

## Delayed post-traumatic Spinal-epdural hematoma

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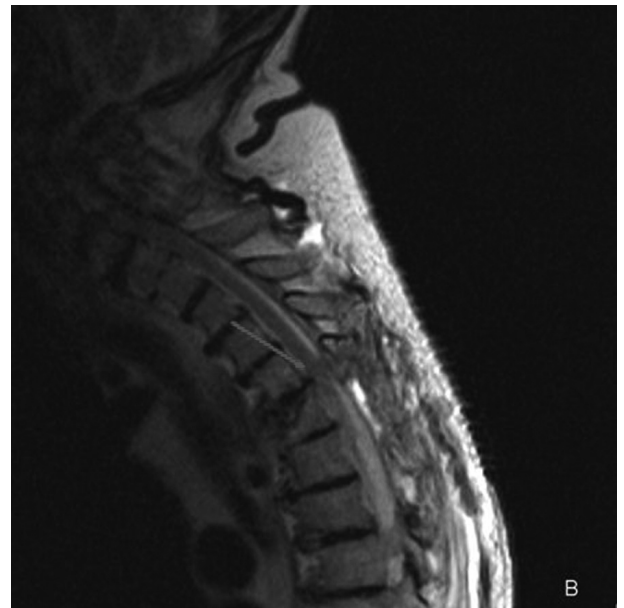
Spinal epidural hematoma (SEH) is an infrequent entity but represents an important cause of spinal cord compression. It was first diagnosed in 17th century, and more than 260 cases are described in the literature. Most of these lesions are spontaneous with no identified cause in 40% of cases, while in 50% SEH is associated with coagulopathy, vascular malformation, neoplasia, minor traumatism and pregnancy. Post-traumatic SEH is relatively rare with an incidence of less than 2% of all cases of spinal lesion. The physiopathologic mechanism underlying SEH is unclear. When it produ-

ces neurologic compromise, it is an emergency that generally requires surgical decompression treatment.

We present a case of late SEH attended at Emergency Department, 10 days after craneocephalic traumatism associated with vertebral fracture, with compromised posterior subarachnoid space (Figure 1). Emergency decompressive surgery was performed with satisfactory result. Magnetic resonance imaging (MRI) showed postoperative changes without spinal cord compression (Figure 2).



**Figure 1.** MRI showing D3-D6 posterior epidural hematoma approximately 7cm long. Subarachnoid space obliteration was total at the D3-D4 level with a moderate mass effect on the spinal cord.



**Figure 2.** MRI performed after surgical intervention, showing a small posterior collection that could bear a relation with the postoperative changes. No spinal cord compression is observed.

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