Intradural extramedullary spinal tumor

- Spinal Intradural-Extramedullary Neurocysticercosis: A Case Report
- Clinical and Imaging Features of Primary Intradural Extramedullary Ewing Sarcoma
- Lumbar angiomatous meningioma: how to manage this rare entity? A case report
- Utilizing virtual reality for resection of recurrent ventral, extramedullary cervical meningioma
- Primary Carcinoid Tumor of the Central Nervous System: A Rare Case Report with a Diagnostic Challenge
- Clinical Characteristics, Histopathological Profile, and Postoperative Outcomes of Tumoral Radiculomedullary Compressions
- Outcomes and prognosis of surgically treated thoracic spinal meningiomas: a multicenter cohort study
- A case of sustained neurological improvement in a metastatic intramedullary spinal cord tumor from lung cancer treated with immune checkpoint inhibitor therapy

While intradural extramedullary spinal disease varies widely, identification of tumors in this location and their radiologic manifestations greatly facilitates narrowing of the diagnostic considerations.

Epidemiology

Spinal meningioma and spinal schwannoma are the two most common intradural extramedullary spinal tumors, and both are associated with neurofibromatosis.

Classification

see Intradural extramedullary spinal tumor differential diagnosis.

Clinical features

Symptoms Related to Compression and Mass Effect

1. **Pain:** The most common initial symptom, often localized or radicular, worsens at night or with Valsalva maneuvers.
2. **Radiculopathy:** Due to nerve root compression, causing dermatomal pain, paresthesia, or weakness.
3. **Myelopathy:** If the tumor compresses the spinal cord, leading to progressive weakness, spasticity, and sensory disturbances.

Motor and Sensory Deficits

1. **Weakness:** Initially subtle, progressing to significant paresis or paralysis.
2. **Hypoesthesia or Hyperesthesia:** Segmental sensory loss or dysesthesia depending on the affected level.

3. **Gait Ataxia:** Common in cervical and thoracic lesions due to corticospinal tract involvement.
4. **Bowel and Bladder Dysfunction:** Especially with tumors in the thoracolumbar region causing sphincter disturbances.

Specific Features by Tumor Type

1. **Meningiomas:** More common in middle-aged women, slow-growing, causing gradual myelopathy.
2. **Schwannomas & Neurofibromas:** Typically present with radicular pain, can be part of **NF2** or sporadic.
3. **Ependymomas (Myxopapillary in the filum terminale):** Associated with cauda equina syndrome and lower extremity weakness.

Late-Stage Findings

1. **Severe Motor Impairment:** Progressive paraplegia or quadriplegia.
2. **Loss of Reflexes:** Depending on the level of compression (hyperreflexia if upper motor neuron, hyporeflexia if lower motor neuron).
3. **Autonomic Dysfunction:** Including erectile dysfunction and urinary retention.

Diagnosis

Intradural extramedullary spinal tumor diagnosis.

Differential Diagnosis

Intradural extramedullary spinal tumor differential diagnosis

Case series

Intradural extramedullary spinal tumor case series.

Treatment

Intradural extramedullary spinal tumor treatment.