Clinical Image

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Spinal Schwanomma: A Clinical Image

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Introduction

A patient is a middle age woman who was referred with complaint of back and low back pain. The pain was referred to proximal of lower limbs. Past medical history and cranial nerves exam were normal. Discal hernia was the first diagnosis. After lumbar magnetic resonance imaging, extradural lesion was seen and it as no adherence to neural roots. After that we suspected meningioma. Then, experience pathologist confirms that this tumor is schwannoma.

Pathology Report

The specimen was received in one part (1*2*3- White brown). Section contains Schwann cell (Antoni A and B) with hyalinized wall and cystic shape structure.

About 25% of primary spinal cord tumors is schwannoma and most of them are intradural. Surgical treatment is a good option and tumors should remove surgically. In most cases, laminectomy can improve prognosis. Recurrence happens in a few cases (1).

Imaging Findings

Extradural dumbbell shape mass lesion in lumbar spine (Figure 1) with intact neural root and significant canal stenosis was evident (Figure 2).

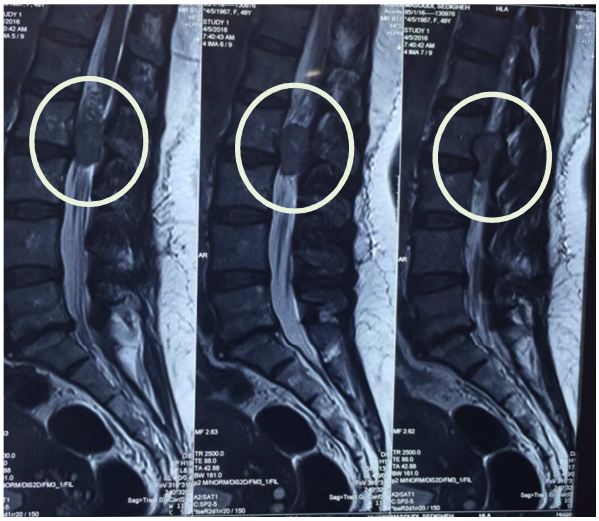

Figure 1. Sagittal T2W view showing well circumscribes isosignal dumbbell shape mass lesion at L2-L3 level (circle)

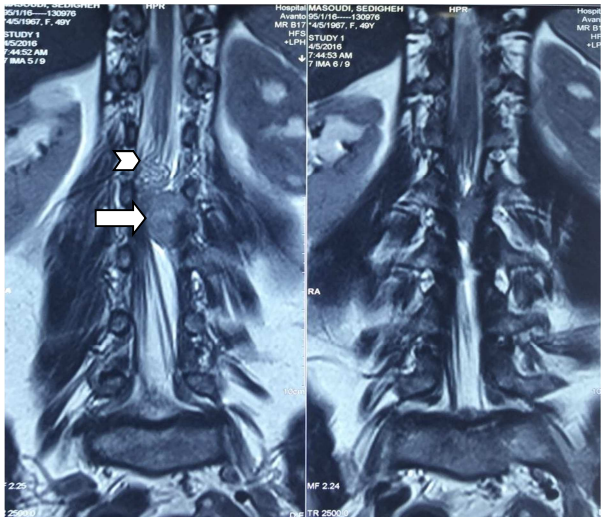

Figure 2. T2 sequence in coronal view showing well circumscribes lesion (arrow) and redundant nerve roots due to stenosis (arrow head)

Conflict of Interests

Authors have no conflict of interests.

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References

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