



CR69 Spinal shock after a ground-level fallLeo Matijašević^a, Ines Trkulja^b, Andrija Matijević^a, Danijel Mikulić^c, Filip Miočinović^d, Iva Barišić^e^a Department of Emergency Medicine, University Hospital Centre Zagreb, Zagreb, Croatia^b Institute of Emergency Medicine of Sisak-Moslavina County, Croatia^c Sestre milosrdnice University Hospital Center, Zagreb, Croatia^d University hospital "Sveti Duh", Zagreb, Croatia^e General Hospital Zabok, Zabok, CroatiaDOI: <https://doi.org/10.26800/LV-145-supl2-CR69> Leo Matijašević 0000-0002-7010-9111, Ines Trkulja 0000-0002-3482-8733, Andrija Matijević 0000-0002-0483-1392, Danijel Mikulić 0000-0001-9176-2091, Filip Miočinović 0009-0004-5709-6370, Iva Barišić 0000-0003-2964-0901**KEYWORDS:** Acute Disease; Decompression; Spinal Cord Injuries; Quadriplegia**INTRODUCTION/OBJECTIVES:** Falls are the most common cause of spinal cord injuries (SCIs) in patients older than 65. The worldwide annual incidence of SCIs is reported to be around 15 – 40/ 1000000.**CASE PRESENTATION:** A 66-year-old male was admitted after a ground-level fall while heading to work. The patient was experiencing retrograde amnesia. He presented with a bleeding forehead wound, pain in the right arm, tachycardia 137/min and hypotension 90/50 mmHg. Motor and sensory function was preserved in arms, but completely lost in lower extremities. Loss of sensation below Th4 was detected. Bowel and bladder control was absent. Eye movements were preserved with GCS 15. Computed tomography (CT) scan showed no signs of intracranial hemorrhage or acute ischemia. CT angiography ruled out aortic dissection and bleeding. Magnetic Resonance Imaging (MRI) showed medullary edema from C3/C4 to C5/C6 with severe stenosis of the spinal canal and an obliterated liquor space. The abnormal dorsal position of C5 and traumatic tear of the C5/C6 intervertebral disc were described. Quadriplegia was present at the time the patient underwent an urgent C5/C6 disc ablation spinal decompression, and an anterior spondylodesis of C5 and C6. Amiodarone was administered due to 140/min tachycardia in the intensive care unit (ICU). During the fourth day in the ICU the patient was awake, moved his arms, regained sensation to the sternal level and moved his legs with difficulty.**CONCLUSION:** This case shows that ground-level falls can lead to severe injuries and a potentially lethal outcome. A well-coordinated multidisciplinary approach was crucial for this patient's recovery.**CR70 Spontaneous renal artery dissection possibly associated with antiphospholipid syndrome**Gabrijela Buljan^a, Antonia Bukovac^a, Ingrid Prkačin^b^a School of Medicine, University of Zagreb, Zagreb, Croatia^b Emergency internal medicine department, Clinical hospital Merkur, Zagreb, CroatiaDOI: <https://doi.org/10.26800/LV-145-supl2-CR70> Gabrijela Buljan 0000-0003-4060-9497, Antonia Bukovac 0000-0002-0412-433X, Ingrid Prkačin 0000-0002-5830-7131**KEYWORDS:** abdominal pain; antiphospholipid syndrome; artery dissection**INTRODUCTION/OBJECTIVES:** Spontaneous renal artery dissection (SRAD) is a rare clinical event which most commonly presents with nonspecific symptoms such as acute flank pain, hypertension, fever, hematuria. It rarely occurs as an isolated, non-traumatic event and in those cases the underlying causes include atherosclerosis, fibromuscular dysplasia, collagen vascular disease and severe exertion. Only a few case reports suggest a possible connection between SRAD and antiphospholipid syndrome (APS).**CASE PRESENTATION:** A 54-year-old female presented to the ER with acute left-sided abdominal pain. The patient was formerly healthy aside from previously verified but undefined coagulation disorder. The physical examination was completely unremarkable as well as the abdominal ultrasound. The patient was referred to do MSCT of the abdomen during which she became hypotensive and collapsed. She was urgently transported to the operating room and a retroperitoneal hematoma was found, whose cause was a left renal artery dissection. As it was not possible to perform revascularisation, the patient successfully underwent left nephrectomy and splenectomy. She was then put on symptomatic and antihypertensive therapy and remained long-term stabilized. During the following testing she was diagnosed with primary APS which is considered to be the probable cause of SRAD in this case, as other possible common causes were excluded.**CONCLUSION:** There are some reports of arterial dissections in different sites of the body all associated with APS which is why it is suspected that APS may be a potential cause of vasculopathy and arterial dissection. Further research is required to explore and explain this potential association.