

Spinal cord infarction following IR embolization complicated by respiratory failure

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PATIENT

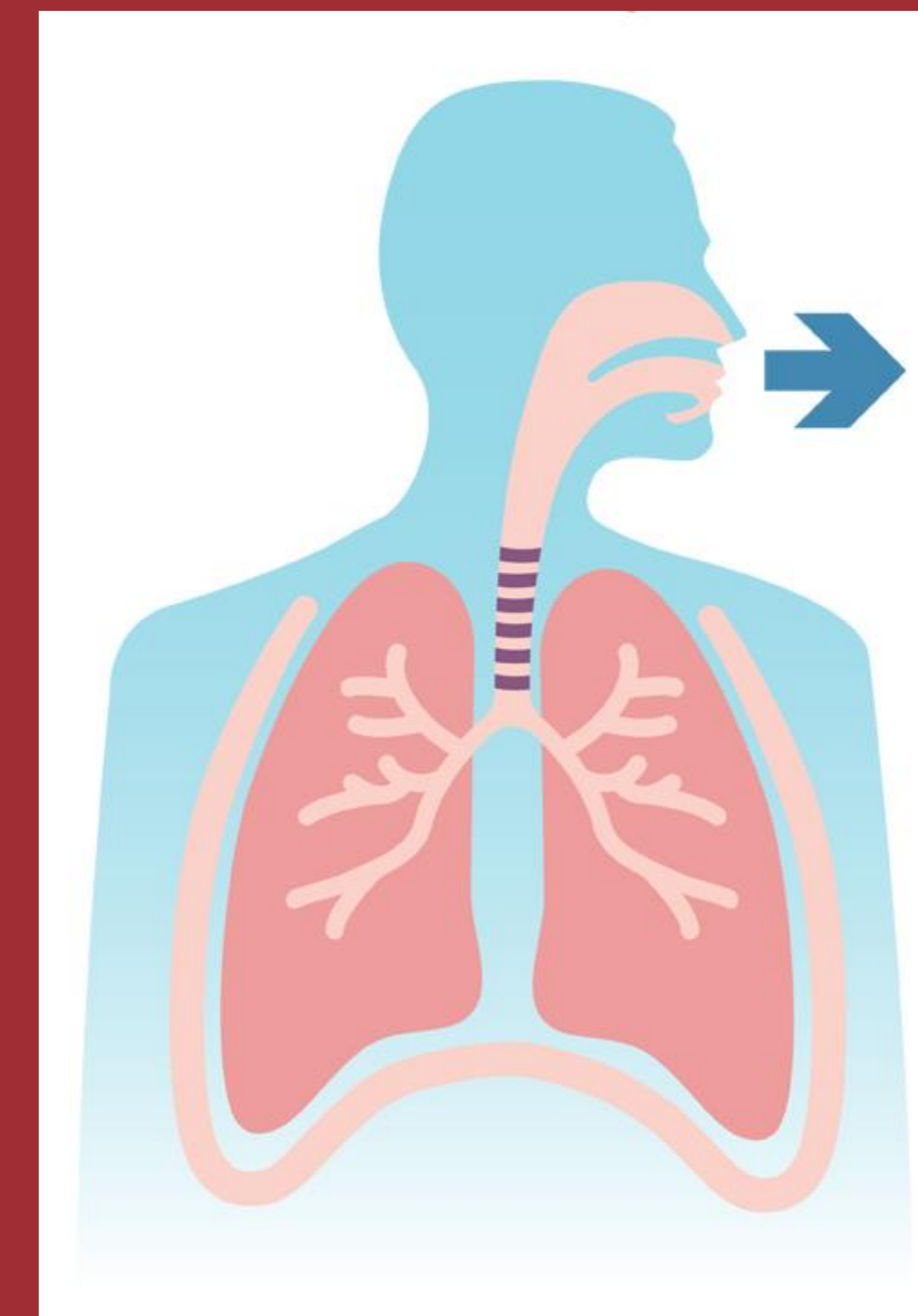
A 63-year-old female with history of stage IV lung adenocarcinoma presented to the hospital with recurrent bleeding from chest wound requiring IR embolization of thoracic vasculature. Post-procedure, she had acute RLE weakness, LUE weakness, and chest paresthesia.

Hospitalization was further complicated by respiratory failure requiring tracheostomy placement and ensuing cardiac arrest following decannulation due to airway collapse and mucus plugging.

Utilizing a multidisciplinary approach involving respiratory therapy interventions is essential in patients with spinal cord injury



SCAN ME



FINDINGS

Examination revealed complete inability to move right lower extremity with 0/5 strength, diminished sensation to pinprick of right lower extremity and brisk deep tendon reflexes of left upper extremity. Imaging revealed T3-T6 spinal cord infarction. Additionally, she had significant respiratory compromise requiring use of tracheostomy, multiple nebulizers, airway clearance therapy, and suctioning.

CONCLUSION

Spinal cord infarction is a rare but debilitating disorder which can lead to paraplegia or tetraplegia. Respiratory impairment depends on the level of the injury with higher levels of injury causing greater impairment. Main causative factor is weakness of the diaphragm and chest wall musculature which leads to impaired clearance of secretions, ineffective cough, atelectasis, and hypoventilation. Rehab approach is successful when including family training and preparing caregivers on how to continue respiratory treatment at home.

