

Spinal Epidural Hematoma After a Car Accident in Georgia

When Internal Bleeding Around the Spine Starts Compressing Nerves or the Spinal Cord

A person can walk away from a Georgia car crash with neck or back pain, only to develop weakness, numbness, or trouble walking hours later. One rare explanation is a spinal epidural hematoma: a collection of blood inside the spinal canal, between the dura surrounding the spinal cord and the bony vertebral canal. As that blood accumulates, it can take up space that the spinal cord and nerve roots need.

A traumatic spinal epidural hematoma is uncommon, but the stakes can be high because neurologic function can deteriorate quickly. Published reports describe the condition after motor vehicle collisions, including cases in which symptoms progressed after the initial trauma. The medical issue isn't simply whether bleeding exists. Doctors have to determine where the hematoma is, whether it is compressing neural tissue, how the neurologic examination is changing, and whether urgent decompression is needed.

At Gary Martin Hays & Associates, our [Georgia car accident lawyers](#) know that a serious spinal claim is often built from a timeline rather than one image. We look at what the person could do before the wreck, what symptoms appeared afterward, which scans were performed, whether the deficits progressed, and what treatment was required.

Quick Facts About Spinal Epidural Hematomas

- **The Bleeding Is Inside the Spinal Canal:** A spinal epidural hematoma forms outside the dura but inside the vertebral canal, where even a relatively small collection can compress nerves or the spinal cord.
- **Symptoms Can Evolve:** Severe neck or back pain may be followed by numbness, weakness, gait changes, or bowel and bladder problems as compression increases.
- **MRI Usually Gives the Clearest Answer:** MRI is the preferred imaging study for defining the location and extent of a spinal hematoma and showing cord or nerve-root compression.
- **Treatment Depends on the Neurologic Picture:** Progressive or significant deficits can lead to urgent surgical decompression, while selected stable cases may be monitored under specialist care.
- **A Normal Early CT Doesn't End the Inquiry:** CT can be valuable for fractures and may sometimes show blood, but soft-tissue compression can require MRI when symptoms don't fit the initial study.

What Is a Spinal Epidural Hematoma?

The spinal cord and nerve roots are covered by protective membranes. The outermost layer is the dura. The epidural space lies between that dura and the surrounding vertebral canal. A [traumatic spinal epidural hematoma](#) is blood that collects in that space after trauma.

This is different from the epidural hematoma people often associate with a head injury. In the spine, the concern is pressure on the cord or nerve roots. Where the bleeding occurs determines which functions are at risk. A cervical hematoma can affect the arms and legs. A thoracic collection can affect the trunk and legs. A lower lumbar or lumbosacral hematoma can compress nerve roots controlling leg strength, sensation, and pelvic functions.

How Can a Car Accident Cause Bleeding Around the Spine?

A collision can expose the spine to flexion, extension, rotation, compression, and direct impact. Fractures, ligament injuries, and vascular injury can occur at the same time. Trauma can also tear small vessels in the epidural space and create bleeding that occupies more room as the hematoma expands.

The crash doesn't have to leave the vertebra dramatically displaced for the problem to be serious. Medical literature includes traumatic spinal epidural hematomas after high-speed crashes as well as cases in which the neurologic decline became clearer later. That delayed progression is one reason a post-crash spine complaint shouldn't be judged solely by how the person looked at the scene.

A hematoma may also occur alongside a fracture, disc injury, ligament damage, or pre-existing spinal narrowing. Those conditions can reduce the amount of reserve space in the canal. The causation question then becomes whether the collision produced new bleeding and compression, not whether the person already had a perfectly normal spine.

Which Symptoms Can Signal Spinal Cord or Nerve Compression?

The symptoms depend on the level of the hematoma and how much neural tissue is being compressed. Red flags can include:

- **Severe or Worsening Neck or Back Pain:** Pain may be sudden, intense, or radiate into an arm or leg. Pain alone isn't diagnostic, but a changing pain pattern can matter.
- **New Weakness:** A person may have trouble gripping, lifting an arm, standing, moving a foot, or controlling one or both legs.
- **Numbness or Sensory Loss:** Tingling, burning, reduced sensation, or a new sensory level can accompany spinal cord or nerve-root compression.
- **Difficulty Walking or Loss of Coordination:** Gait can become unsteady as strength, balance, or position sense changes.

- **Bowel or Bladder Changes:** Urinary retention, incontinence, saddle-area sensory changes, or new bowel dysfunction can signal severe lower spinal nerve compression and need emergency evaluation.

These symptoms overlap with conditions such as [cauda equina syndrome](#), disc herniation, spinal cord contusion, and fracture-related compression. The diagnosis has to come from the examination and imaging rather than one symptom in isolation.

Symptoms Can Get Worse After the Initial Crash Evaluation

One of the most important features of a spinal epidural hematoma is that the neurologic picture can evolve. A person may initially report pain and still have normal strength, then develop numbness or weakness as bleeding expands or swelling increases. Case reports have documented significant neurologic compromise appearing after the original trauma.

That timing can become a central issue in an insurance claim. An insurer may point to an early chart that says the person was moving all four extremities and argue that a later deficit must be unrelated. The better question is whether the progression makes medical sense for the injury that was eventually diagnosed. Serial nursing notes, strength examinations, sensory testing, gait observations, and the time of the MRI can help answer it.

Why MRI Matters When the First CT Doesn't Explain the Symptoms

CT is an important trauma study because it can show fractures, alignment, and some acute bleeding. But MRI gives much more detail about the spinal cord, epidural space, discs, ligaments, and nerve roots. A radiology review of [spinal epidural lesions](#) identifies MRI as the imaging modality of choice for epidural hematoma.

MRI can define the level and length of the collection, show how much the cord or nerve roots are compressed, and identify associated cord edema or ligament injury. That is why a “no acute fracture” CT doesn't automatically answer a case involving new neurologic deficits.

For the legal claim, the imaging should be read with the symptoms rather than treated as a stand-alone conclusion. Insurance disputes over [medical imaging after a car accident](#) often start when one scan is treated as though it proves more than it actually does.

Does Every Spinal Epidural Hematoma Require Surgery?

No. Treatment depends on the size and location of the hematoma, the degree of compression, the patient's neurologic status, whether the deficits are progressing, and other medical factors. Some small collections in neurologically stable patients may be monitored closely with repeat examinations and imaging.

When meaningful or progressive neurologic deficits are present, urgent decompression and evacuation may be recommended. A published emergency-medicine report of [evolving paralysis after a motor vehicle collision](#) describes emergent decompression after MRI showed a cervicothoracic epidural hematoma with cord compression.

The fact that surgery wasn't performed immediately doesn't prove that the injury was minor. Conversely, surgery by itself doesn't answer causation. The operative report, preoperative neurologic findings, imaging, and treating surgeon's reasoning are the records that explain why intervention was or wasn't necessary.

What if the Person Was Taking a Blood Thinner Before the Crash?

Anticoagulant or antiplatelet medication can affect bleeding risk and may become part of the medical analysis. An insurance company may try to turn that into an argument that the medication, rather than the wreck, caused the hematoma.

The record needs more precision. Was there spinal trauma? Did symptoms begin after the collision? Was there a fracture or ligament injury? Did the treating team believe the crash contributed to the bleeding? A medication that increases vulnerability doesn't automatically erase a traumatic trigger. Georgia law can recognize additional harm when a collision aggravates a pre-existing vulnerability, but the medical evidence still has to establish the connection.

The Medical Timeline Can Be the Strongest Causation Evidence

A spinal epidural hematoma case is often easier to understand when the records are placed in exact order: the crash, first symptoms, initial examination, first imaging, any neurologic change, MRI, specialist consultation, surgery or observation, rehabilitation, and follow-up.

Treating doctors can be important because they can explain why the symptoms fit the level of compression, why additional imaging was ordered, and what the neurologic prognosis means. That's one reason [treating physician testimony](#) can matter when an insurer tries to reduce a serious spinal condition to an isolated MRI phrase.

Long-Term Losses Depend on What Neurologic Function Returns

Some people recover substantially after the hematoma resolves or is evacuated. Others can be left with weakness, sensory loss, neuropathic pain, bowel or bladder dysfunction, gait problems, or reduced endurance. The claim should follow the actual outcome rather than assuming either full recovery or permanent paralysis.

If neurologic deficits continue, the damages analysis can include future treatment, rehabilitation, mobility equipment, lost earning capacity, assistance with daily activities, and other losses supported by the medical evidence. Those losses can become part of the [long-term](#)

[impact of spinal injuries after Georgia car accidents](#) when neurologic function doesn't fully return.

A Rare Diagnosis Still Needs a Complete Injury Record

A spinal epidural hematoma is rare enough that an insurance adjuster may never have evaluated one before. That's exactly why the claim should be built around objective chronology: what happened in the crash, how the neurologic examination changed, what MRI showed, why the doctors chose the treatment they did, and what function returned afterward.

[Gary Martin Hays & Associates](#) has represented injured Georgians since 1993 and has recovered more than \$1 billion for clients and families. We can gather the hospital records, imaging, operative reports, rehabilitation records, and crash evidence needed to present a serious spinal injury accurately.

If you or someone you love was diagnosed with a spinal epidural hematoma after a Georgia car accident, [contact us](#) for a free consultation. We offer legal representation to car wreck victims on a contingency fee basis. That means no upfront costs, and you pay nothing unless we win your case.