Rare location of malignant paraganglioma in Malaysia

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INTRODUCTION:

Paragangliomas are rare, catecholamine (norepinephrine) secreting neuroendocrine benign tumors commonly located in pre-aortic and paravertebral sympathetic plexus or skull base.

There is still risk of transformation into malignant and metastasize and commonly found in the extramedullary intradural compartment of the lumbosacral region.

We report a case of C7 pathological fracture with cord compression with malignant neck paraganglioma

REPORT:

A 21 years old lady presented with sudden onset of bilateral lower limb weakness with progressing worsening neck pain since 2 weeks. Patient had history of recurrent paraganglioma with vocal cord polyps, done multiple operations with normal histopathological result.

On examination noted neurological deficit ASIA D from level T1. Series of imaging showedsuspicious of thyroid malignancy with multiple liver, lung and C7 vertebral masses.

Thus proceed with anterior cervical corpectomy and fusion C7 and left iliac bone graft + flexible tracheoscopy + completion thyroidectomy. Intraoperatively noted highly-vascularised mass at C7 level and unable to resect completely due to profuse bleeding.

Post operation histopathological result showed malignant paraganglioma. Patient was under multidisciplinary care. Post-operative showed clinical improvement. She had completed 25cycles of radiotherapy. Currently patient able to ambulate without aids and tolerate orally well.

Figure 1: PreOperative MRI with mass invading cervical vertebral

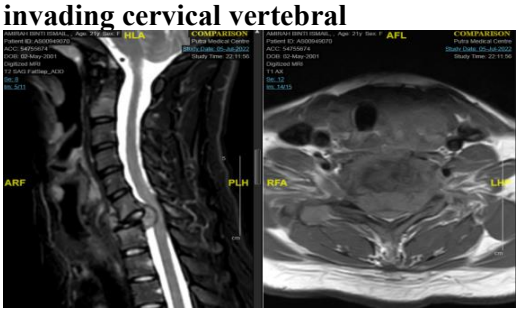
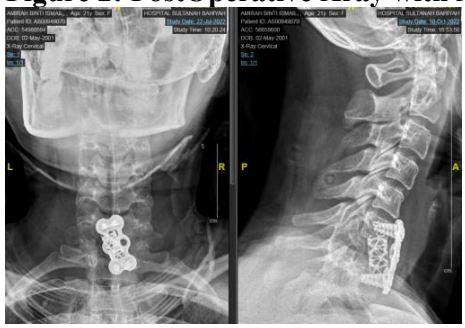


Figure 2: PostOperative Xray with ACCF



DISCUSSION:

Spinal paragangliomas commonly occur around the cauda equine and is highly vascular tumours Preoperative diagnosis is difficult with radiological tools. MR images of paragangliomas in the cervical are non-specific and mimicking mass of thyroid .

Surgical resection still remains the standard therapy as malignant paragangliomas tend to respond poorly to chemotherapy and radiation. Radiation therapy is recommended in cases of incomplete removal or recurrence. After incomplete surgical resection, prolonged postoperative observations are mandatory as slow evolution of paragangliomas.

CONCLUSION:

We need a serial imaging and histopathological examination to confirm the diagnosis. Total resection was difficult and a post operative chemoradiotherapy is needed

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