

CHRONIC SPINAL CORD COMPRESSION SECONDARY TO BROWN TUMOUR IN AN END-STAGE RENAL DISEASE PATIENT: A CASE REPORT

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Introduction: Brown tumour is a serious complication of advanced hyperparathyroidism. It is considered a reparative cellular process rather than true neoplasia¹. We present a case of brown tumour compressing the spinal cord which was operated on after 3 months.

Discussion: Mr R is a 36-year-old gentleman with underlying end-stage renal disease and hyperparathyroidism. He presented with 3 months history of thoracic back pain and progressive bilateral lower limb weakness which progressed to paraplegia on presentation. There was no constitutional symptom. On examination, there was no obvious spinal deformity or tenderness on palpation. Bilateral lower limb were hypertonic, hyperreflexia with clonus present. Muscle power of bilateral L2-S1 was 0/5 while sensation was absent below T5 level. The thoracolumbar x-ray showed multi-level endplate sclerosis (rugger jersey appearance). MRI of the whole spine revealed T6 expansile bony mass with intraspinal extension causing severe spinal canal stenosis. Serum parathyroid hormone and phosphate were elevated while serum calcium was normal. Tumour marker and TB workout were negative. He underwent posterior spinal instrumentation and fusion of T4-T8 with laminectomy of T6. Histopathological examination reported as giant cell containing lesion favouring Brown tumour. At 10 months post-operation, bilateral myotome of L2 and L3 produces a power of 4/5 while bilateral L4-S1 produces full power of 5/5. There was still a reduction of sensation below the T9 level.

Conclusion: Brown tumour causing spinal cord compression warrants urgent decompression surgery to preserve neural function and improve quality of life². In our case, decompressive surgery still showed significant improvement although it was delayed.