Obliteration of the lumbar spinal canal by a centrally lodged, extradural bullet in a patient with minimal neurologic compromise

Rebecca Zanzerkia; Augusto Leone; Likowsky Desir; Ralph Rahme, M.D., F.A.C.S.
Division of Neurosurgery, SBH Health System, Bronx, NY, USA
CUNY School of Medicine, New York, NY, USA
DISCLOSURES

NONE
Gunshot Wounds to the Spine

- Rare, disabling injuries
- Bullets traversing the spinal canal usually penetrate the dura
- Permanent damage to spinal cord or cauda equina is the rule

20yo M, multiple GSW to chest & abdomen

- Retained bullet at L5 via L buttock entry wound

- Relatively mild neurologic syndrome
  - Moderate L L5 & S1 radiculopathies (weakness, pain)
  - Perineal paresthesias with urinary urgency
Management: Surgical Excision of Bullet

- L5 laminectomy
- Bullet entirely extradural
- Thecal sac intact, compressed and displaced to R side
- Rapid resolution of symptoms and motor recovery
- Discharged home a few days later
Conclusions

A retained bullet that appears to obliterate the spinal canal on imaging is not always intradural

An extradural location should be suspected in patients with an unexpectedly favorable neurologic presentation that is inconsistent with radiologic findings