



Aortic Dissection Presenting with Transient Paraplegia *Geçici Parapleji ile Prezente Olan Aort Diseksiyonu*

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Dear Editor,

A 74-year-old man with a history of arterial hypertension presented with severe back pain and weakness in the legs. In the neurologic examination of patient, who had hypotension and bradycardia, paraparesis (1/5 muscle strength on the right and 2/5 on the left-muscle strength scale) and bilateral Babinski reflex positivity were detected; there was a loss of pain and temperature sensation below T12 level with preserved deep sensation. Contrast-enhanced spiral computed tomographic angiography revealed a minimal increase in the diameter of the ascending aorta (37 mm) and a noncalcific thrombus material surrounding the lumen of the descending aorta with a 7.5 mm size in the largest area (Figure 1). In sagittal T2-weighted images of thoracic spinal cord magnetic resonance imaging (MRI), there was a hyperintense, "pencil-like" signal change on the anterior of the spinal cord at T8-12 levels (Figure 2A). In axial T2-weighted images, T2 hyperintense signal change patterns called "snake eyes" or "owl's eyes" were observed in the center of the spinal cord (Figure 2B). The neurologic findings of the patient, who had been treated conservatively with a diagnosis of spinal cord ischemia secondary to type B aortic dissection, completely recovered within hours, but the patient died of sudden cardiac arrest a day after.



Figure 1. Spiral computed tomography-angiography: Non-calcific thrombus material surrounding the lumen.

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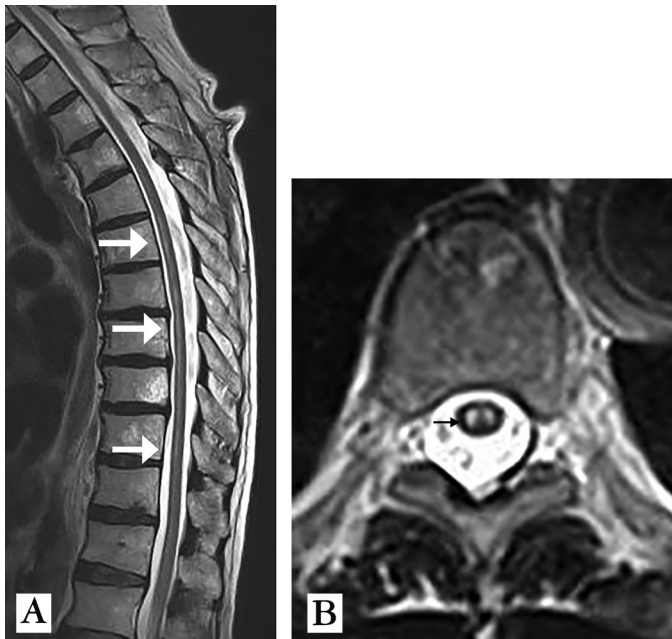


Figure 2. Sagittal T2-weighted magnetic resonance imaging: A hyperintense, "pencil-like" signal change on the anterior of the spinal cord at T8-12 levels (A). Axial T2 weighted magnetic resonance imaging: T2 hyperintense signal change patterns called "snake eyes" or "owl's eyes" in the center of the spinal cord (B)

The extent and nature of involvement of the aortic branches determines the clinical presentation of aortic dissection, the most catastrophic acute aortic disease (1,2). Hypotension or neurologic conditions such as stroke, transient ischemic attack, hypoxic encephalopathy, spinal cord ischemia, and ischemic neuropathy due to dissection or occlusion of aortic branches supplying the brain, spinal cord or peripheral nerves develop in 17-29% of patients (1,3). Spinal cord ischemia is prevalent with anterior spinal artery

syndrome characterized by paraplegia, areflexia, urinary retention, loss of pain, and temperature sensation, and preserved deep sensation (4). MRI is the preferred imaging method (5). A "pencil-like" hyperintensity in sagittal T2-weighted images and distinct bilateral hyperintense lesions in anterior horns called "snake eyes" or "owl's eyes" are typical findings (5).

In patients presenting with acute paraparesis, aortic dissection should be kept in mind in the presence of concomitant symptoms such as hypotension and chest or back pain.

Ethics

Informed Consent: Not needed.

Peer-review: Internally peer-reviewed.

Authorship Contributions

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