Acute Aortic Dissection Presenting as Painless Paraplegia

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Figure 1. Axial thoraco-abdominal CT showing a large dissecting aneurysm (with true [asterisk] and false [white arrows] lumens).

A 60-year-old man with hypertension, hyperlipidemia, and a prior abdominal aortic aneurysm repair in 1995 presented with sudden weakness of both legs. His blood pressure was 91/56 mmHg, his pulse was 107 beats/min, and he had flaccid paraplegia with a spinal sensory level at T6. Magnetic resonance imaging (MRI) of the thoracic spinal cord showed no lesion. Chest and abdominal computed tomography (CT) with contrast showed a large Type B dissecting aortic aneurysm (Figs. 1 and 2). The following day, he developed acute renal failure requiring hemodialysis, as the dissection extended into his right renal artery. The patient was medically managed and died one week later.

Acute aortic dissection (AD) usually presents in hypertensive males over the age of 60 years, as a sudden tearing

Figure 2. Coronal chest CT demonstrating a large dissecting aneurysm (with true [asterisk] and false [white arrows] lumens).

chest pain radiating to the back.¹ Paraplegia due to spinal cord ischemia and infarction as a presenting manifestation of AD has been found in 1.9 % cases.² However, painless paraplegia, as in this case, is exceedingly rare and limited to six case reports.^{3–8} Paralysis in AD is due to anterior spinal artery syndrome, which usually includes loss of pain and temperature sensation, with preservation of vibration and proprioception sensation. This pattern typically manifests after spinal shock resolves over weeks.

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