A Gut Feeling:

Thoracic Cord Compression Manifesting as Abdominal Pain

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CASE DESCRIPTION

A 60-year-old female presented to clinic with radiating back pain to the bilateral lower extremities and vague abdominal pain.

- Serology unremarkable
- Symptoms originated several months prior- no red flags
- Worse with walking
- Generalized abdominal discomfort; non-localizable, non reproducible
- Taking Tylenol, multiple NSAIDs, Gabapentin without adequate control of symptoms

PHYSICAL EXAM

Initial Exam: Largely unremarkable

- Benign abdomen
- Benign lumbar exam:
  - No weakness
  - No tenderness
  - No upper motor neuron signs
  - Negative provocative maneuvers (seated slump, SLR)

WORKUP

- Lumbar MRI ordered
- Thoracic MRI ordered as well, given concomitant abdominal symptoms without other diagnosis

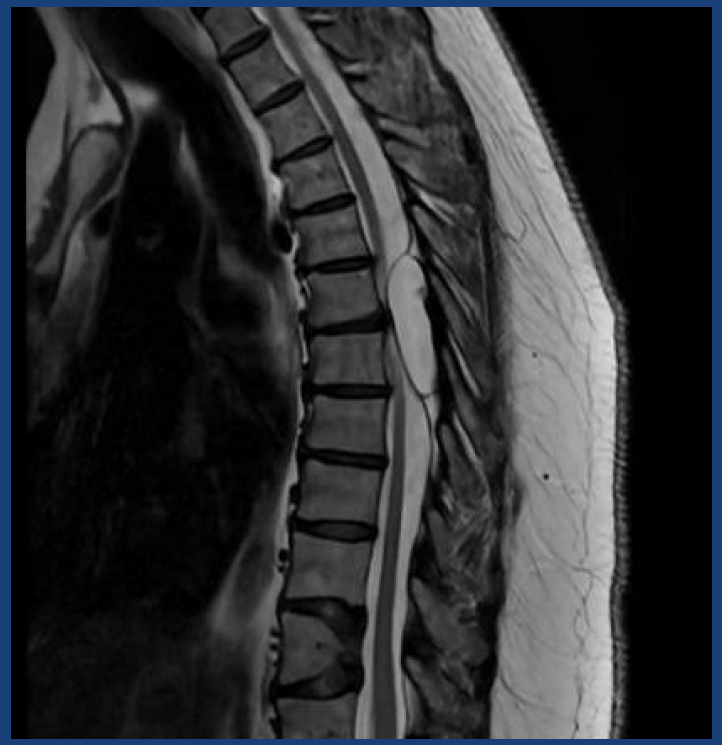

Figure 1: Sagittal T2 MRI of the Thoracic spine demonstrating a 4.3 x 1.4 x 2.0 cm arachnoid cyst at the T5-7 levels, resulting in cord compression and associated cord edema. The cyst extends into and effaces the left T6-7 and T7-8 neural foramina.

RESULTS / ASSESSMENT

Imaging:

- **Lumbar MRI:** Mild multilevel degenerative disease without canal/foraminal stenosis
- **Thoracic MRI:** Massive arachnoid cyst (Fig. 1) resulting in cord compression

TREATMENT / OUTCOME

- Urgent referral to Neurosurgery
- Early manifestations of myelopathy (hyper-reflexia) by the time surgical resection was performed 3 months after first evaluation
- 3 months post-op: near-resolution of symptoms, including abdominal pain. Medication requirement: only minimal Methocarbamol use

DISCUSSION

- Referred, non-visceral abdominal pain is a rare but previously described presenting symptom of thoracic cord compression
- Early diagnosis and treatment is achieved through a comprehensive, unbiased evaluation and is paramount to prevention of more serious neurological sequela