[Emergency scenario: cauda equina syndrome--assessment and management]

Oliver Gautschi, D Cadosch & Gerhard Hildebrandt

Acute low back pain is one of the most frequent reasons for an emergency or primary care physician visit. Up to 90% of all adults will experience an episode of back pain at some point during their lifetime. Although the majority of patients have uncomplicated benign presentation and 80-90% recover within 4 to 6 weeks, there is a small subset who has an underlying potential life-threatening etiology. Among them are aortic dissection, ruptured abdominal aortic aneurysm, vertebral osteomyelitis, spinal epidural abscess and the cauda equina syndrome (CES). The latter entails a compression of the nerve roots of the cauda equina. These patients usually present post-traumatically with the clinical triad of saddle anesthesia, bowel or bladder dysfunction and muscular weakness of the lower extremities. A delayed diagnosis can result in a significantly increased morbidity. Therefore, early diagnosis and the initiation of the appropriate therapeutic steps are essential. A thorough anamnesis and physical examination are leading to the suspected diagnosis. Below, clinical presentation, diagnosis and relevant treatment of the CES are discussed.

type: journal paper/review

date of publishing: 19-3-2008

journal title: Praxis (97/6)

ISSN print: 1661-8157

pages: 305-12