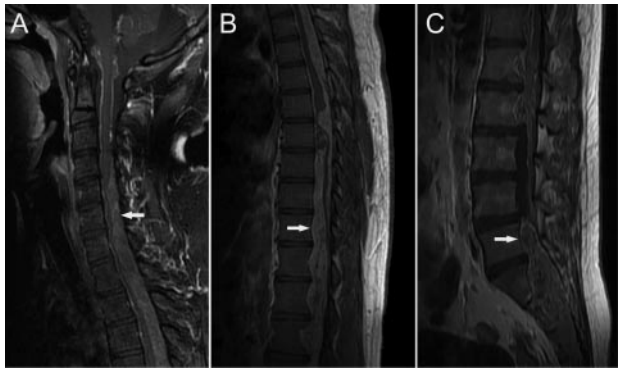
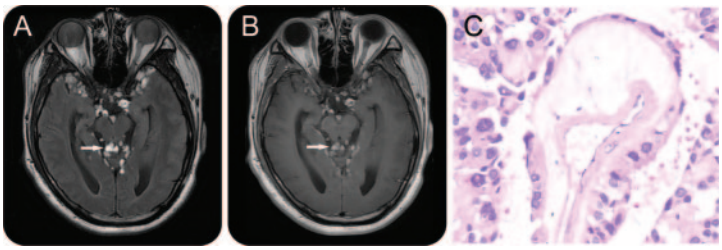
Giant spinal cord ependymoma with CSF spread

Figure 1 Spinal cord ependymoma images



Sagittal T1-weighted spine MRI (A–C) demonstrates an intradural extramedullary mass with inhomogeneous enhanced signal, extending from the C4 level to the distal spinal column (white arrow). No lesions were detected only at the C1 level to the C3 level (A, black arrow).

Figure 2 Imaging of cranial MRI and histopathology



Axial T2 (A) and T1-weighted (B) MRI of the brain show scattered nodular lesions hyperintense on the fluid-attenuated inversion recovery image and with mild contrast enhancement (white arrow). Photomicrograph (C) reveals the tumor cells were formed papillary structures. Mucoid material between tumor cells and blood vessels was seen (400×).

A 20-year-old man presented with a 1-month history of increasing right leg weakness and numbness. There was a spinal enhancing mass from C4 distally (figure 1, A–C) with intracranial dissemination (figure 2, A and B). The patient underwent a 1-stage resection to the greatest extent possible for preservation of function, followed by radiation therapy. Pathology confirmed a diagnosis of myxopapillary ependymoma, WHO grade 1 (figure 2C). Ependymomas of the spinal cord extending to more than 10 vertebral segments are rare,[1] and gross total resection has no advantages compared with subtotal resection with radiation therapy.[2]

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Author contributions: Xing Su: drafting/revising the manuscript, study concept or design. Jian Chen: study concept or design and study supervision. Qing-Feng Huang: analysis or acquisition of data. Wei Shi: revising the manuscript. Jian-Guo Chen: analysis or interpretation of the data.

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