A 36-year-old man presented with pain radiating from his right hip to the knee, after a heavy fall on his back 2 months earlier. At neurologic examination, bilateral Lasegue’s sign (straight leg raise test) was present. MRI revealed a ventral epidural space-occupying lesion at L2-L3 (figure). The differential diagnosis included a lumbar disc herniation, but the MRI showed a hyperintense lesion in the epidural space, which was consistent with an epidural hematoma. One year later, the MRI was normalized (E–G).
diagnosis consisted of a sequestered disc, a ventral synovial cyst, and an epidural hematoma.

The diagnosis of a spinal epidural hematoma can be challenging; a posttraumatic lumbar epidural hematoma is even more rare.1,2

In our patient, the complaints resolved spontaneously and 1 year later, the lesion had disappeared (figure).

AUTHOR CONTRIBUTIONS
Dr. J. van Aalst treated the patient and drafted the manuscript. Dr. K. Rijkers wrote the manuscript. Dr. A.A. Postma performed neuroimaging, made the differential diagnosis, and provided the figure.

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REFERENCES
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