

Case of the Week

70-YEAR-OLD MALE OPERATED FOR A RARE PATHOLOGY – INTRA-DURAL DISC HERNIATION.

A 70-Year-old male with a history of recurrent episodes of back pain for several years, presented with complains of severe lower back pain with weakness/ numbness in legs and loss of urine/ bowel control for last two days. The symptoms had started four days ago following an attempt to pick up an object from the floor. Initially, the patient started to experience back pain and paraesthesia in legs, which worsened over next two days to 'Cauda Equina Syndrome'. The patient was unable to pass urine or motions for two days and had dribbling/ overflow incontinence. The patient was also unable to sit, stand or walk because of the weakness and numbness in the legs.

MRI of the Lumbar spine revealed L 1/2 prolapsed disc with severe canal stenosis (Figure 1). 'The Hawk Beak' sign on MRI (Figure 2) was indicative that the disc herniation could have an intra-dural component. The patient underwent emergency

surgery, during which the dura was opened and the disc herniation was found - intradural stuck to the cauda equina roots (Figure 3). The disc fragments were gently dissected off the nerve roots and were successfully removed. The loose fragments of the disc were removed by going into the disc through the anterior dural rent. The anterior dural rent was then repaired and closed, followed by posterior dural closure.

Intra-dural disc herniation are extremely rare, with the incident of 0.2% of all disc herniations. In cases such as this one, it is imperative that the surgeon have a keen eye to find subtle signs for this possibility.

Post-operatively, the patient recovered well and in 6 weeks he was able to walk independently. Within three months, the patient regained urinary control and got rid of the urinary catheter and was able to carry out his all activities of daily living, normally.

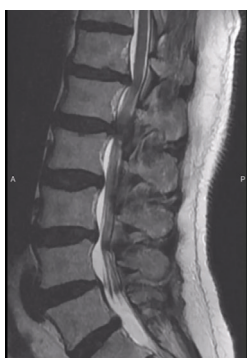


Figure 1

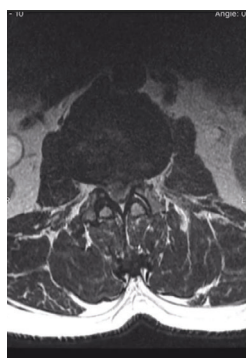


Figure 2

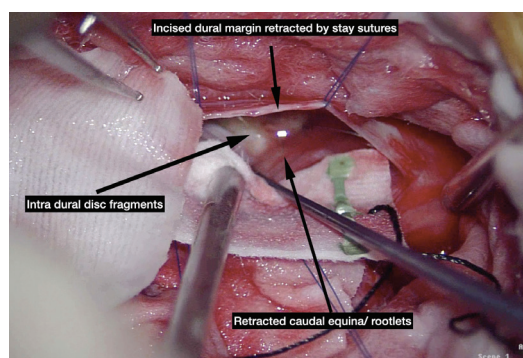


Figure 3

SURGERY AT APOLLO HOSPITALS IS SAFE

Clinical Team

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