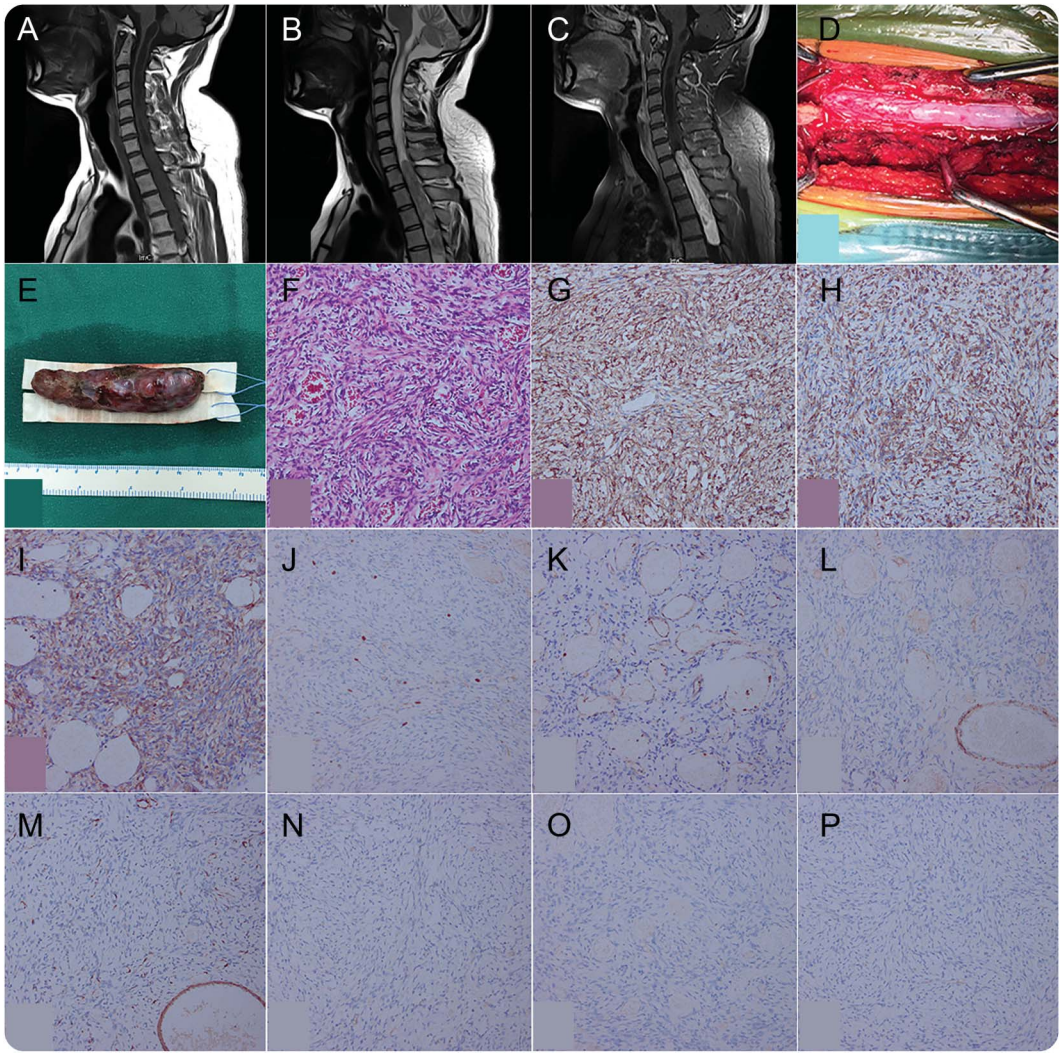
A huge intramedullary solitary fibrous tumor

Figure MRI, surgery, tumor, and pathology of the intramedullary solitary fibrous tumor



MRI: T1-weighted (A), T2-weighted (B), C (gadolinium contrast); surgery (D); tumor (E); hematoxylin & eosin (F); immunohistology positive: CD34 (G), BCL-2 (H), CD99 (I), Ki67 (approximately 5%) (J); immunohistology negative: CD31 (K), desmin (L), smooth muscle actin (SMA) (M), S-100 (N), epithelial membrane antigen (EMA) (O), glial fibrillary acidic protein (GFAP) (P).

A 31-year-old man presented with a 3-year history of progressive weakness and paresthesias of both legs. Spinal MRI revealed a 10-cm intraspinal tumor at T1-T5 with syringomyelia on both ends (figure, A–C). Surgery successfully resected the intramedullary tumor grossly (figure, D and E). Pathology suggested the diagnosis of solitary fibrous tumor (figure, F–P). Intramedullary solitary fibrous tumors are rare, with approximately 17 cases reported and none longer than 2 vertebrae.[1]

Qingfeng Wang, MD, Xin Hu, MD,* Yiying Wang, MD, Chao You, MD, PhD, Haifeng Chen, MD*

*These authors contributed equally to this work.

From the Departments of Neurosurgery (Q.W., X.H., C.Y., H.C.) and Pathology (Y.W.), West China Hospital, Sichuan University, China.

Author contributions: Qingfeng Wang: engaged in clinical care and investigative workup of the patient, study concept and design, acquisition of data, and drafted the manuscript. Xin Hu: revision of manuscript and edit of figure. Yiying Wang: pathologic study. Chao You: study concept and design. Haifeng Chen: in charge of surgery, clinical care and investigative workup of the patient, study concept and design, and revision of manuscript

Acknowledgment: The authors thank the staff (Department of Neurosurgery, West China Hospital) engaged in the surgery and clinical care of the patient.

Study funding: No targeted funding reported.

Disclosure: The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

Correspondence to Dr. Chen: chfbox@163.com

1. Bruder M, Tews D, Mittelbronn M, Capper D, Seifert V, Marquardt G. Intramedullary solitary fibrous tumor: a benign form of hemangiopericytoma? Case report and review of the literature. World Neurosurg 2015;84:189.e7–189.e12.

A huge intramedullary solitary fibrous tumor

Qingfeng Wang, Xin Hu, Yiying Wang, et al.

Neurology 2016;87;2171-2172
DOI 10.1212/WNL.0000000000003338