Paediatric back pain and a limp

A pre-adolescent presented to the Emergency Department with back pain of 2 months' duration. The pain was being managed conservatively by his primary care physician and this visit to the Emergency Department was prompted by progressive weakness of his right lower extremity. Physical examination was significant only for decreased motor function and absent deep tendon reflexes in the lower right extremity. MRI revealed a T4–T12 spinal cord mass (figure 1) which was confirmed to be pilocytic astrocytoma on biopsy.

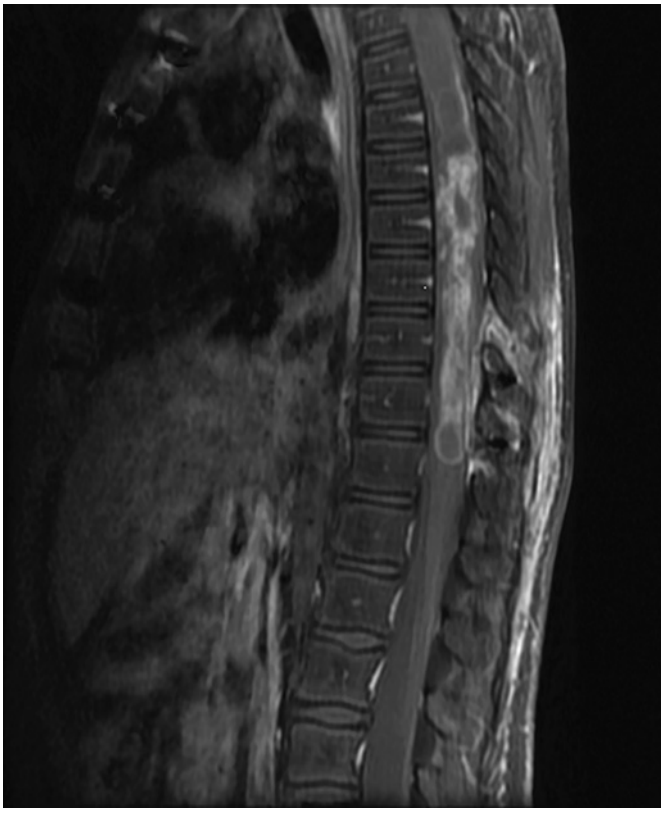

Figure 1 MRI of the spine showing a large heterogeneous enhancing intramedullary mass extending from T4 to T12 with associated marked cord compression.

DISCUSSION

A little over one-third of children will have an episode of back pain and about one-quarter seek medical attention for this chief complaint. A history of pain for more than a month, weight loss, neurological deficits, immunosuppression or rheumatological disease warrants further investigation including laboratory and imaging studies.

Spinal astrocytomas represent slightly more than half of spinal cord tumours in children, although overall they are rare causes of CNS tumours in the paediatric population. The median survival in a population of patients aged <20 years with pilocystic astrocytomas was nearly 40 years.[1] No randomised treatment trials exist, but these tumours are typically treated with variations of surgical resection, radiation therapy, chemotherapy and steroids.

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Detail has been removed from this case description/these case descriptions to ensure anonymity. The editors and reviewers have seen the detailed information available and are satisfied that the information backs up the case the authors are making.

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