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Clinical-Medical Image

Malignant Schwannoma of Dorsal Spine

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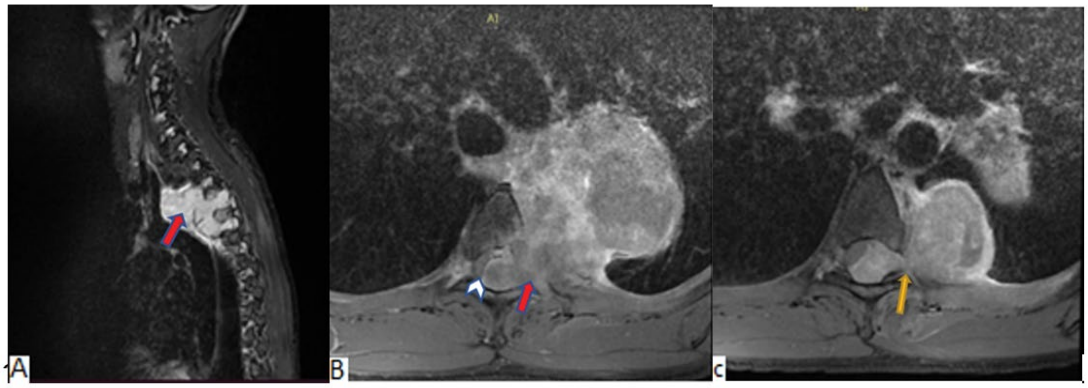

Figure 1: A 35-year-old patient presented with progressively worsening low back pain complicated by paraplegia and sphincter dysfunction. Spine MRI showed a left posterior mediastinal process at D5-D6, T2 hyperintense (A), enhanced after injection (B,C), enlarging the vertebral hole (red arrow), resulting in spinal cord compression (arrow head) (B), with hourglass intracanal extension (yellow arrow) (C). A partial resection was performed followed by chemotherapy.

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Schwannoma is a mesenchymal tumor that is most often benign, developed exclusively from the cells of the Schwann sheath that surround the nerve fibers of the peripheral nervous system, forming a macroscopically smooth, rounded and encapsulated proliferation. It usually reaches the large nerve trunks, most often affects adults between the ages of 25 and 40, and these are usually solitary lesions. malignant or multiple schwannomas are rare, MRI is the reference test, showing a T2 hyperintense, costovertebral angle mass, enlarged vertebral hole, intracanal hourglass extension, performing a scalloping with thinning of a posterior costal arch. If a CT scan is performed, it shows an oval, homogeneous or heterogeneous mass of tissue with regular contours that can communicate with the spinal canal may erode ribs and adjacent vertebral bodies, enlarge the foramen magnum, and present Cystic or necrotic remodelling. The definitive diagnosis is histological. Treatment consists of complete surgical removal of the tumor with adjuvant chemotherapy (Figure 1). The prognosis of these tumors is variable, and the recurrence rate depends on surgical resection. Follow-up is necessary to detect possible neurofibromatosis [1].

Keywords: Schwannoma; Dorsal; Spine; MRI

References

[1] Boehner A, Neuhauser R., Zink A and Ring J (2021) Figurate erythemas–Update and diagnostic approach. *J Dtsch Dermatol Ges* 19: 963-972.

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