

SPINAL CORD LIPOMA MIMICKING SOFT TISSUE TUMOR : A CASE REPORT

Mohamed Khaliq Isa ; Nur Hafizah Mohamad Nor; Mohd Fadhil Sulong; Nik Muhammad Shahid Nik Jaafar
Department of Orthopaedic, Hospital Sultanah Nur Zahirah Kuala Terengganu

INTRODUCTION:

Spinal cord compression in elderly is a troublesome problem. Eventually , it will cause significant impairment in daily life. Early diagnosis is crucial as current treatment usually halt the progression of disease & may prevent permanent disabilities. Compression of the spinal cord may result from trauma, degenerative spondylosis, primary spine tumor, spine metastasis, epidural abscess or hematoma. However, benign spinal cord lipoma causing spinal cord compression is a rare presentation.

REPORT:

63 years old lady with underlying Hypertension presented with progressive bilateral lowerlimb weakness for the past 1 year. Initially started developed weaknesses over left lowerlimb followed by numbness & reduce sensation. Later it progressed to the right side. MRI spine was done revealed there is spinal cord compression over T7 till T9 with benign solitary extradural, lobulated tumor in T1 image. Emergency laminectomy, posterior instrumentation & excision biopsy was done to the patient. Intraoperatively noticed fatty tissue at extradural from T7 till T9, compressing the spinal cord. Thankfully the spinal cord looks healthy & no sign of infection. Posterior instrumentation & fusion was done from T6 till T10 to provide spine stability. The tissue was sent for histopathology examination & came with result features suggestive of lipoma. Postoperatively patient shows improving of bilateral lowerlimb weaknesses with good bladder & bowel control.



Figure 1: extradural lobulated benign tissue at T1 image



Figure 2: a) sample likely lipoma b) the fatty tissue compression the spinal cord

CONCLUSION

Early detection of spinal cord compression is crucial as it will determined the outcome of the disease & prevent permanent impairment. Emergency surgical decompression is beneficial & should be offered as treatment to the patient.

REFERENCES:

1. Weinshel et al, J Spinal Disord 1990; 3: 244-249.