

Incomplete Spinal Cord Injury Missed at Initial Inpatient Evaluation and Diagnosed During Routine Physiatry Consult

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CARE BRAVELY

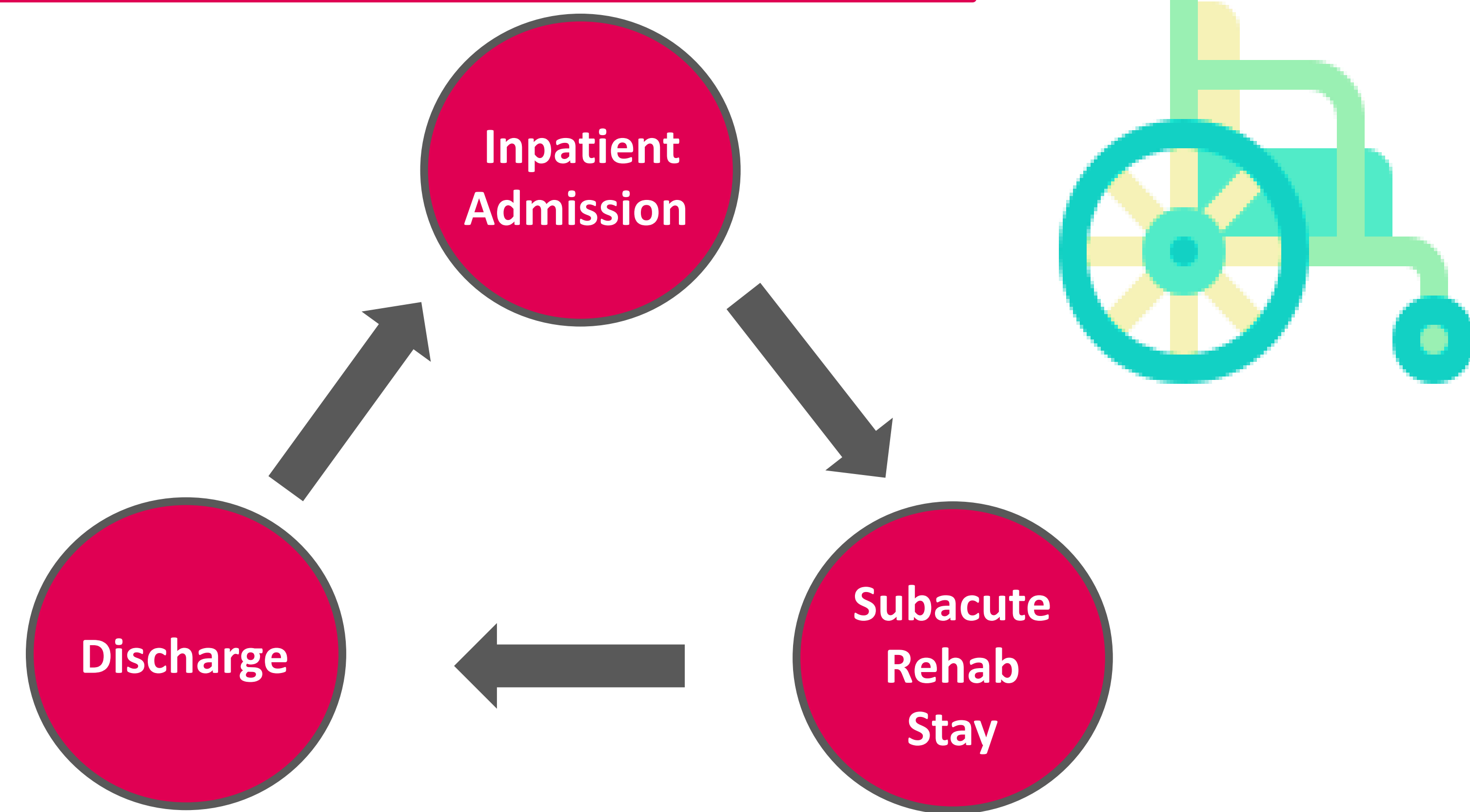
CASE PRESENTATION

A 72-year-old male presented to the hospital due to altered mental status, found to be in benzodiazepine withdrawal.



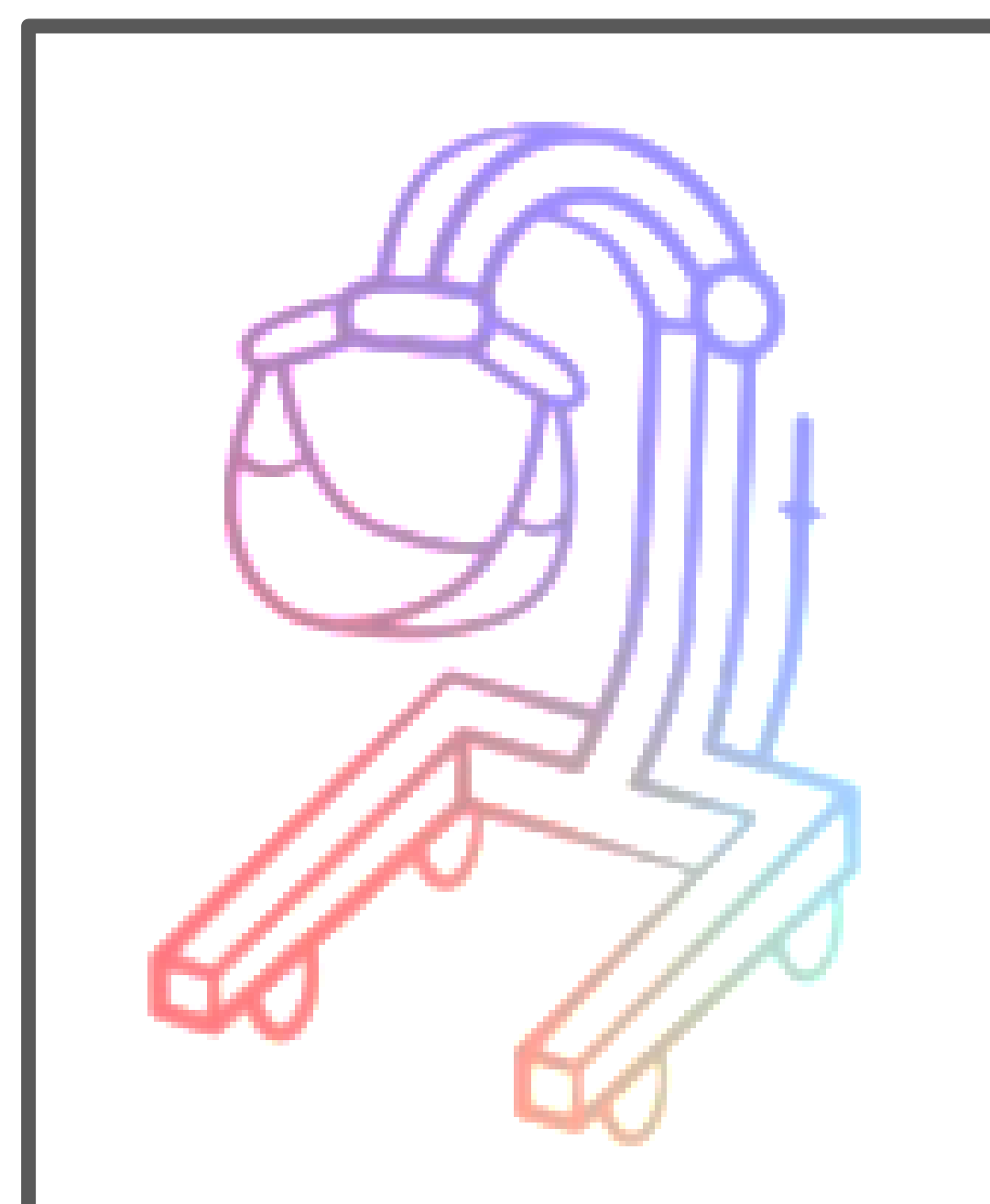
He had been experiencing a decline in function since his involvement in a motor vehicle crash 5 months prior, in which initial work up revealed a left humeral head fracture.

He experienced numerous hospitalizations since then, including a stay in subacute rehabilitation where he made little progress and eventually was discharged home in a wheelchair (before returning to the hospital for this current admission).



FUNCTIONAL STATUS

- Prior to the motor vehicle crash, the patient was completely independent with all activities of daily living and mobility.
- During the current admission, the patient reported needing assistance for all activities of daily living and mobility. He was using a high-back wheelchair, hospital bed, and Hoyer lift at home, and could no longer engage in extracurricular activities.



PHYSICAL EXAM

After inpatient treatment, the patient was stabilized, and a physiatrist was consulted to evaluate rehabilitation needs. Chart review revealed patient had previous admissions with small bowel obstruction, L4 burst fracture, and urinary retention. A full physical exam was conducted.

Findings On Exam



CLINICAL COURSE



Physical exam revealed a possible C-spine issue, which indicated an order for an urgent MRI.

C-spine MRI revealed severe cervical stenosis from C3-5 with cord signal changes. The patient underwent C3-C5 posterior cervical decompression and fusion.

DISCUSSION

After a missed diagnosis at initial assessment after his crash, multiple *preventable* acute hospital and rehabilitation facility admissions ensued in subsequent months.



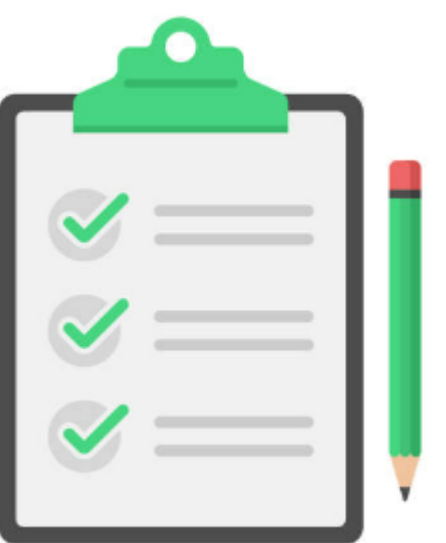
5 months later, on routine consultation, a physiatrist identified a suspected incomplete cervical spinal cord injury on physical exam.

After undergoing cervical decompression and extensive rehabilitation, he made a dramatic improvement. The patient is now fully independent with mobility and activities of daily living. He is even able to play golf!

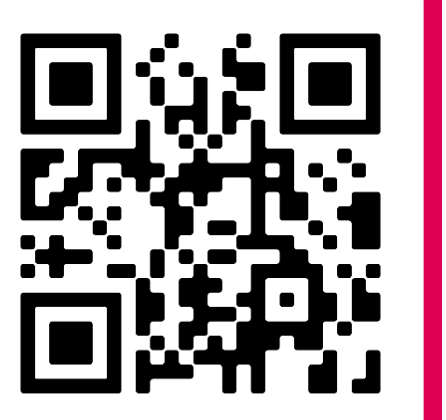


CONCLUSION

- Most traumatic spinal cord injuries are cervical lesions, and the most common cause is the typical traffic crash [1].
- A missed diagnosis can lead to harmful and potentially life-threatening neurological effects for a patient.
- To recognize undiagnosed incomplete spinal cord injury, extensive history and physical exam are crucial during the clinical evaluation process.
- When a patient is not progressing as expected following an injury, it is necessary to assimilate all clinical information in order to identify any potential missed diagnoses.



References



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