A Rare Case of Intrudural Extramedullary Myxopapillary Ependymoma At Thoracolumbar Junction

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ABSTRACT
A 29 year male with chronic low back pain with bilateral lower limbs paraesthesia presented in OPD. After evaluation with MRI Thoraco-Lumbar Spine found to have T12-L1 level IDEM mass compressing cauda equina? Schwannoma. He was posted for surgery and total excision of mass done with uneventful post-op period. On histopathological examination it was diagnosed as Myxopapillary Ependymoma. This is rare variant of such tumor in view of rare location and rare clinical presentation.

Keywords-Paraesthesia, MRI spine, IDEM, Cauda Equina, Schwannoma, Myxopapillary Ependymoma.

Introduction

A. Clinical Case
A 29 year male, presented with -
- H/o low back pain since 3-4 years mild in nature
- Symptomatic relief with medication, on-off episodes+
- H/O bilateral lower limb radicular pain (left > right)
- since 3-4 months
- H/o urinary urgency since 1 week
- Tinglings in lower limbs increased since 2 days intolerable pain, difficulty in walking

B. Neurological Examination
- Conscious, coherent, Vital stable, afebrile
- Tone normal in both lower limbs
- Power in left ankle- dors flexion 4+/5& plantar flexion 5/5
- Rest limbs power is normal
- DTR 2+ in both lower limbs
- Planters-down going both lower limbs
- Sensory-left side graded loss of sensation below T 10 level
- Gait-normal
Investigation

MRI Thoraco-Lumbar Spine: s/o a well-defined idem mass lesion of size 1.1 x 1.2 x 5.8 cm size causing mass effect over cauda equina and conus medullaris, no For aminal extension.

- Cord or cauda equina not involved.
- Mass was firm in consistency.
- Total excision done.
- Surgery uneventful.

Diagnosis after Surgery

As per intra op findings and co-relation with imaging studies it moreover goes in favor of SCHWANOMA as first diagnosis.

Post op period

- Post op patient recovered well
- No deficit, discharged on day 3 of surgery
- Totally pain relief, no radiculopathy, mobilized well
- After 15 days follow up- no urinary complaints also, he was absolutely free of any complaints.

Management

Patient was electively posted for surgery T12- L1 laminectomy and excision of mass lesion done. Mass lesion was sent for Histopathogy studies.

Intra-op findings-

- Mass lesion was totally Intradural & Extramedullary.
- No intramedullary component.

Histopathology

H & E STAININNG

S-100 strong diffuse positivity

GFAP strong diffuse positivity
Conclusion
Thus, our clinical examination and imaging findings along with intraoperative findings were towards Schwannoma as our diagnosis. But after through histopathological examination it was found to be Myxopapillary Ependymoma as our final diagnosis. This is a rare presentation with rare location in spinal cord. This tumor is having good prognosis in future.

References

Histopathogy

Follow Up MRI Scan Arrow showing total excision