

Musculoskeletal case 15. Presentation

A 44-year-old woman was referred to the Emergency Department for evaluation of chest and abdominal pain. The chest pain had developed about 1 week earlier and had gradually become worse and spread into the abdomen. She had a long history of medical problems, including a deforming scoliosis of her thoracic and lumbar spine, for which she had undergone several surgical procedures over the past 2 decades. On examination, there was still a marked scoliosis of the spine as well as deformity of the chest wall. The patient was tall and slender despite her spinal abnormalities.

Plain radiographs (not shown) demonstrated marked scoliosis of the thoracic and lumbar spine with associated surgical spinal fusion devices. Contrast-enhanced computed tomography of the thorax and abdomen was arranged for further evaluation. Fig. 1 is an axial computed tomographic image at the level of the aortic arch. There is evidence of a linear band extending through the transverse aortic arch and proximal descending aorta (Fig. 1, arrow). In addition there is differential enhance-

ment of the aortic lumen. Metallic artifact from Harrington's rods is present within the spine. Fig. 2, an image at a lower level within the thorax, also shows a linear band travers-

ing the descending aorta (arrow). Marked deformity of the thoracic cage is present. The spinal canal is enlarged. An axial image through the upper abdomen (Fig. 3) again shows

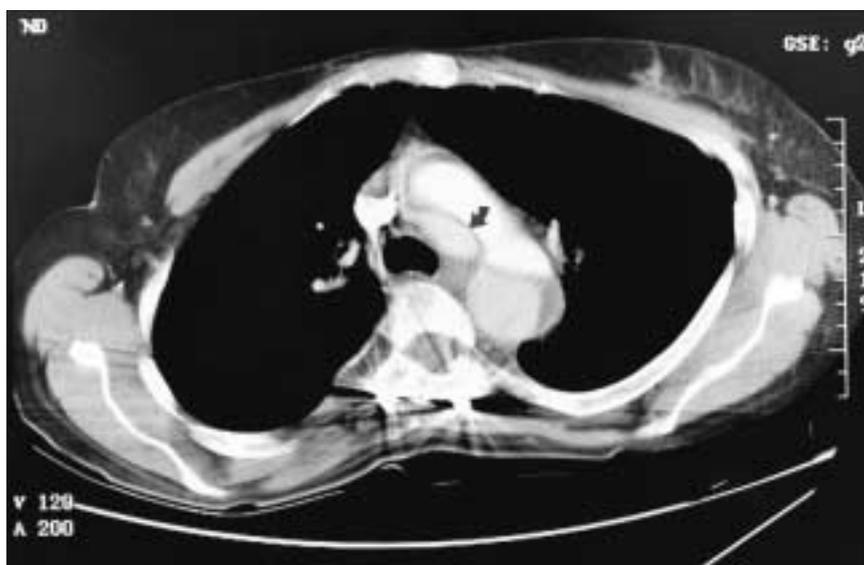


FIG. 1.

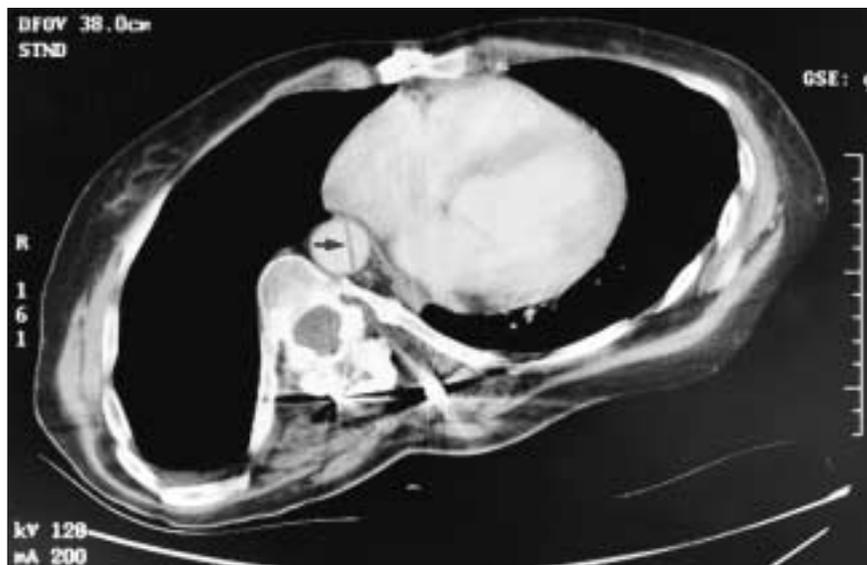


FIG. 2.

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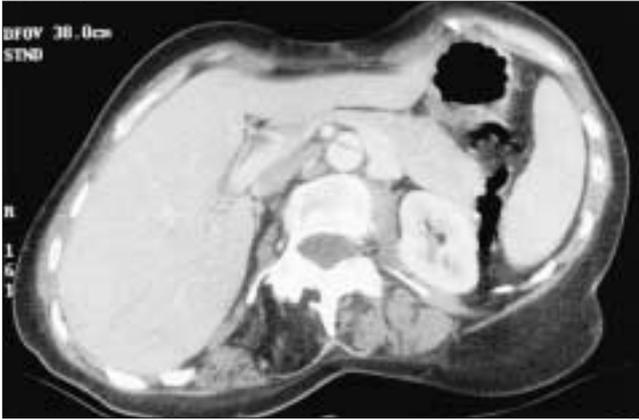


FIG. 3.

a linear band within the abdominal aorta. The spinal canal is once more noted to be large. Linear bands are also demonstrated within both com-



FIG. 4.

mon iliac vessels in an axial image at the level of the common iliac bifurcation (Fig. 4, arrows). There is marked widening of the spinal canal at this

level, in keeping with dural ectasia.

What is the most likely diagnosis?

For the answer and discussion see [page 101](#).

Trauma and critical care 2001

The American College of Surgeons' Committee on Trauma will present a course entitled "Trauma and Critical Care 2001 — Point/Counterpoint XX" at the Trump Taj Mahal Casino Resort in Atlantic City, NJ, from May 20 to 23, 2001. The course objectives are as follows: to provide a review of the latest developments in the care of the acutely injured patient; to re-examine current diagnostic and treatment approaches and describe alternative methods, which take into consideration cost-effectiveness and quality of care issues; to gain a greater understanding of the latest techniques in the management of commonly encountered thoracic injuries; to challenge both faculty and audience with case management scenarios and offer advice regarding difficult diagnostic, therapeutic and technical challenges; to adopt new technical advances in caring for the injured, including endovascular stenting, laparoscopy and

compartment viability assessment; to recognize the important role of triage in determining patient destinations and the implications of procedures performed in the field; to explore emerging trends as we enter the new millennium and anticipate changes in the management of specific injuries and patient subpopulations; to gain a greater familiarity with certain serious and life-threatening complications that may occur after trauma and learn how to reduce their impact on patient outcome; to learn how trauma surgeons are trained in Europe, how their training is reflected in their scope of practice, and what implications European models have for trauma surgery in the United States; and, finally, to improve mortality and morbidity by addressing specific conditions that affect patients confined in the intensive care unit. The course chair is Dr. Kimball I. Maull. Credit: 23 hours in AMA Category 1. For further information contact Trauma Department, American College of Surgeons at tel.

312 202-5342 or online at www.facs.org/about_college/acsdept/trauma_dept/cme/traumtgs.html

Advances in gastrointestinal and gastrointestinal laparoscopic surgery

The Department of Surgery, University of Minnesota Medical School will present its 65th annual course on advances in gastrointestinal and GI laparoscopic surgery at the Hyatt Regency Hotel, Minneapolis, from June 13 to 16, 2001. Credit: 23 hours in AMA Category 1. Fees: US\$575, US\$395 for medical residents. Contact the Office of Continuing Medical Education, University of Minnesota, 107 Radisson Hotel Metrodome, 615 Washington Ave. SE, Minneapolis MN 55414; tel 612 626-7600 or 1-800-776-8636, fax 612 626-7766 or online at www.med.umn.edu/cme

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