

Giant Spinal Epidermoid Tumor in a Child

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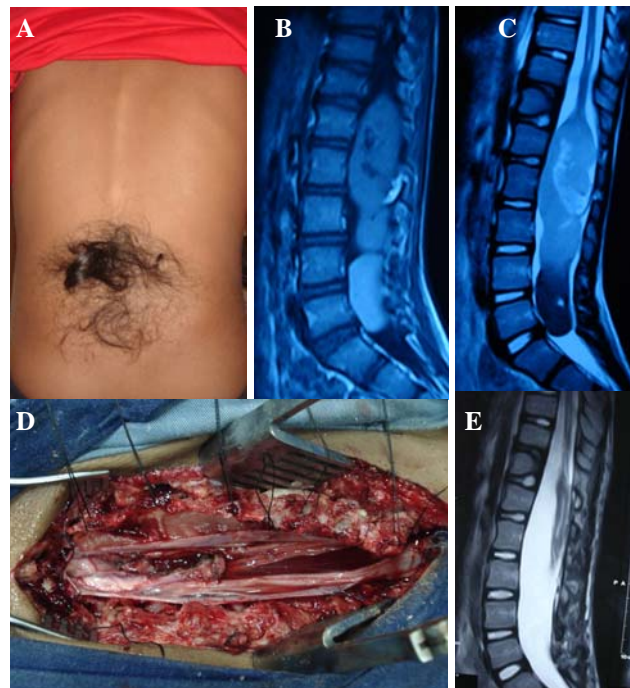


Figure 1. A) Hypertrichosis, B) Pre operative T1W MRI, C) Pre operative T2W MRI, D) Intra operative picture showing complete excision of tumor, E) Post operative T2W MRI showing complete excision.

Spinal tumors are relatively uncommon in pediatric group. Intramedullary tumors are more common and neurodevelopmental tumors like dermoids and epidermoids were found to be the most common in this group in one study.³ Intramedullary tumors often present with gait disturbance, radiculopathy or myelopathy, bowel/bladder disturbance etc.

Here we present a 12 yrs old boy presented to us with low back pain and occasional intermittent radicular pain on both legs for about one month. He also had hypertrichosis (congenital cutaneous mark) (**Figure 1 A**) on the low back. There were no signs of myelopathy or any other neurological deficits. Magnetic Resonance Imaging (MRI) scans showed giant intramedullary tumor in lumbar spine extending from T₁₂ to S₁ vertebra. It was slightly hyper intense to spinal cord with almost no enhancement with gadolinium on T1 weighted MRI and iso to hypo intense on T2 (**Figure 1 B, C**).

Surgery was planned for the excision of tumor. Laminotomy was performed by “single open door” technique from left to right side. Spinal cord was exposed, dura opened and tumor exposed. Tumor was mixed whitish and yellowish, soft and avascular. Total excision of tumor was performed (**Figure 1 D, E**) and laminoplasty done.

The child was allowed to walk on 3rd post operative day and urinary catheter was removed after he started walking. His previous symptoms got better and he was discharged after about 1 week of surgery without any neurological deficit. Histological study showed that the lesion of epidermoid tumor.

Epidermoid tumors are rarer in spine and intramedullary spinal epidermoids are even rarer. Conus and cauda equina are common locations but rostral spine is rare.²

Total removal of tumor is the goal as far as possible to prevent recurrence.¹

References

- Hongo K, Nakagawa H, Mizuno J: Mobile epidermoid tumours of the lumbar spinal canal. **J Clin Neurosci** 5:465-466,1998
- Tekkök IH: Intramedullary epidermoid cysts. **J Neurosurg Spine** 8:202-203,2008
- Wilson PE, Oleszek JL, Clayton GH: Pediatric spinal cord tumors and masses. **J Spinal Cord Med** 30:15-20,2007