“Persistent low back pain in a pregnant woman after epidural anesthesia for cesarean section: an unsuspected MRI findings and diagnosis.”

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Background: The current case report presents a 32-year-old patient who presented with low back pain (LBP) that began in the last trimester of the pregnancy and worsened the day after c- section and unsuspectedly diagnosed with lumbosacral metastasis from occult follicular thyroid cancer.

Case report: A 32 year old gravida 2,para 1,was admitted to Cristo Re hospital to undergo C-section.The day scheduled for the C-section she arrived in the operatory room on a wheelchair because of LBP: an epidural anesthesia at L2-L3 intervertebral space was performed by the anesthesiologist with the patient in the sitting position.After the dose LBP disappeared and she had an uneventful c-section.The day after,the LBP came back stronger (VAS 9) than before the c-section and the patient presented detectable weakness of hip flexion. Lumbosacral MRI showed a 7 x 7 x 5 cm mass invading the posterior regions of L3 and L4 with paravertebral soft tissue invasion and dural sac compression (Fig.1) the mass presented also “dural tail” and L3 roots compression.Immediately after the CT scan (Fig.2) the patient underwent a neurosurgical operation to decompress the dural sac: during the surgery the patient lost a lot of blood and radiological embolization of III and IV lumbar arteries was done to stop the bleeding.Definitive histological examination revealed a follicular thyroid cancer lumbosacral metastasis and therefore a total body CT scan was done: a 2,1 cm node in the left thyroid lobe was found. A total thyroidectomy was done and finally she was moved to oncology ward where she began the therapy.

Discussion: Only few cases¹described in the literature report LBP as first sign of an occult thyroid cancer but none of the cases concern a pregnant woman who has to undergo to elective c- section with epidural anesthesia. The obstetric anesthesist was lucky because the epidural catheter was inserted in the intervertebral space above the highly vascularized mass and no epidural bleeding, that could be catastrophic,was done.

References: Leyla K., Recep S., Ihsan Y., Hayri O., Mecit K. Unusual metastasis of papillary thyroid carcinoma: lumbar vertebrae. The Spine Journal 15 (2015) 1697-1698.

[fig.1]

[fig.2]