

# High cervical spinal cord ependymoma

- Long-Term Follow-Up of a Child with EWSR1-BEND2 Fused Spinal Astroblastoma
- Single-Center Experience of Resection of 120 Cases of Intradural Spinal Tumors
- Neurological Outcome and Respiratory Insufficiency in Intramedullary Tumors of the Upper Cervical Spine
- Dorsal cervical approach for recurrent intradural anaplastic ependymoma
- Anatomical Limitation of Posterior Spinal Myelotomy for Intramedullary Hemorrhage Associated with Ependymoma or Cavernous Malformation of the High Cervical Spine
- Perioperative outcomes and survival after surgery for intramedullary spinal cord tumors: a single-institution series of 302 patients
- Chronic Pain Secondary to a Cervical Intramedullary Ependymoma: A Case Report
- Bicentric Treatment Outcomes After Proton Therapy for Nonmyxopapillary High-Grade Spinal Cord Ependymoma in Children

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see also [Spinal ependymoma](#)

## Videos

A operative [video](#) of Dekker et al. from the Department of Neurological Surgery, Neurological Institute, Case Western Reserve University, University Hospitals [Cleveland Medical Center, Ohio](#), illustrates [resection](#) of a [High cervical spinal cord ependymoma](#) in a 40-yr-old female with numbness of upper and lower extremities and ataxia. Magnetic resonance imaging (MRI) demonstrated an enhancing [intramedullary intradural spinal](#) mass at C2-3. The patient underwent a posterior cervical laminoplasty for tumor resection.

This video highlights the [natural history](#) of this [disease](#), [treatment](#) options, surgical procedure, potential risks and [complications](#), and postoperative management of ependymomas. A posterior midline [skin incision](#) was made from the inion to the level of [C4](#) which exposed the posterolateral elements of C1-3. C2 and C3 lamina were removed as a single piece using the high-speed drill. A C1 laminectomy was then also performed to provide adequate superior exposure. The dura was opened widely in the midline. Careful midline [myelotomy](#) was then performed overlying the tumor. The tumor is noted to be densely adherent to the surrounding spinal cord. [Gross total resection](#) was completed using ultrasonic aspiration and [microdissection](#). The dura was closed in a watertight fashion followed by a synthetic [dural sealant](#). The bony elements of C2, C3 were then reconstructed using [osteoplastic laminoplasty](#), [titanium miniplates](#), and [screws](#) at C2-3. The wound was closed in multiple layers using [sutures](#). Specimens were sent for frozen and permanent pathological analysis, eventually demonstrating WHO grade II [ependymoma](#). There were no complications. Postoperative MRI demonstrated gross total resection. The patient had an uneventful postoperative course. The strength was at baseline at long term follow-up, with small sensory deficit <sup>1)</sup>.

<sup>1)</sup>

Dekker SE, Glenn CA, Ostergard TA, Rothstein BD, Bambakidis NC. High Cervical Ependymoma Resection: 2-Dimensional Operative Video. Oper Neurosurg (Hagerstown). 2018 Aug 13. doi: 10.1093/ons/opy184. [Epub ahead of print] PubMed PMID: 30107551.

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Last update: **2024/06/07 02:57**