

Thoracic spinal schwannoma case reports

A 53-year-old Chinese female diagnosed with a T12 schwannoma accompanied by an intratumoral hematoma. The patient suddenly experienced unbearable pain in the lower limbs. An emergency operation was necessary, and during surgery, we resected a tumor and evacuated a hematoma. We found a spinal nerve root fracture, intratumoral congestion, tumor capsule rupture, and bleeding. Pathological analysis indicated a schwannoma.

Injury to the nerve roots and vessels during motion, nerve root torsion, twisting, venous obstruction, tumor congestion, swelling, and capsule rupture are important processes in spinal schwannoma hemorrhage. Early diagnosis and proactive surgery are key points for treatment ¹⁾.

This case report provides valuable insights into a rare and complex presentation of spinal schwannoma with intraspinal hematoma. While the case itself adds to the literature on spinal tumors and their rare complications, the article would benefit from a more extensive literature review and additional discussion on the exact mechanisms of bleeding. Additionally, long-term follow-up data could enhance the clinical applicability of the findings. Nonetheless, the report highlights the importance of early diagnosis and prompt surgical intervention, which are crucial for patient outcomes in such cases

A 61-year-old woman presented to a [chiropractor](#) with progressively worsening lower back pain radiating to the right lower extremity and unsteady gait. Her symptoms began 10 years previously and she had been diagnosed by an orthopedist with lumbar disc herniation causing radiculopathy via magnetic resonance imaging (MRI) and was treated with physical therapy and diclofenac. Upon examination by the chiropractor, the patient had bilateral lower-extremity neurologic deficits, hyperreflexia, and upgoing Babinski responses. The chiropractor ordered thoracic MRI, but the patient preferred to initiate a trial of care, which was unsuccessful. After a delay imposed by cardiac bypass surgery, the patient returned to the chiropractor with worsened symptoms and underwent thoracic MRI, revealing an intraspinal mass at T9. The patient underwent laminectomy and tumor removal, with histopathology confirming a diagnosis of schwannoma. The patient gradually improved after surgery with the help of rehabilitative exercises. Clinicians should suspect a spinal cord lesion as a cause of sciatic pain when patients fail to improve with treatment, have a broad sensorimotor distribution unexplained by lumbar imaging findings, hyperreflexia/pathological reflexes, or other atypical findings (eg, negative neural tension tests). In such cases, MRI of the cervical and thoracic spine may be indicated ²⁾.

Li et al., report a minimally invasive method for the removal of extradural dumbbell thoracic tumor and present related literature review.

They retrospectively reviewed two patients with dumbbell-shaped thoracic tumors who underwent minimally invasive resection and unilateral transforaminal thoracic intervertebral fusion (TTIF) through unilateral paraspinal muscle approach with a spotlight expandable tubular retractor. Clinical data, tumor characteristics, and outcomes were analyzed.

Two patients underwent successful minimally invasive treatment of their spinal neoplasms. There were no procedure-related complications. The efficacy in terms of neurological recovery, pain improvement and operative variables (length of incision, operative duration, blood loss, and hospital stay) was better when compared with prior published studies. Postoperative CT image demonstrated complete resection of dumbbell tumor in the patients. The solid fusion was obtained after 3 months follow-up and there was no failure of internal fixation.

If the medial border of intracanal component of extradural dumbbell tumor is near the midline of canal and the pedicles of adjacent vertebrae to tumor are intact, minimally invasive resection of tumor through unilateral paraspinal muscle approach combined with unilateral TTIF is good choice ³⁾

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Shen Z, Chen H, Wang H, Wang Y, Li T. Spinal schwannoma presenting with intraspinal hematoma: a case report and review of the literature. J Med Case Rep. 2024 Dec 21;18(1):633. doi: 10.1186/s13256-024-04968-4. PMID: 39709503.

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Chu EC, Trager RJ. Thoracic Schwannoma as an Unusual Cause of Sciatic Pain in the Chiropractic Office: A Case Report. Am J Case Rep. 2022 Nov 16;23:e938448. doi: 10.12659/AJCR.938448. PMID: 36383504; PMCID: PMC9677567.

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Li C, Ye Y, Gu Y, Dong J. Minimally invasive resection of extradural dumbbell tumors of thoracic spine: surgical techniques and literature review. Eur Spine J. 2016 Jul 1. [Epub ahead of print] PubMed PMID: 27371333.

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