CAUDA EQUINA SYNDROME

NICE 2016, BJGP 2014

- This diagnosis has to be considered in all patients with severe back and leg pain and if suspected refer for an urgent (same day) MRI scan
- MDU paid out £8 million in compensation from 2005-2016 to settle claims for alleged missed diagnosis

Background

- Cauda Equina Syndrome (CES) is rare, but a major cause of litigation
- It is most often caused by a lumbar disc prolapse
- The spinal cord ends at L1/L2, below which emerges the cauda equine or 'horse's tail of rootlets' that supply the lower limbs plus bladder, bowel and sexual function
- The consequences of a missed diagnosis, therefore, include urinary and faecal incontinence, loss of perineal sensation, sexual dysfunction and chronic back and leg pain
- Two types. Both need an immediate surgical referral, but CES-R is less likely to be reversible
- CES-R for retention
- CES-I for incomplete, with reduced urinary sensation, loss of desire to void or poor stream but no established retention or overflow

Diagnosis

- Consider the diagnosis when:
  - Escalating and severe low back pain
  - Beware those who prefer to sit up - the pain is often better in a sitting position
  - Bilateral leg pain
  - Severe or progressive bilateral LMN neurological deficit of the legs
  - Perianal or perineal sensory loss (saddle anaesthesia or paraesthesia)
  - Urinary retention/incontinence
  - Faecal incontinence or unexpected laxity of the anal sphincter
- Anal tone is preserved in CES-I

Good practice

- Warn all patients with disc herniation about perineal/perianal numbness (e.g. when washing or wiping) and also any disturbance of normal urinary function
- It is helpful to record when symptoms and signs first started as this has management and medico-legal implications

Consider in ALL patients with a history of cancer and back pain or neurological signs/symptoms