

Acute traumatic cervical epidural hematoma associated with brachial plexus injury: a case report and literature review

Figure 1. Single cervical spine tomography, axial and sagittal sections, at the level of C4. Within the spinal canal, a hyperdense lesion adjacent to the left lamina is observed in the epidural space.

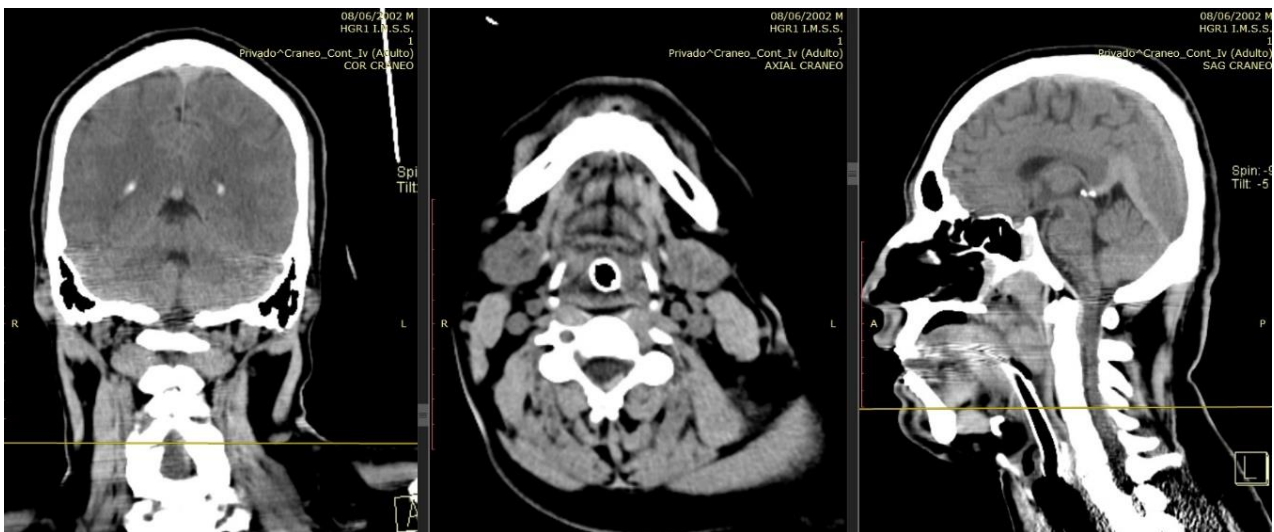


Figure 2. Magnetic resonance imaging of the cervical spine, axial and sagittal sections, T2 sequence. At the level of C6, a hyperintense intradural extradural (or epidural) lesion is observed adjacent to the left lamina and posterior wall, creating a mass effect with partial collapse of the cerebrospinal fluid column and displacement of the spinal cord towards the right.

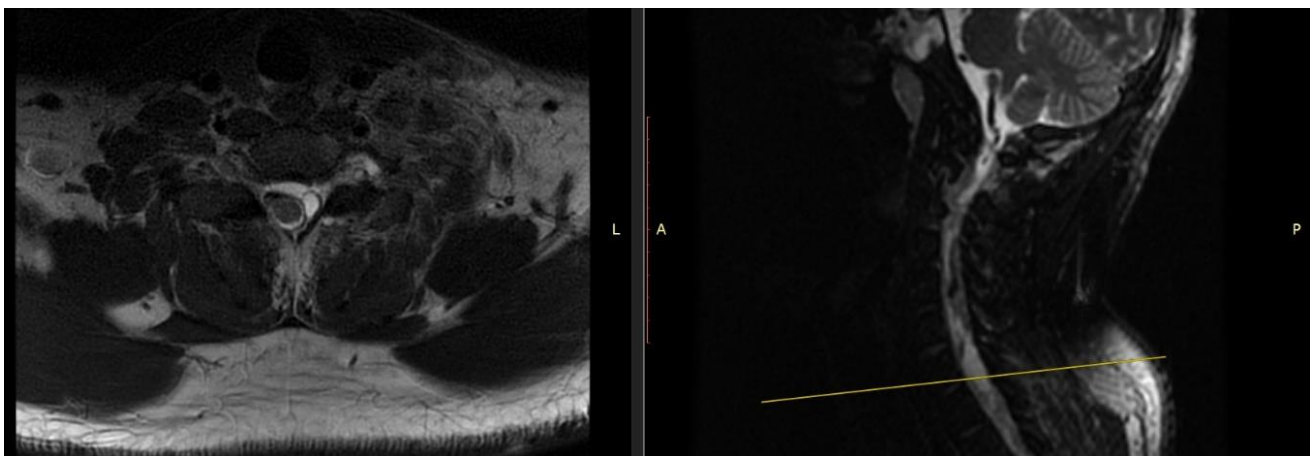


Figure 3. Magnetic resonance imaging of the cervical spine, coronal section, T2 sequence. At the level of C6, a hyperintense intradural left-sided lesion is observed, causing displacement of the dural sac. The boundary between the sac and the lesion is clearly defined.

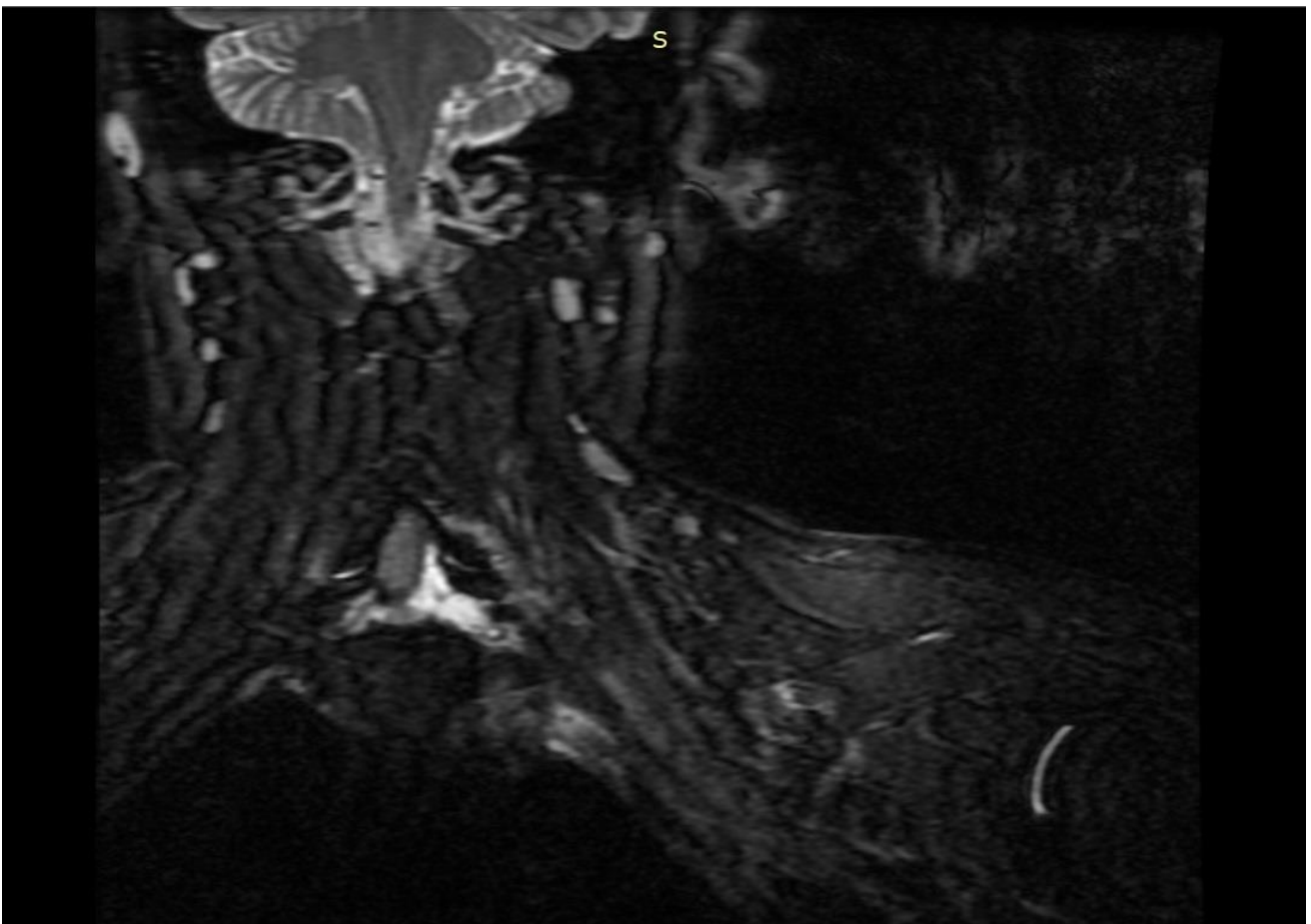


Figure 4. Coronal MRI, FIESTA sequence, delineates the nerve lesion with avulsion of the C6 root.

