## 214 NON TRAUMATIC CENTRAL CORD SYNDROME FROM A RARE CAUSE

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This is an interesting subject who presented with a central cord syndrome after an uncomplicated basilar artery & right MCA aneyrismal coiling. Procedure was uneventful except vertebral artery spasm which was treated with intra-arterial nimodipine and post procedure she had recovered well. After 2 nd day she woke up with upper & and lower limb weakness with bladder & bowel incontinence. Her MRI showed a diffuse signal intensity increase withing cervical cord no abnormality in MRA. Other causes of myelopathy were found to be negative. She had previous history of acute ruptured basilar tip aneurysm which was coiled and she made good recovery. Initial examination she had normal cranial nerves. Her upper limb tone was normal with power of 2/5 bilaterally with brisk deep tendon reflexes in biceps, triceps and suppinators. Sensory examination to all modalities were normal. Lower limbs showed mild hypertonia with power 4/5 in bilateral hip flexion and extension otherwise normal in knees and ankles, Sensory examination revealed mild hypoaethesia upto ankles bilaterally with brisker reflexes and plantars were upgoing bilaterally.

Our literature search identified no case reports on non traumatic central cord syndrome associated with vascular aneurysms. This is a rare syndrome which could possibly due to toxic effect of intraarterial nimodipine so far there had been one case report to FDA as nonspecific cervical cord edema. Our subject made complete recovery.