



Clinical Quiz

Acute weakness and numbness of lower limbs

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Case History

A middle-aged man presented to the emergency department with acute weakness and numbness of both legs. The symptoms occurred while he bent over to fix a tire at the garage. He also complained of abdominal pain with a stinging sensation, which was radiated from his back. He denied fever, vomiting, difficulty of defecation or urination, or any recent trauma history. Upon arrival, his temperature was 36.9°C, pulse rate 74 beats per minute, respiratory rate 20 breaths per minute, and blood pressure 148/90 mmHg. He was alert and well oriented. His abdomen was soft, without tenderness or rigidity. The distal pulsation of bilateral lower limbs could not be detected. The muscle power grades of both lower limbs were zero. A computed tomography angiography (CTA) with contrast (Figure 1) and then a magnetic resonance angiography (MRA) (Figure 2) were performed. The three-dimensional (3D) reconstruction of images of aorta from a spiral CTA was available (Figure 3).



Figure 1. A computed tomography angiography scan with contrast.

Questions

1. What were the CTA findings?
2. What were the MRA findings?
3. What was the diagnosis?

Answers

1. The CTA with contrast showed an aortic thrombotic occlusion (arrow; Figure 1).
2. The MRA showed a symmetric hyperintensity (arrow) on T2-weighted imaging (T2WI)/diffusion-weighted imaging (DWI) in the anterior part of spinal cord at the T9–12 levels (Figure 2), compatible with a thrombosis obstructing the artery of Adamkiewicz from the extensive aortic thrombosis (arrow; Figure 3).
3. The diagnosis was Leriche syndrome with acute spinal cord infarction.

Discussion

Leriche syndrome results from thrombotic aortic occlusion¹ and could be complicated with spinal cord infarction. The symptoms include sudden and severe back pain, followed by rapidly progressive bilateral flaccid limb

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