

Atraumatic Acute Paraspinal Compartment Syndrome in a Patient with McArdle's Disease

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Background

- Paraspinal Compartment Syndrome (PCS) is separated into two major categories:
 - Acute unrelenting
 - Chronic intermittent
- PCS is inflammation of paraspinal muscles within the thoracolumbar compartment
- Typical presenting features:
 - Excruciating localized back pain
 - Unilateral congestion of paraspinal muscles
 - Localized loss of sensation
 - \circ CPK > 2,000 40,000
 - Elevated compartment pressures 70-80 mmHg

Figure 1: CT image showing congested L paraspinal muscles

Outcome

- Thoracolumbar fasciotomy was performed
- Incisions overlying tense musculature (Figure 2)
- Fascia incised sharply to deliver congested paraspinal muscles
- No obvious myonecrosis
- Wound reexplored on hospital day three showed viable muscle, skin was closure
- Patient recovered from surgery well with CK downtrending
- Four-week post-op patient reports complete recovery and return to physical activity





Figure 2: Gross intra-operative findings

Conclusion

This case represents the first reported atraumatic acute lumbar paraspinal compartment syndrome secondary to McArdle's Disease. Prompt operative intervention was effective in this case and resulted in an excellent functional outcome.

References

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Case Report

- 60-year-old outdoorsman presented with symptoms of acute back pain in left lumbar region with ipsilateral thigh numbness
- Past medical/surgical history was significant for McArdle's Disease and bilateral forearm fasciotomies
- Objective:
 - Tense left paraspinal musculature painful to palpation (Figure 2)
 - Serum creatine kinase >23,000
 - Congested paraspinal musculature of the left erector spinae muscle group congestion