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Giant Lumbosacral ependymoma

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**Title:** Giant Lumbosacral ependymoma

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**No Conflict if interests**

## 1 Giant Lumbosacral ependymoma

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3 A 52-year-old man presented with a 10-years history of low back pain. Two months  
4 before presentation, he had bladder dysfunction. On examination, there was a  
5 reduced range of movement of the lumbar spine without other neurologic deficits. CT  
6 images of the lumbosacral spine showed lysis of whole sacrum (Figure, A). Magnetic  
7 resonance (MR) imaging demonstrated a giant lumbosacral mass (Figure, B). Due to  
8 the extent of bone destruction, only decompression and subtotal removal (Figure, C)  
9 of the tumor could be performed and the patient was referred for local radiotherapy.  
10 Histological findings from the tissue removed during surgery showed myxopapillary  
11 ependymoma with a positive margin (Figure, D). He had no low back pain at the last  
12 follow-up examination and has resumed full activities with normal bowel, bladder, and  
13 sexual function.

14

15 Myxopapillary ependymomas are slow-growing tumors that may attain very large  
16 sizes before clinical detection, occasionally filling and expanding the lumbosacral  
17 canal and causing much osteolytic destruction of the sacrum (1,3). The early,  
18 complete resection of myxopapillary ependymomas is associated with an excellent  
19 prognosis for long-term disease control. Close postoperative MR imaging monitoring  
20 of the surgical site is required and radiation therapy is certainly a prerequisite for  
21 patients with incomplete tumor excision and/or recurrent disease (2,4,5).

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15    **Figure legend**

- 16    Figure A: Sagittal CT images (c) showing extent of bone..
- 17    Figure B: Sagittal T2 MRI showed hyper-intense lesion extending through L3-L4 disc  
18    into the whole of sacrum, this tumor had endopelvic extending and pushing the  
19    rectum and the bladder forwardly.
- 20    Figure C: Postoperative Sagittal T2 MRI showed subtotal removal of the tumor
- 21    Figure D: Histological examination of the tissue removed during the surgery showed  
22    that the myxoid area was positioned between small vessels, around which small  
23    tumor cells aggregated. The tumor cells were positive for glial fibrillary acidic protein.  
24    **(Up)** H&E, ×100. **(Down)** Glial fibrillary acidic protein, ×100.

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