

Paraplegia following spinal anesthesia in a patient with an undiagnosed metastatic spinal tumor

程毅君

Cherng YG;Chen IY;Liu FL;Wang MH

摘要

Abstract

Although extremely rare, paraplegia can be a complication following spinal anesthesia if the patient has a previously unrecognized spinal tumor. We describe a 75-year-old male patient who underwent retrograde ureteroscopic examination under spinal anesthesia. He developed complete paraplegia 24 hours later. Magnetic resonance imaging (MRI) revealed bone metastasis to T10, a vertebral body mass lesion at L3, and an epidural mass at T9-11 with cord compression. The aim of this case report is to highlight the importance of neurological examination of patients undergoing neuraxial block both in the pre-anesthetic interview and postoperative examination in the recovery period. Careful observation of the postoperative course is essential to exclude any possible neurological complications. If motor and sensory functions do not satisfactorily recover, an MRI examination should be undertaken without delay to determine whether the underlying pathology is treatable or reversible