LETTER TO THE EDITOR


We read with interest the case report by Ould-Slimane et al. appeared in the issue 2010, 96 [1].

As the author correctly mentioned in their article (our interpretation of the clinical case should be considered very cautiously due to the absence of similar cases in the literature) i.e. pneumorachis causing clinical symptoms. Review of the literature shows one very unusual case where a patient was operated on for discectomy, suffered dural tear, woke up with coughing during anesthesia and the air was sucked into the dural space just to cause compression symptoms later on [2].

The absence of spinal cord signals on T2 does not rule out spinal cord injury, which can occur in the presence of normal MRI [3—5]. An ipsilateral hematoma from fracture of the base of the pedicle and left hemi lamina of T8 may had formed causing transient spinal cord compression and the ipsilateral monoplegia.

Disclosure of interest

The author declares that he has no conflicts of interest concerning this article.

References


R. Kakel
James Paton Memorial Hospital, 125 Trans Canada Highway, Gander, NL, Canada
E-mail address: rkakel@yahoo.com

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