

 IMAGES OF SPINE CARE

## Neurofibrosarcoma of the lumbar spine with a misleading onset

A 40-year-old man with a history of a slowly revealed pain, localized in the medial surface of the right knee, and hypostenia of the right quadriceps muscle. The patient was previously treated with an arthroscopic meniscectomy with no improvement. Persistence of the symptoms lead to a magnetic resonance imaging (MRI) study of the lumbar spine that showed a huge neoplasm arising from the

foraminal part of L3 nerve root, growing in the contest of the right psoas muscle. Further preoperative examinations such as an angio-computed tomography/MRI and electromyography were performed (Figs. 1–3). Since the tumor appeared solitary, with no metastatic progression and without the involvement of the bone, a radical surgical excision was performed (Fig. 4). The radical excision of the tumor was confirmed postoperatively by an MRI (Fig. 5). The final microscopic diagnosis of neurofibrosarcoma (also known as malignant schwannoma, malignant peripheral nerve sheath tumors) was obtained [1–7]. The patient was sent to the oncological department and started immediately on chemotherapy and radiotherapy.

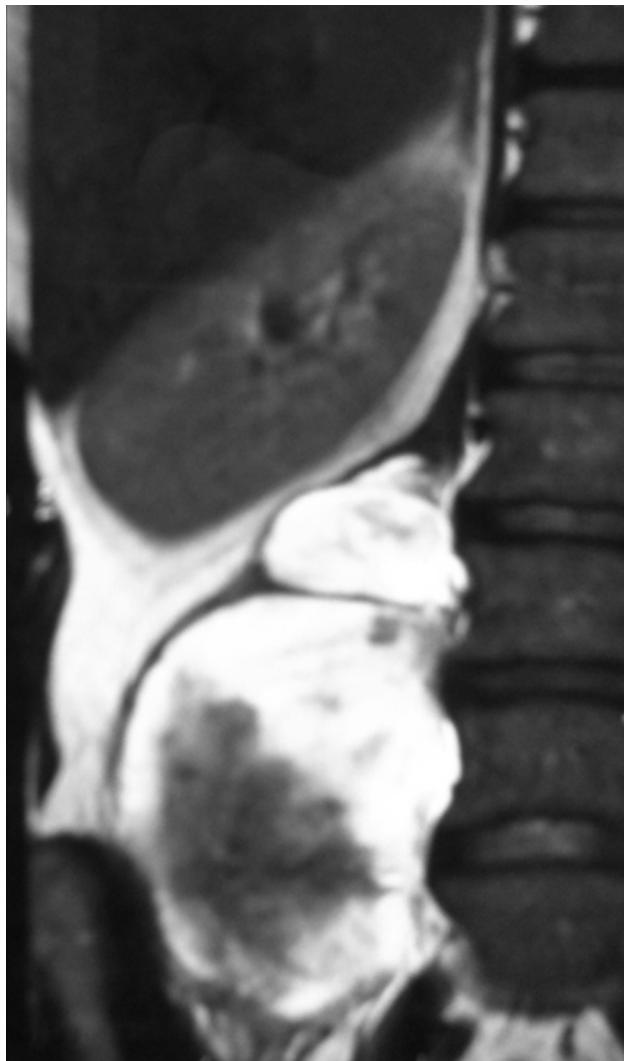


Fig. 1. Frontal T2-weighted magnetic resonance imaging scans showing the paravertebral neoplasm in the contest of the right psoas muscle.

## References

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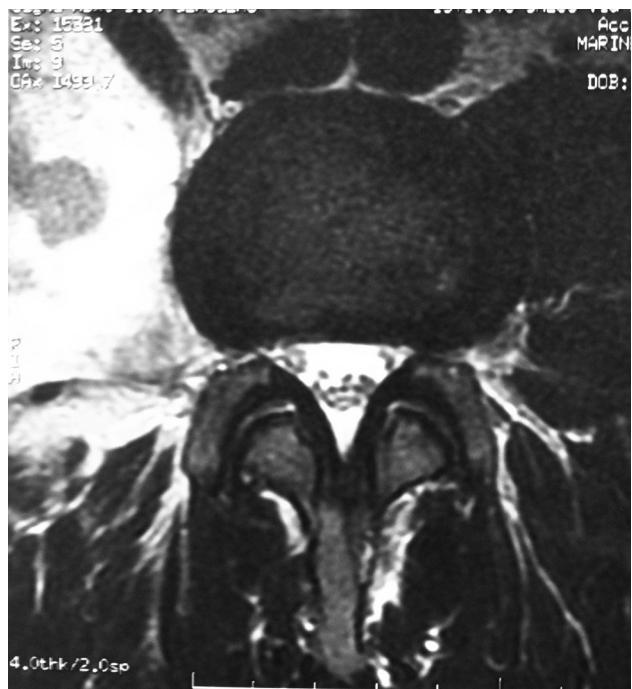


Fig. 2. Transverse T2-weighted magnetic resonance imaging scans showing the continuity of neoplasm with the L3 nerve root by the right foraminal space.

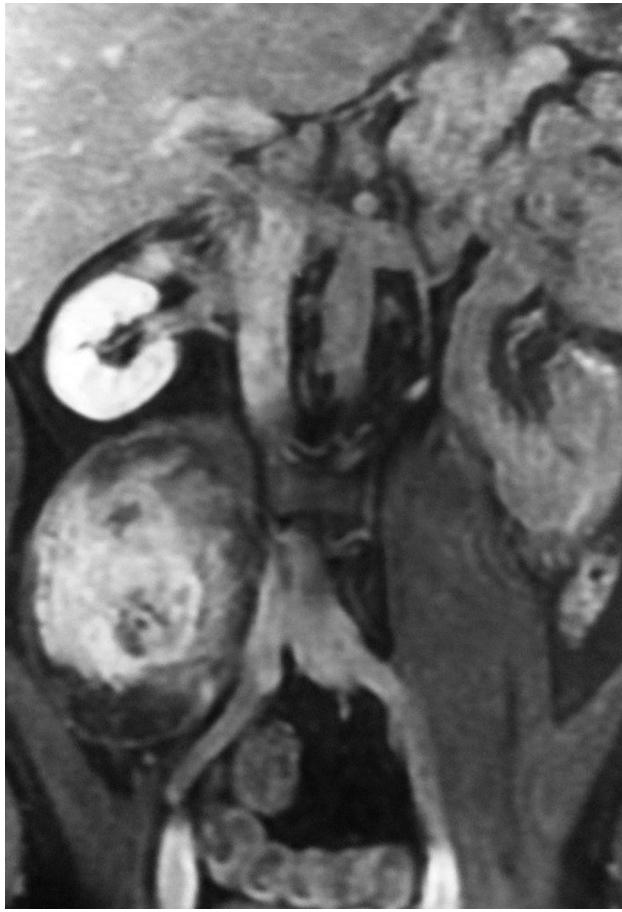


Fig. 3. Frontal angio-magnetic resonance imaging scans showing the right paravertebral neoplasm in the retroperitoneum space.



Fig. 5. Frontal T2-weighted magnetic resonance imaging postoperative scans showing no residual neoplasm.

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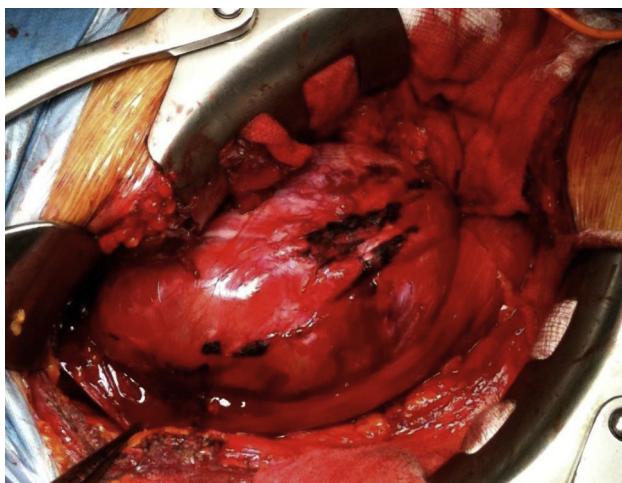


Fig. 4. Intraoperative picture of the tumor reached through a right lombotomy.

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