

INTRODUCTION

- Compressive Myelopathy during pregnancy - Rare phenomenon with prevalence of 0.4-1.5 per 1000.
- Compressive myelopathy refers to neurologic deficit resulting from compression of spinal cord either from outside or within due to degenerative disease , trauma , tumor or Infection .



CASE REPORT

- A 23 year old G2P1L1 with 37.3 wks with previous FTND brought by relatives on wheel chair to our labor room with Foley catheterised with complain of per vaginal leaking since 2 hours. Since 2 months patient had bilateral lower limb weakness with loss of sensory and motor function in both lower limbs with urinary and fecal incontinence.
- **O/E** : GC fair , Vitals stable.
- **Per Abdomen** - Uterus full term ,longitudinal lie , cephalic , FHS regular, uterine contractions present (3-4 contractions in 10 min. each lasting for 45-50 sec.)
- **Per Vaginal** - Cervical os 4-5 cm dilated , Effacement 50-60%, station-1, membrane absent, leak present, Pelvis adequate .
- **CNS Examination:** Conscious, Oriented, Afebrile , Tone was decreased , Power 0/5 of both lower limbs and Plantar reflex present .

INVESTIGATION

- Complete Blood count .
- **MRI Show** - Well defined solid altered signal intensity extramedullary lesion in spinal canal on right side, extending from D6 to superior border of D10 vertebral Levels.



TREATMENT

- Patient underwent uncomplicated Painless vaginal delivery.
- After delivery patient posted for Laminectomy.

POST - OP

- Patient able to move legs.
- 3 month follow up revealed normal neurological examination.
- HPR suggestive of Vertebral hemangioma .

CONCLUSION

Compressive myelopathy from hemangioma in pregnant women is rare . Serious neurologic deficits can occur if not treated immediately.