

Accepted Manuscript

Giant Lumbosacral ependymoma

Brahim Eljebbouri, MD, Mohcine Salami, MD, Adil Belhachmi, MD, Miloudi Gazzaz, MD, Brahim ElMostarchid, MD



PII: S1529-9430(15)00466-0

DOI: [10.1016/j.spinee.2015.05.001](https://doi.org/10.1016/j.spinee.2015.05.001)

Reference: SPINEE 56323

To appear in: *The Spine Journal*

Received Date: 21 April 2015

Accepted Date: 1 May 2015

Please cite this article as: Eljebbouri B, Salami M, Belhachmi A, Gazzaz M, ElMostarchid B, Giant Lumbosacral ependymoma, *The Spine Journal* (2015), doi: 10.1016/j.spinee.2015.05.001.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Title: Giant Lumbosacral ependymoma**Authors:**

Corresponding author: Brahim Eljebbouri MD, Department of Neurosurgery, Mohamed V Military Teaching Hospital, Rabat Morocco.
eljebbouri.brahim@yahoo.fr +212600683918

Mohcine Salami MD, Department of Neurosurgery, Mohamed V Military Teaching Hospital, Rabat Morocco.

Adil Belhachmi MD, Department of Neurosurgery, Mohamed V Military Teaching Hospital, Rabat Morocco

Miloudi Gazzaz MD, Department of Neurosurgery, Mohamed V Military Teaching Hospital, Rabat Morocco.

Brahim ElMostarchid MD, Department of Neurosurgery, Mohamed V Military Teaching Hospital, Rabat Morocco.

No Conflict if interests

Giant Lumbosacral ependymoma

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

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

References

1. Fassett DR, Schmidt MH: Lumbosacral ependymomas: a review of the management of intradural and extradural tumors. *Neurosurg Focus* 15 (5) :E13, 2003

2. Fourny DR, Fuller GN, Gokaslan ZL: Intraspinal extradural myxopapillary ependymoma of the sacrum arising from the filum terminale externa: case report. *J Neurosurg* (2 Suppl) **93**:322–326, 2003

3. Nasir A. Quraishi, M.D. Giant destructive myxopapillary ependymomas of the sacrum. *J Neurosurg Spine* **12**:154–159, 2010

4. Vara-Thorbeck R, Sanz-Esponera J: Intracanal ependymoma: case report. *J Neurosurg* **32**:589–592, 1970

5. Samii M, Klekamp J: Surgical results of 100 intramedullary tumors in relation to accompanying syringomyelia. *Neurosurgery* **35**:865–873, 1994

Figure legend

Figure A: Sagittal CT images (c) showing extent of bone..

Figure B: Sagittal T2 MRI showed hyper-intense lesion extending through L3-L4 disc into the whole of sacrum, this tumor had endopelvic extending and pushing the rectum and the bladder forwardly.

Figure C: Postoperative Sagittal T2 MRI showed subtotal removal of the tumor

Figure D: Histological examination of the tissue removed during the surgery showed that the myxoid area was positioned between small vessels, around which small tumor cells aggregated. The tumor cells were positive for glial fibrillary acidic protein.

(Up) H&E, ×100. **(Down)** Glial fibrillary acidic protein, ×100.

