

Clinical Image

Unilateral Lower Limb Paresis Revealing Split Cord Malformation

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Clinical Image

A 47 year old patient presented with a 6 year history of low back pain. 15 days before she was seen in our department, the patient felt paresthesia of the trunk then numbness of lower limb. These symptoms occurred after physical exertion and were not accompanied by sphincter disorders or visual troubles. Neurological examination found monoparesis of right lower limb with a bilateral sensory deficit that has a clearly defined rostral border T8. Somatic exam found dorso-lumbar scoliosis with abnormal lumbar hypertrichosis area (Figure 1). Dorso-lumbar MRI showed a bifid cord with a bony spur (Figure 2 and 3). A syrinx was associated. Brain MRI was unremarkable. As the paresis was mild and no bowel or bladder dysfunctions were reported by the patient, surgery was rejected. Split cord malformations are rare variety of dysraphia. They're usually revealed in childhood by gait troubles. Adult presentation is rare, probably because symptoms remain well tolerated. The main revealing factors are: trauma, abrupt trunk flexion, spondylarthrosis and narrowing of the lumbar vertebral canal. Symptoms appeared in our patient after strenuous physical exertion. The diagnosis is made on the basis of MRI which allows studying the spinal cord and associated osteomedullar abnormalities.



Figure 1: Dorso-lumbar scoliosis with abnormal lumbar hypertrichosis area.

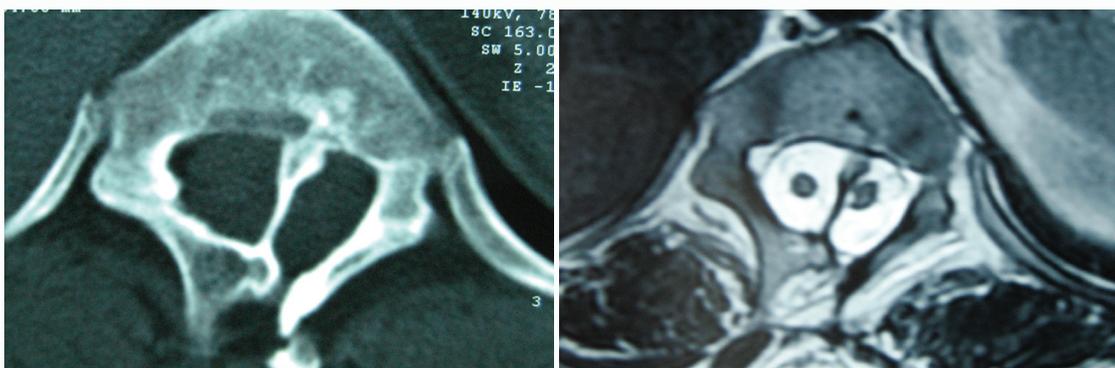


Figure 2 and 3: Dorso-lumbar MRI showed a bifid cord with a bony spur.

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