Spinal lymphoma

Although spinal lymphoma more commonly involves the vertebral body (vertebral body tumors) or epidural compartment, spinal cord lymphoma may rarely occur.

see Vertebral lymphoma.

Case series

Retrospective study of 13 patients: The epidural presentation in eight patients was heralded by motor signs (paraparesis and plegia), in one by a lesion of the posterior columns of the spinal cord (ataxia), and in three by pain. One patient was free of complaints and symptoms. The affected epidural area was diagnosed previously by myelography and computerized tomography (CT), and later by magnetic resonance (MR), over the course of which the location was verified as thoracic in eight patients, cervical in one, and lumbar in four.

Székely et al., recommended surgical intervention in 9 out of 13 cases, in seven cases of Hodgkin's and six cases of non-Hodgkin's lymphoma. Seven patients were treated for recognized manifestations of malignant lymphoma while six were diagnosed by intraoperative-histological examination.

The decompression operations for tumors resulted in limited improvement in seven patients (reduction in pain and return of ability to walk). Four patients were not operated on, two of which had significant improvement in their neurological symptoms. Paraparesis remained unchanged in one patient. One patient remained symptom-free. The authors emphasize the importance of interdisciplinary consultation and weighing individual priorities in the indications for operation on epidural ML [1].

[1)]

Székely G, Miltényi Z, Mezey G, Simon Z, Gyarmati J, Gergely L Jr, Bognár L, Illés A. Epidural malignant lymphomas of the spine: collected experiences with epidural malignant lymphomas of the spinal canal and their treatment. Spinal Cord. 2008 Apr;46(4):278-81. Epub 2007 Oct 2. PubMed PMID: 17909560.

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