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IMAGE OF THE MONTH

Acute spinal cord ischemia after transarterial chemoembolization of hepatocarcinoma

Isquemia medular aguda tras realización de quimioembolización transarterial de hepatocarcinoma

Antonio José Ruiz Rodríguez[a,*], **Ana María Bravo Aranda**[b], **Carlos Martínez Martínez**[c], **María Eloísa Sáez de Tejada Cervilla**[a], **Álvaro Cabrera Peña**[d]

[a] *Servicio de Aparato Digestivo, Hospital Universitario San Cecilio, Granada, Spain*
[b] *Servicio de Aparato Digestivo, Hospital Regional Universitario Carlos Haya, Hospital Regional Universitario de Málaga, Spain*
[c] *Servicio de Radiodiagnóstico, Hospital Universitario San Cecilio, Granada, Spain*
[d] *Servicio de Radiología Intervencionista, Hospital Universitario San Cecilio, Granada, Spain*

We present the case of a 63-year-old man with liver cirrhosis of mixed aetiology (alcoholic and hepatitis C virus infection) and a diagnosis of a 14-mm hepatocarcinoma in segment III and 40 mm in segment VI. Transarterial chemoembolisation (TACE) of hepatocellular carcinoma was performed by super-selective catheterisation of the feeding arteries of the tumour nodules and they were embolised with doxorubicin (DC-Beads 100—300 μ and 300—500 μ) (Fig. 1). Following the procedure, he developed symptoms consistent with urinary retention, paraesthesia and paresis in both lower limbs with the inability to walk. In the emergency thoracolumbar MRI performed due to suspected spinal cord ischaemia after TACE, an increased signal was observed in the distal portion of the cord and the conus medullaris with moderate restric-

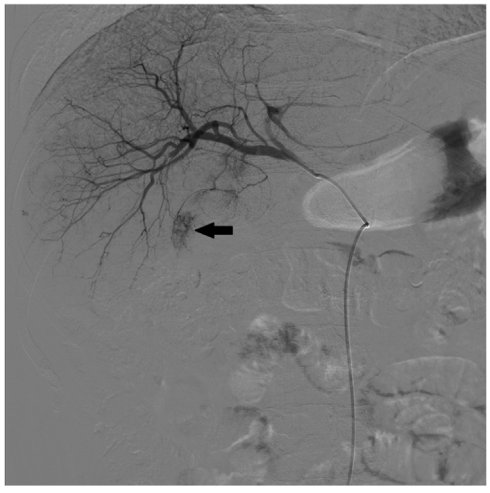

Figure 1 Arteriography of the common hepatic artery prior to embolisation showing a tumour lesion in the right hepatic lobe (black arrow) in relation to hepatocellular carcinoma supplied by the artery of segment VI in its supero-external half.

* Corresponding author.
E-mail address: antjosruirod@outlook.es (A.J. Ruiz Rodríguez).

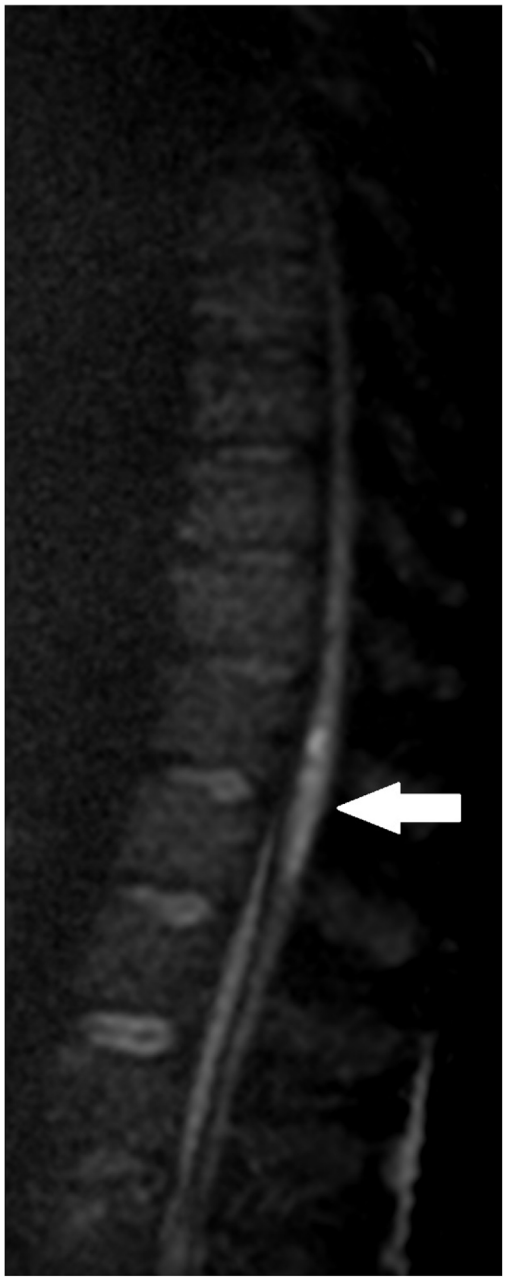

Figure 2 MRI. Sagittal plane of diffusion-weighted image showing diffusion restriction in the distal portion of the cord and conus medullaris (white arrow), possibly related to acute ischaemic injury.

tion in the diffusion sequence (Figs. 2–4), possibly related to an acute ischaemic injury at the level of T11, which was confirmed. Following rehabilitation, the patient was discharged with preserved ambulation.

TACE is based on the almost exclusively arterial vascularisation of the hepatocarcinoma.[1] In our patient, the clinical symptoms were accounted for by the existence of an artery feeding the tumour collaterally to one of the spinal arteries that supply the spinal cord, with the chemotherapeutic material entering the spinal cord and inducing unusual transient acute spinal cord ischaemia.

Figure 3 MRI. T2-weighted image with fat suppression in the sagittal plane confirming the increased signal in the indicated segments of the distal portion of the cord and conus medullaris (white arrows).

Figure 4 MRI. Axial T2-weighted image showing the classic ''Owl's eyes'' sign related to increased central signal in the context of spinal cord ischaemia.

Conflicts of interest

The authors declare that they have no conflicts of interest.

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