

Letter to the Editor



Letter to the Editor: Commentary on Recurrent Cervical Spontaneous Spinal Epidural Hematoma with Conservative Management: A Case Report (*Korean J Neurotrauma* 2021;17:186–191)

Byung-Jou Lee, Assistant Professor, *Korea Journal of Neurotrauma*

► See the article “Recurrent Cervical Spontaneous Spinal Epidural Hematoma with Conservative Management: A Case Report” in volume 17 on page 186.

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Address for correspondence:

Byung-Jou Lee

Department of Neurosurgery, Inje University
Ilsan Paik Hospital, Neuroscience &
Radiosurgery Hybrid Research Center, College
of Medicine, 170 Juhwa-ro, Ilsanseo-gu,
Goyang 10380, Korea.
E-mail: lbjguni@hanmail.net

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Conflict of Interest

The author has no financial conflicts of
interest.

Dear Editor,

Thank you for the opportunity to review the paper titled “Recurrent Cervical Spontaneous Spinal Epidural Hematoma with Conservative Management: A Case Report.” Cervical spontaneous spinal epidural hematoma (CSSEH) is an extremely rare disease with an incidence of 0.1 per 100,000, and recurrent CSSEH is even rarer, with only 11 cases reported worldwide. The management of CSSEH has not yet been established. Therefore, I believe that this report will be helpful in establishing and deciding on the treatment of CSSEH. However, I would like to comment on some issues regarding the process of differential the diagnosis. First, according to a previous report,^{1,2)} only those that were actually idiopathic could be referred to as CSSEH, and only 40% to 61% of the cases reported to date were truly idiopathic spontaneous spinal epidural hematoma (SSEH). The patient reported in this paper is a 24-year-old male individual who may have had mild trauma due to the nature of his job as a soldier. Therefore, we need to comment on the detailed history of trauma. Second, even if computed tomography (angiography) or spinal angiography was not performed because there was no flow void on the magnetic resonance imaging at the first visit, in the case of recurrence, it is necessary to perform spinal angiography to differentiate the spinal vascular anomaly. In particular, according to the recurrent SSEH table (Table 1) reviewed in this paper, most of the patients were young in their teens or twenties.

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