Thoracic intramedullary schwannoma

Case series

5 patients with pathologically confirmed intramedullary schwannomas were reviewed. The majority were hypointense on T1-weighted images and hypo-hyperintense on T2-weighted images. Peritumoral edema was easily found. Gadolinium enhancement was obviously. No recurrence was seen during the follow-up period [1].

Case reports

Dhake and Chatterjee from the Department of Neurosurgery, Park clinic, Kolkata, India, described two cases of thoracic intramedullary schwannomas that recurred after primary excision. A 10 years old boy presented with weakness of both lower limbs. Magnetic resonance imaging showed a D10 to D12 intramedullary lesion, which was excised near totally and confirmed to be a schwannoma on histopathological examination. The tumour recurred twice after that and was re operated both times. Another 57 years old lady presented with weakness of both lower limbs and a history of being operated in the past for D9-D10 intramedullary lesion. She was re-operated with total removal of the lesion confirmed to be schwannoma on histopathological examination. Intramedullary schwannoma may recur after resection. [2].

A rare case of thoracic intramedullary tumour in a 28 year old male patient who presented with progressive weakness of both the lower limbs and decreased sensation below D2 dermatomal level. Magnetic resonance imaging revealed an intramedullary lesion from D1 toD7. D1 to D7 laminoplasty and near total excision of the mass done. Total removal was difficult because of the infiltrative nature of the tumour [3].

A 68-year-old male presented with walking disturbance and decreased sensation below T10 dermatome. Imaging workup revealed an intramedullary mass at T6 and T7. T6 and T7 laminectomy and mass removal were performed. Intraoperatively, extramedullary beads-like daughter masses along the nerve roots adjacent to intramedullary mass were identified. Total removal of intramedullary lesion and partial resection of extramedullary masses were done. Histological analysis confirmed the diagnosis of schwannoma. The patient could ambulate independently at postoperative 1 month without any neurological sequelae. The authors experienced a surgical case of intramedullary schwannoma accompanying by extramedullary beads-like same pathologies in the thoracic spine [4].

References

1)
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