LETTERS TO THE EDITOR

Compressive C5-C6 radiculopathy secondary to spontaneous vertebral artery dissection☆

Radiculopatía compresiva C5-C6 secundaria a diseción espontánea de la arteria vertebral derecha

Dear Editor:

Spontaneous vertebral artery dissection (VAD) is a known cause of ischaemic stroke among young adults. Neck trauma and connective tissue diseases are associated factors. 1,2 Sensorimotor radiculopathy secondary to local compression at spinal root level is a rare manifestation of VAD. 3,4 We present the case of a patient with peripheral paralysis of the right arm due to an intramural haematoma in the right vertebral artery exerting pressure on the C5 and C6 roots. Our patient was a 49-year-old man who was examined due to progressive proximal paralysis of the right arm. Two weeks before that, he had experienced cervical pain radiating to the right shoulder and arm, with no history of neck trauma or manipulation. Neurological examination revealed weakness of the right deltoid muscle (1/5) and biceps (3/5). Right-sided biceps reflex was absent, brachioradialis reflex was diminished, and triceps reflex was normal. Motor balance and sensitivity were preserved in the left arm and in both legs.

A needle electromyography showed a marked innervation deficit of the right brachioradialis, biceps, deltoid, and supraspinatus muscles. These findings were compatible with postganglionic neuropathic lesion of the proximal brachial plexus.

Fat-suppressed magnetic resonance imaging (MRI) of the neck showed a hyperintense crescent-shaped image in segments V1 and V2 of the right vertebral artery (Fig. 1) indicating an intramural haematoma secondary to arterial dissection. No relevant findings were observed in the brain MRI images; echo Doppler of extracranial vessels showed a biphasic flow in the V2 segment of the right vertebral artery. Pulsatility index was high but no intimal flap was detected.

The patient began treatment with antiplatelet drugs and physiotherapy, which improved symptoms after a few weeks. In the follow-up visit 2 months later, he was asymptomatic.

Cervical artery dissections represent 2% of all strokes and up to 20% of all thromboembolic strokes occurring in young patients. Vertebral artery dissection has an approximate incidence of 1.5 cases per 100 000 inhabitants. It can be spontaneous, secondary to recent neck trauma or manipulation, or associated with diagnosed or subclinical connective diseases.

Figure 1 Neck MRI axial images (A, B): fat saturated T1-weighted sequence (A) showing a hyperintense signal surrounding the right vertebral artery at the C5 level (arrow), which is compatible with intramural haematoma. The T1-weighted sequence (B) shows compression of the C5 root (arrow) due to expansion of the haematoma. Colour Doppler ultrasound of the extracranial portion of the right vertebral artery (C) shows a biphasic flow in the V2 segment and increased pulsatility. No flow is observed in segment V1.

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Optic neuropathy after orbital decompression surgery

Neuropatía óptica tras la cirugía de descompresión orbitaria

Dear Editor:

Optic neuropathy is a possible, although very infrequent, complication of orbital decompression surgery.

We present the case of a 62-year-old woman with hyperthyroidism and long-standing thyroid-associated orbitopathy due to diffuse and nodular hyperplasia of the thyroid gland. The patient had been previously treated with steroids and total thyroidectomy to control symptoms. Exophthalmos was measured at 25 mm in the right eye (RE) and 23 mm in the left eye (LE) (Fig. 1). We also observed mild lid retraction and a bilateral supraperiodic deficit. At that time, our patient was being treated with topical ocular hypotensive medication for chronic bilateral open-angle glaucoma that had been stable for 4 years.

In her last examination before surgery, we recorded intraocular pressure (IOP) of 18 mmHg in both eyes, as well as optic disc cupping of 0.6 and 0.4 mm in the RE and LE, respectively. Results from both the cammetry study and the optical coherence tomography (OCT) performed before surgery were normal.

References


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