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Subdural hygroma as a post-operative complication in revision spine fusion

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Lumbar spinal surgery for degenerative disorders is a common procedure, with about 2-20% incidence of dural tears during lumbar spinal surgery for degenerative conditions. Subdural hygroma development appears to be a rare occurrence. We are reporting here, a case with a post-operative complication of a subdural hygroma that developed cephalad to the site of the spine fusion. A 34-year-old male, who was admitted for revision L5-S1 and primary L4-L5 decompression, and posterolateral instrumented fusion of L4-S1. At day 2 post-op, the patient began having urinary retention, complained of leg pain bilaterally, and numbness in the left L5 distribution. MRI showed a T12-L1 subdural fluid collection. The patient was taken back to the operating room for L1-L2 decompressive laminectomy. The thecal sac was under considerable tension and when an incision was made through the dura, the cerebrospinal fluid appeared to be under pressure. A lumbar drain was left in the subdural space for 3 days. The patient progressed well with his strength and sensation, except for some residual numbness in the left toes. The patient was discharged home. To the authors' knowledge, this is the first case reported a subdural hygroma developed cephalad to the site of spine fusion, although three cases of subdural hygroma at the level of fusion were found in literature. In conclusion, when a patient complains of radicular pain along with urinary retention and neurologic deficits, the surgeon should be alerted to cauda equina syndrome possibly caused by subdural hygroma. This warrants immediate MRI imaging.

Biography

Michelle Nentwig is a PGY-2 orthopaedic resident at University of Kansas School of Medicine – Wichita (KUSM-W); Camden Whitaker is a practicing spine surgeon and an associate professor of Orthopaedic Surgery, KUSM-W; and Shang-You Yang serves as a Research Associate Professor and the Director of Resident Research at the same institution.

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