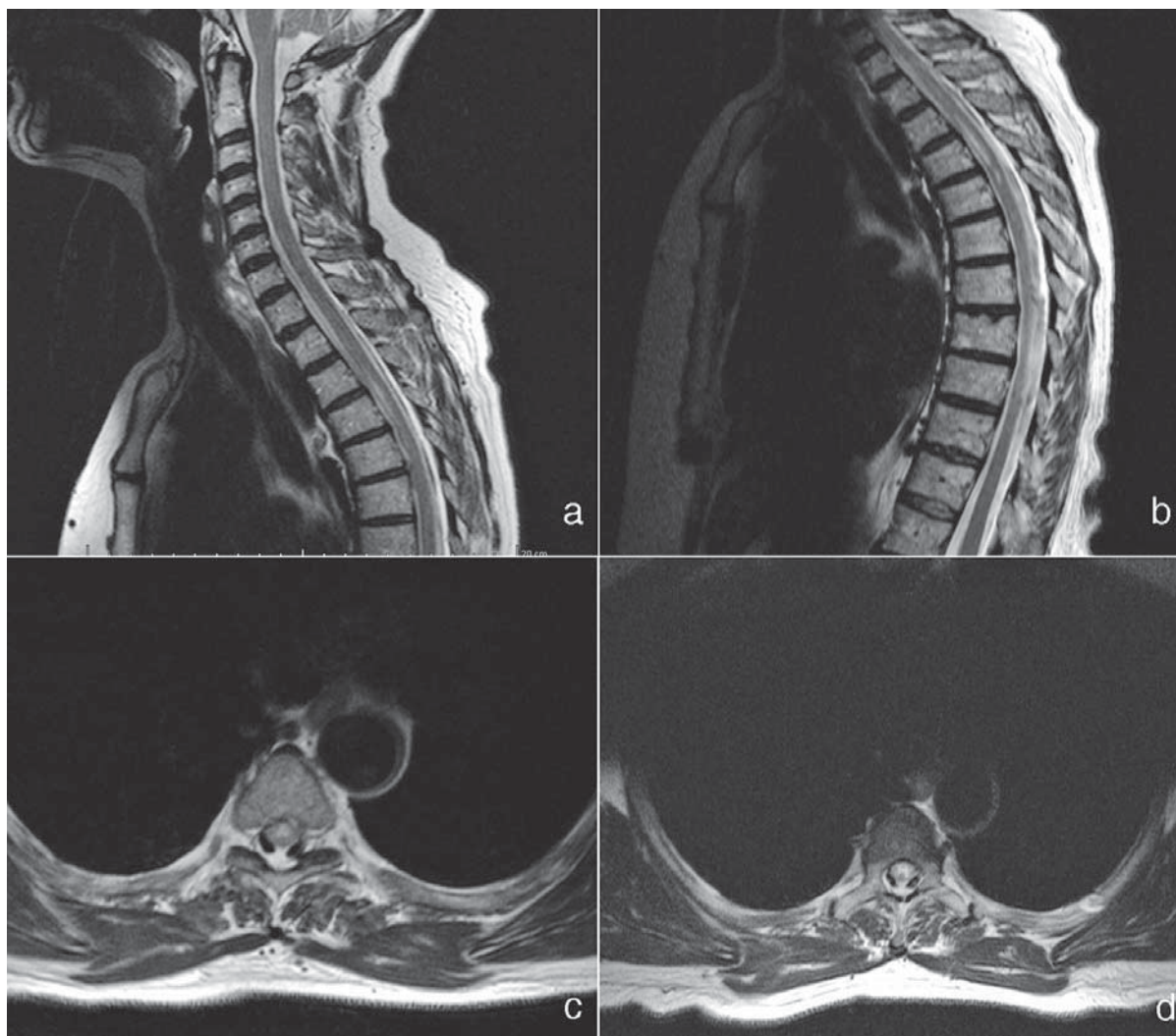


Spinal Cord Infarction

I. Adamec, M. Habek



A 69-year-old woman developed acute pain between shoulders and paraparesis. Neurological examination revealed paraparesis (muscle strength 2/5, reflexes 1+, negative Babinski sign). She had sensory level at Th10, with decreased pain and temperature sensation but preserved vibration and position sensation and urinary retention. Spinal cord magnetic resonance imaging (MRI) revealed T2 hyperintense lesion (a and c) from Th3-Th5 level localized in the anterior two-thirds of the cord, predominantly in the gray matter. Repeated spinal cord MRI two days later (b and d) showed further delineation of the lesion. Clinical characteristics of the spinal cord infarction are spared vibration and position sensation. As sensory level may be caudad to the lesion because of the superficial location of the lateral spinothalamic tracts, MRI is crucial imaging modality that can identify the extent of the spinal cord damage. After hospitalization and lengthy physical rehabilitation, the patient was able to walk with help.

Address for Coprrrespondence: Ivan Adamec, MD, Clinical Department of Neurology, Zagreb School of Medicine and Zagreb University Hospital Center, Kišpatićeva 12, HR-10000 Zagreb, Croatia; E-mail: mhabeck@mef.hr (ivan.adamec@yahoo.com)