Intradural Extramedullary Spinal Tumour: A Case Report

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INTRODUCTION:

Spinal cord neoplasms are uncommon. About 60% of cases are extradural, and 30% are intradural[1]. It is an uncommon cause for sensorimotor deficit, back pain, radiculopathy pain in all paediatrics or adults. Intradural extramedullary tumour is a rare type of primary spinal tumour. Significant morbidity in term of limb function may arises on affected site of tumour.

REPORT:

38 years old male, presented with progressive right lower limb weakness for 2 years severely affected his daily activity and requiring wheelchair ambulation for 1 month. On clinical examination, features no obvious spinal deformity. Neurological examination noted findings of upper motor neuron lesion bilateral lower limb with last normal level of T10, worse on left side.

MRI study shows intradural extramedullary lesion at T10 level causing spinal cord compression and oedema. Decompression and excision biopsy of tumour done. Intraoperatively, soft to firm fleshy tumour within intradural extramedullary at level T9 and T10. HPE results shows meningioma, psammomatous type.

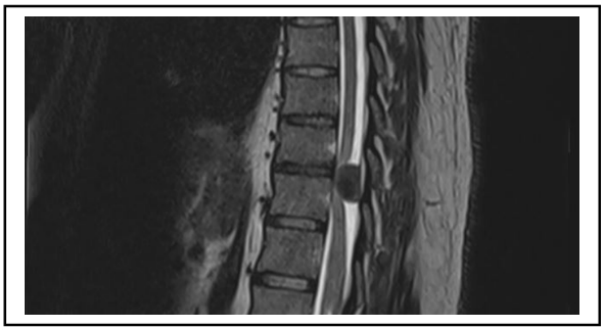

Figure 1: Sagittal view of T2 weighted MRI thoracolumbar.

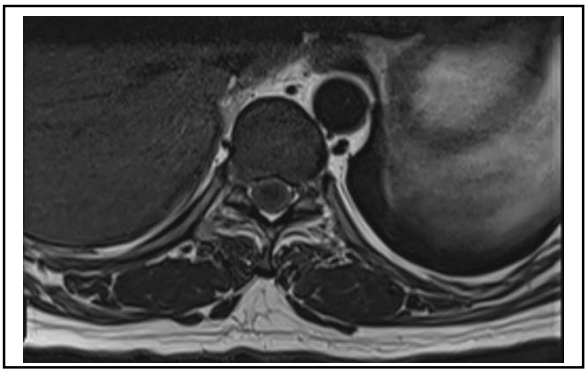

Figure 2: Axial view of T2 weighted MRI thoracolumbar.

CONCLUSION:

Spinal meningioma is a rare incidence with reported case of 0.37cases per 1,000,000 person[2]. Psammomatous type is the commonest type of spinal meningioma. Despite rarity of the tumour, it carries a good outcome. Complete resection of tumour is known as one of the options of treatment available. Recurrence of tumour with total or subtotal resection is between 3% to 7% spinal for meningiomas except atypical and anaplastic meningioma which has higher recurrence rate[1].

REFERENCES:

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2. Yue Cao et al., Epidemiology and survival of patients with meningioma, European Journal of Surgical Oncology, Volume 47. Issue 9, Page 2340-2345, Sept 2021.