

AORTIC ANEURYSM CAUSING COMPRESSIVE MYELOPATHY

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Aortic aneurysm causing erosion and complete destruction of vertebra is rare, most of them are mycotic and a result of tubercular spondylodiscitis. Here we present a case of thoracoabdominal aortic aneurysm causing vertebral destruction, cord compression and paraplegia as the initial presentation.

A 65-year-old man admitted with acute onset of severe pain in both flanks for 2 months. He developed flaccid paraplegia, urinary retention and diminished sensation below D10 for 15 days. On examination systolic BP was 10 mm Hg less in lower limb (popliteal artery BP was 116/80 mm Hg). The lower limbs had grade 0 power and tendon reflexes were absent. Pain and touch sensation was diminished below D10. Joint position and vibration were impaired in both lower limbs. Vertebral tenderness was noted at D10, D11 spine. Search for malignancy, myeloma panel were negative. MRI of the thoracic spine showed partial collapse of D10 vertebra and the retropulsed fragment was causing compression and increased T2 signal of the spinal cord. The intervertebral discs were preserved. Aneurysmal dilatation of the abdominal aorta at that level noted incidentally showing vascular flow void and circumferential aortic wall thickening. CT angiography revealed fusiform dilatation of entire descending thoracic aorta and abdominal aorta till aortic bifurcation with peripheral non enhancing area and discontinuous rim of calcification. Findings were suggestive of peripherally thrombosed aortic aneurysm causing erosion of adjacent D11 vertebra and collapse of D10 vertebra with bony fragments compressing the spinal canal from anterior aspect. Patient referred for surgical intervention.

