Case Report: A Recurring Nightmare: Arteriovenous Malformation Post Resection Of Back Lipoma

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INTRODUCTION:

Arteriovenous malformation of the spinal cord is a commonly seen neurosurgical condition. However, we encountered an atypical presentation of arteriovenous malformation of the spinal cord masquerading as a spinal tumour.

CASE REPORT:

A 12 years old boy presented with sudden onset of bilateral lower extremity weakness for 1 month. The weakness is progressively worsening, most prominent over thigh muscles accompanied by unsteady gait requiring assistance. He did not have constitutional symptoms and his bowel and bladder habits was normal. He has a history of lipoma removal from his back over the lower thorax 9 years ago.

Figure 1: Clinical picture showing swelling over the posterior aspect of lower thorax ectending to the right hypochondrium. Skin lesions, papules, seen over the previous surgical scar.

Clinically, he has weakness over the proximal muscles of both lower extremities. He had signs of upper motor neuron lesion. MRI of the whole spine and CT angiogram was done for further investigation. The child was referred to neurosurgical centre for further treatment.

DISCUSSIONS:

Arteriovenous malformation post surgery is not common. This case presented after resection of lipoma, leading to a high index of suspicion for tumour recurrence, possibly liposarcoma. However, radiological imaging showed a vascular lesion not consistent with liposarcoma.

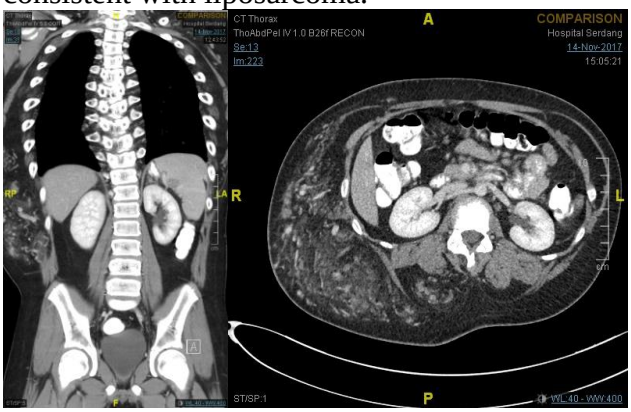

Figure 2: Computed tomography (CT) angiogram of thorax-abdomen-pelvis, showing diffuse truncal vascular malformation at posterolateral aspect of the right thoracolumbar region. No pleural or spinal canal extension detected. Scoliosis secondary to the mass.

Figure 3: Contrasted Magnetic resonance imaging (MRI) scan of thorax-abdomen-pelvis, showing large mass at the right posterolateral aspect of the thoraco-abdominal wall containing extensive slow flow vascular channels suggestive of a slow- flow vascular malformation. Intra thoracic and intraspinal extension (T7-T9 level) of the mass with no obvious myelopathy. Possible verrucous hemangioma.

CONCLUSION:

Vascular tumours of the thoraco-abdominal wall mimics spine tumours, and should be considered as a diffenrential diagnosis.

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