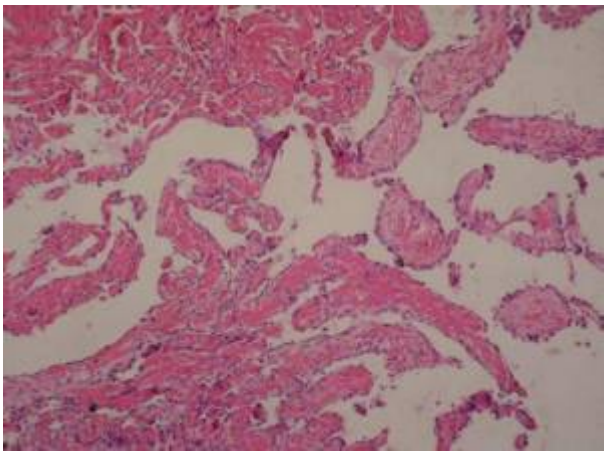
Spinal intravascular papillary endothelial hyperplasia



In the literature, only nine cases of intravascular papillary endothelial hyperplasia involving the vertebral canal with spinal cord compression has been reported [1].

This rare pathology should be in the differential diagnosis when spinal cord compressive myelopathy is encountered [2]

This rare benign vascular lesion may be clinically and histopathologically mistaken for an angiosarcoma. Because the intravascular papillary endothelial hyperplasia can be cured by complete surgical resection, it is important to distinguish between these two lesions to avoid inappropriate aggressive treatment. [3].

Case reports

Oktar et al from Izmir presented a 37-year-old man with thoracic location mimicking schwannoma [4].

A 32-year-old man presented with paraplegia secondary to extradural compression at the T4-5 level [5]

A 17-year-old boy was admitted with pain, numbness, paresis of the left lower extremity, and bladder dysfunction of approximately 1 month's duration. Computed tomography and magnetic resonance imaging of the spine revealed a tumor within the spinal canal at the T12-L1 level.

The patient underwent a T12-L1 laminectomy. An epidural red nodular tumor was visualized and totally resected. The findings of the pathological examination were compatible with intravascular papillary endothelial hyperplasia. At follow-up examination 1 month after the operation, the patient had complete resolution of the pain, and the motor deficit and bladder dysfunction had improved significantly [6].

References

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