

Ependimoma intramedular cervical

El [ependimoma intramedular](#) cervical puede acompañarse de [hidrocefalia](#) [(Aryan S, Ghosal N, Aziz ZA, Hegde AS, Dadlani R. Infantile holocord cellular ependymoma with communicating hydrocephalus: unusual presentation of a rare case. Brain Tumor Pathol. 2013 Mar 20.)].

Anatomía patológica

Se ha descrito el [ependimoma taniótico](#) en esta localización [(Krisht KM, Schmidt MH. Tanycytic ependymoma: a challenging histological diagnosis. Case Rep Neurol Med. 2013;2013:170791. doi: 10.1155/2013/170791. Epub 2013 Feb 14. PubMed PMID: 23476839; PubMed Central PMCID: PMC3586445.)].

Subependimoma [(Zenmyo M, Ishido Y, Terahara M, Yamamoto T, Tanimoto A, Komiya S, Ijiri K. Intramedullary subependymoma of the cervical spinal cord: a case report with immunohistochemical study. Int J Neurosci. 2010 Oct;120(10):676-9. doi: 10.3109/00207454.2010.509894. PubMed PMID: 20942580.)].

Diagnóstico

Por RM cervical



<http://www.elsevier.es/sites/default/files/elsevier/images/2/2v136n13/grande/2v136n13-90003368fig1.jpg>

A la altura del cuerpo vertebral de C3, tumoración bien delimitada de 30×10×14mm sin edema vasogénico asociado ni cavidad a la altura del canal endometálico.

Tratamiento

Quirúrgico

[Posición decúbito prono](#), sobre [cabezal de Mayfield](#).

Por lo general tienen un plano identificable que permite la realización segura de la extirpación total.

La fenestración unilateral, multinivel, interlaminar permite un buen acceso a un segmento largo intraespinal, protegiendo las estructuras esenciales para la estabilidad de la columna vertebral [(Xie T, Qian J, Wu X, Lu Y, Hu G, Luo C. Unilateral, multilevel, interlaminar fenestration in the removal of a multisegment cervical intramedullary ependymoma. Spine J. 2013 Mar 27. doi:pii: S1529-9430(13)00248-9. 10.1016/j.spinee.2013.02.048.)].

Pronóstico

Pueden experimentar un empeoramiento neurológico inicial en el postoperatorio inmediato, cuyo riesgo se incrementa en pacientes mayores.

El cincuenta por ciento de los pacientes que experimentan este empeoramiento inicial, muestran una mejoría a largo plazo.

El pronóstico es peor en pacientes en los que no se pudo identificar un plano quirúrgico, independientemente del subtipo de ependimoma [(Garcés-Ambrossi, Giannina L, Matthew J McGirt, Vivek A Mehta, Daniel M Sciubba, Timothy F Witham, Ali Bydon, Jean-Paul Wolinsky, George I Jallo, and Ziya L Gokaslan. 2009. "Factors Associated with Progression-free Survival and Long-term Neurological Outcome After Resection of Intramedullary Spinal Cord Tumors: Analysis of 101 Consecutive Cases." *Journal of Neurosurgery. Spine* 11 (5) (November): 591-599. doi:10.3171/2009.4.SPINE08159.)) [(Hanbali, Fadi, Daryl R Fournay, Eric Marmor, Dima Suki, Laurence D Rhines, Jeffrey S Weinberg, Ian E McCutcheon, Ian Suk, and Ziya L Gokaslan. 2002. "Spinal Cord Ependymoma: Radical Surgical Resection and Outcome." *Neurosurgery* 51 (5) (November): 1162-1172; discussion 1172-1174.))]. [(Sandalcioglu, I E, T Gasser, S Asgari, A Lazorisak, T Engelhorn, T Egelhof, D Stolke, and H Wiedemayer. 2005. "Functional Outcome After Surgical Treatment of Intramedullary Spinal Cord Tumors: Experience with 78 Patients." *Spinal Cord* 43 (1) (January): 34-41. doi:10.1038/sj.sc.3101668.))].

Dolor neuropático [(Nakamura M, Tsuji O, Iwanami A, Tsuji T, Ishii K, Toyama Y, Chiba K, Matsumoto M. Central neuropathic pain after surgical resection in patients with spinal intramedullary tumor. *J Orthop Sci.* 2012 Jul;17(4):352-7. doi: 10.1007/s00776-012-0236-6. Epub 2012 May 10. PubMed PMID: 22573215.))].

Vídeos

S.Rodgers Langone Medical Center Newyork

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Spetzler

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J.Rocha Maguey - Mexico

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~~REFNOTES~~

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