

Neurologist Assessment

As this is an uncommon presentation, a neurological assessment was done. EMG showed lumbosacral plexopathy.

Diagnosis was of acute bilateral footdrop from L5 root compression due to spinal canal stenosis.

Treatment

As the foot drop was significant and the MRI finding was of severe stenosis, surgical decompression was carried out the same day of consult, which is the day following the foot drop.

Findings at surgery was severe central and subarticular stenosis at L4/5 with hyperthrophic facet and dural cyst.

Decompression laminectomy followed by pedicle screws instrumentation and interbody fusion was carried out.

Results

Mr A did very well and dorsiflexion of the foot improved quickly to grade 4+/5 the next day. He graduated from walking with support to independent walking.

He was also found to have an unrelated compression fractures of T6 (old) and T8 (recent) which were treated conservatively.



L4-L5 lumbar decompression and interbody instrumented fusion

Discussion

Mr. A's presentation of acute bilateral foot drop from lumbar spinal canal stenosis is uncommon. A search of the literature revealed only a few case reports.

Here, quick diagnosis and early decompression has resulted in an excellent outcome.

Literature Review

1 Br J Neurosurg. 2006 Apr;20(2):87-9. Lumbar canal stenosis presenting with acute bilateral foot drop. Oluigbo CO, Qadri SR, Dardis R, Choksey MS. Department of Neurosurgery, Walsgrave Hospital, Coventry, UK. chimaoluigbo@yahoo.com

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Spine Clinics

A Case of Bilateral Foot Drop

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Welcome

Another year has come to an end. We hope you have enjoyed our last issue on cervical artificial disc replacement.

This month, we will feature an interesting and unusual case - we report on a patient with bilateral footdrop caused by lumbar canal pathology.

Bilateral Foot Drop

Case Study

Mr A is a 69 year old who presented with a history of weakness in the legs and inability to walk without support for 1 day. He developed this acutely the day before after getting up from a pool following an uneventful swim. Clinical examination showed bilateral foot drop. Dorsiflexion of both feet were grade 2/5. There was no bladder or bowel symptoms.

Investigations

X Rays of the lumbosacral spine showed lumbar spondylosis. There was no spondylolysis or spondylolisthesis.



MRI showing severe canal stenosis, both central and subarticular at L4/5.

