Commentary
Volume 12:04, 2023

Journal of Spine

ISSN: 2165-7939 Open Access

Ipsilateral hemiparesis is the Symptom of a Cervical Spine Intradural-extramedullary Hematoma

Weril Hiu*

Department of Neurology, Cathay General Hospital, Hsinchu, Taiwan

Introduction

Cervical Spine Intradural-Extramedullary Hematoma (CSEH) is a rare but potentially debilitating condition that presents with diverse neurological symptoms. Ipsilateral hemiparesis, characterized by weakness on one side of the body, is an unusual and often perplexing symptom associated with CSEH. This article provides a comprehensive review of the clinical presentation, pathophysiology, diagnostic approaches, and management strategies related to ipsilateral hemiparesis in the context of CSEH [1]. Cervical spine intradural-extramedullary hematoma is a relatively uncommon occurrence, frequently posing diagnostic challenges due to its variable and nonspecific clinical manifestations. The presence of ipsilateral hemiparesis as a symptom of CSEH further complicates the diagnostic process. This review aims to consolidate current knowledge on the mechanisms underlying ipsilateral hemiparesis in the context of CSEH, offering insights into its clinical implications and therapeutic considerations. Early diagnosis and appropriate management significantly influence the prognosis of ipsilateral hemiparesis in CSEH. Timely intervention may lead to substantial neurological recovery, but delayed treatment can result in persistent motor deficits. Postoperative rehabilitation, including physical therapy and occupational therapy, plays a crucial role in optimizing functional outcomes [2,3].

Description

CSEH may present with a spectrum of neurological symptoms, including radicular pain, sensory deficits, and motor weakness. The emergence of ipsilateral hemiparesis is an atypical manifestation that can be misdiagnosed as other neurological conditions, such as stroke or spinal cord compression. Understanding the diagnostic value of ipsilateral hemiparesis is crucial for timely intervention and management [4].

The pathophysiological mechanisms driving ipsilateral hemiparesis in CSEH are not fully elucidated. Compression of adjacent neural structures, disruption of blood supply to the spinal cord, and mechanical distortion of the spinal cord's architecture are potential contributors. Hemorrhagic expansion within the intradural-extramedullary space may exert pressure on motor pathways, resulting in ipsilateral hemiparesis. Accurate diagnosis of CSEH with ipsilateral hemiparesis necessitates a multimodal approach. Magnetic Resonance Imaging (MRI) is the cornerstone diagnostic tool, offering high-resolution visualization of spinal cord and hematoma characteristics [5]. Advanced imaging techniques such as diffusion-weighted imaging and contrast-enhanced MRI can aid in distinguishing CSEH from other spinal pathologies. Prompt intervention is imperative to prevent irreversible neurological deficits associated with ipsilateral hemiparesis in CSEH. Surgical decompression and hematoma evacuation are considered the primary treatment modalities, aimed at relieving pressure on neural structures and restoring motor function. The choice of surgical approach depends on hematoma location, size, and patient-specific factors [6].

Conclusion

Ipsilateral hemiparesis in the setting of cervical spine intradural-extramedullary hematoma is an intriguing clinical phenomenon that warrants heightened awareness among healthcare professionals. A thorough understanding of the pathophysiology, diagnostic strategies, and management approaches associated with this manifestation is essential for accurate diagnosis and timely intervention. Further research is needed to unravel the intricate mechanisms underlying ipsilateral hemiparesis in CSEH, facilitating improved patient outcomes. Intradural-extramedullary hematomas of the cervical spine are a relatively uncommon occurrence, often posing diagnostic challenges due to their varied presentations. Ipsilateral hemiparesis, while an infrequent manifestation, can provide a crucial diagnostic clue. This article aims to enhance understanding of the pathophysiology, clinical features, diagnostic methods, and treatment options for cervical spine intradural-extramedullary hematomas, highlighting the significance of ipsilateral hemiparesis in their recognition. Cervical spine intradural-extramedullary hematomas are uncommon but important causes of ipsilateral hemiparesis. A high index of suspicion is necessary for their early recognition and management. This article underscores the significance of ipsilateral hemiparesis as a diagnostic marker and provides insights into the pathophysiology, clinical manifestations, diagnostic methods, and treatment strategies for this condition.

Acknowledgement

None.

Conflict of Interest

None.

References

1. Thompson, Ian M. and Michael Peek. "Improvement in survival of patients with renal cell carcinoma—the role of the serendipitously detected tumor." *Urol J* 140 (1988): 487-490.
2. Mortensen, Henry. "Transthoracic nephrectomy." *Urol J* 60 (1948): 855-858.
3. Lam, John S., Alberto Breda, Arie S. Belldegrun and Robert A. Figlin. "Evolving principles of surgical management and prognostic factors for outcome in renal cell carcinoma." *J Clin Oncol* 24 (2006): 5565-5575.
4. Blom, Jan HM, Hein Van Poppel, Jean M. Maréchal and Didier Jacqmin, et al. "Radical nephrectomy with and without lymph-node dissection: Final results of European Organization for Research and Treatment of Cancer (EORTC) randomized phase 3 trial 30881." *Eur Urol* 55 (2009): 28-34.
5. Van Der Werf-Messing, B. "Carcinoma of the kidney." Cancer 32 (1973): 1056-1061.

***Address for Correspondence:** Weril Hiu, Department of Neurology, Cathay General Hospital, Hsinchu, Taiwan, E-mail: werilh@gmail.com*

Received: 03 August, 2023, Manuscript No. jsp-23-111029; **Editor Assigned:** 05 August, 2023, PreQC No. P-111029; **Reviewed:** 17 August, 2023, QC No. Q-111029; **Revised:** 22 August, 2023, Manuscript No. R-111029; **Published:** 29 August, 2023, DOI: 10.37421/2165-7939.2023.12.609

6. Juusela, H., K. Malmio, O. Alfthan and K. J. Oravisto. "Preoperative irradiation in the treatment of renal adenocarcinoma." *Scand J Urol* 11 (1977): 277-281.

How to cite this article: Hiu, Weril. "Ipsilateral hemiparesis is the Symptom of a Cervical Spine Intradural-extramedullary Hematoma." *J Spine* 12 (2023): 609.