Dr. K. Rijkers wrote the manuscript. Dr. A.A. Postma performed neuroimaging, made the differential diagnosis, and provided the figure.

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DISCLOSURE

The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

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