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"Owl's eyes" sign in acute spinal cord infarction in newborn submitted to aortoplasty

Sinal dos "olhos de coruja" em infarto espinal agudo em recém-nascido submetido a aortoplastia

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A 12-day-old male patient underwent aortoplasty for aortic arch coarctation with patent ductus arteriosus and ventricular septal defect. On the 5th postoperative day, he presented with acute hyporeflexia, tetraparesis, and urinary retention. On spinal magnetic resonance imaging (MRI), sagittal T2-weighted image (T2WI) indicated abnormal hyperintensity extending from D1 and D2 to the conus medullaris, affecting the anterior two thirds of the spinal cord (►**Figure 1A**). Additionally, axial T2WI showed the "owl's eyes" sign involving the anterior-central cord (►**Figures 1B-C**) and sagital T1WI unremarkable (►**Figure 1D**).

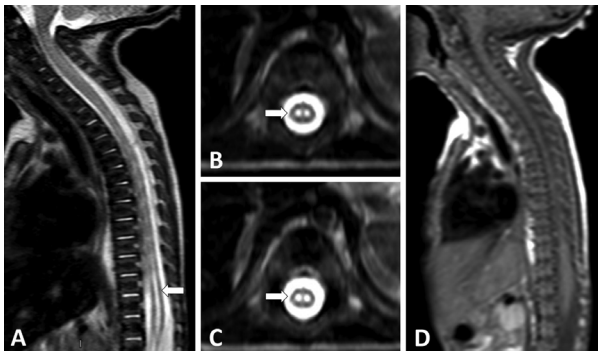

Figure 1 Spinal cord magnetic resonance imaging (MRI) performed at 17 days of age. Sagittal T2-weighted imaging (T2WI) shows a diffuse pencil-like hyperintense signal from D1 to the conus medullaris ((A)), and axial T2WI shows symmetric circular-ovoid foci of high signals located at the anterior horns ((B) and (C)), consistent with an "owl's eye" pattern. In its turn, sagittal T1WI ((D)) was unremarkable.

Pediatric acute spinal cord infarction is rare, and the "owl's eyes" sign on neuroimaging is highly suggestive of vascular etiology. This case is the youngest of the few ever reported in which an "owl's sign" could be observed.[1–3]

Authors' Contributions

ACH: study design, patient data collection and interpretation, and manuscript writing; MFN: patient data collection and manuscript writing; FLM, ESM: data interpretation and manuscript critical review.

Conflict of Interest

The authors have no conflict of interests to declare.

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