

Intraspinal Extradural Myxopapillary Ependymoma In Upper Thoracic Location

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Abstract

We describe the case of a 71-year-old man who presented with eight-month history of progressive right leg numbness, cramps and weakness with gradual deterioration, eventually involving both legs. MRI scan of his spine revealed the presence of an infrequent tumour in an unusual location. This was successfully removed and the patient recovered well.

The clinical relevance of this case report focuses on alerting fellow clinicians of this infrequent tumour location as it is usually described in the cauda equina. We report this rare case of upper thoracic development with profuse haemorrhage during surgical resection.

Keywords: *Extramedullary Myxopapillary Ependymoma; Ependymoma; Extramedullary; Intraspinal; Myxopapillary*

Introduction

Spinal Myxopapillary Ependymomas are a variant type of Spinal Ependymoma that occur almost exclusively in the *conus medullaris* and *filum terminale*. Literature review shows that this highly vascular tumour is infrequent and usually described in the cauda equina. It can mimic discogenic pathology and its occurrence in an extradural location may prove challenging. They represent 13% of all spinal ependymomas and are by far the most common tumours of the conus medullaris and filum terminale. They tend to have an earlier clinical presentation than other spinal ependymomas, with a mean age of presentation of 35 years. There is a slight male predominance. The most common presenting symptoms are low back, leg or sacral pain. Up to 25% of patients may present with leg weakness or sphincter dysfunction. They may occasionally present as a subarachnoid haemorrhage.

Case Report

71-year-old male presented with eight-month history of progressive right leg paraesthesia in L4-L5 distribution associated with cramps. During the last two months the numbness had progressed, affecting the entire right leg and became associated with permanent pins and needles and altered proprioception. The limb had also started to give way, although there was no foot drop. Finally contralateral paraesthesia developed. There was no pain, sphincter dysfunction, upper limb symptoms nor back pain. No other systemic findings were encountered.

MRI evaluation demonstrated an extradural tumour at T2-T3 level, severely compressing the spinal cord.

T2-T3 Laminectomy was performed aided by intraoperative image guidance system. Total macroscopic resection of a friable, soft, and profusely haemorrhagic lesion was achieved. Post-operatively the patient progressed well and was discharged home 5 days after surgery with substantial symptomatic remission and no new neurological signs or symptoms. Histopathological assessment confirmed the diagnosis of Extradural Myxopapillary Ependymoma.

Results

This is a Case Report of a 71 year old man with an eight month history of right lower limb numbness, cramps and progressive weakness gradually worsening and eventually involving both legs. Radiological investigations demonstrated a T2-T3 intraspinal extradural lesion which appearances initially seemed to indicate a possible diagnosis of Plasmacytoma. Subsequent total surgical resection was successful, and histological evaluation revealed the presence of a Myxopapillary Ependymoma.



Figure 1: MRI T2 and T1 weighted sagittal sequences of the thoracic spine demonstrating a posterior extradural sausage-shaped soft tissue mass, elevating the dura and compressing the spinal cord against the posterior vertebral bodies.

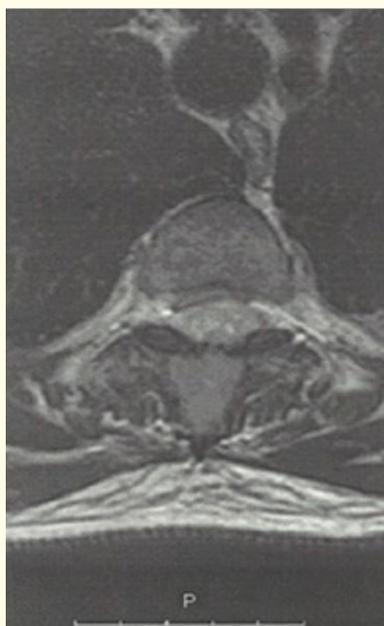


Figure 2: Axial detail of the same lesion at T2 level.

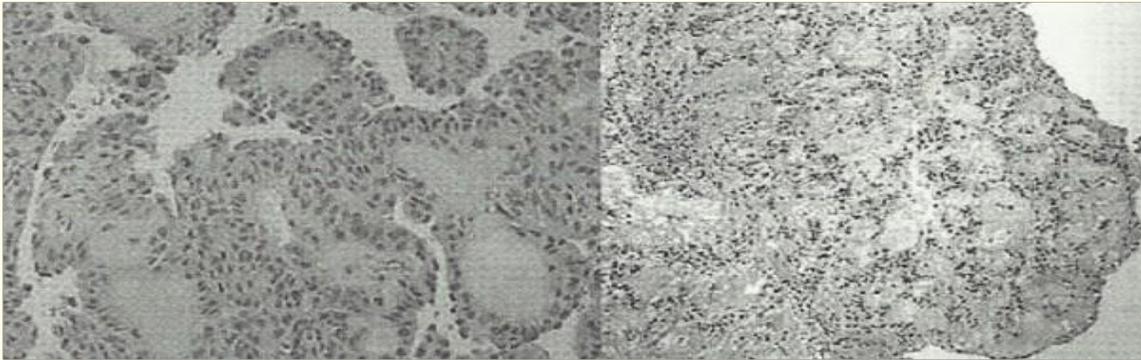


Figure 3: Histological view of a Myxopapillary Ependymoma.

Discussion

Reporting this rare case of upper thoracic development may be helpful in order to alert fellow clinicians and surgeons regarding the differential diagnosis of extradural tumours in this region as well as its potential intraoperative haemorrhagic behaviour.

Conclusion

Intraspinal Extradural Myxopapillary Ependymoma arising within the thoracic area is reported with MRI findings and histopathology diagnosis. Rare tumour in unusual location mimicking discogenic pathology with profuse intraoperative haemorrhagic behaviour.

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