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Case Presentation

Case Report: Cervical Extradural Schwannoma

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Abstract

The frequency of spinal tumors in the community has been reported as 2-10/100,000 in various sources. Intradural to extradural tumor ratio 2/3. Extradural schwannomas, there has not been the focus of research in the spinal nerves heath tumors series. Schwannomas are usually located in the intradural extramedullar [1-3].

Keywords: Cervical; Extradural; Schwannoma

Case Presentation

A 29-year-old female patient; applied to our clinic with complaints of left arm pain and numbness for about 1 year. Then urological examination performed on the patient was evaluated as 4/5 of the left upper limb proximal muscle strength.

Magnetic Resonance Imaging (MRI) showed in the extradural plane at C 5 levels, with compression of the neurol foramen. Cervical laminectomy and excision of the intraspinal extradural component of the tumor was performed. Intraoperative neuro imaging defines the proximity of the cervical plexus to the surgical site. Surgical intervention may make it safer. The tumor was soft, extension through the C 5-6 intervertebral foramen on the leftside. Histopathology showed features of swannoma. Patient made an uneventful post-operative recovery. The complaints were regressed and discharged.

Discussion

Schwannomas are the most common of nerves heath tumors. Usually Extramedullary intradural tumors (70-75%) and extradural tumour (15%) and intramedullary - intradural (1%) tumors. Spinal schwannomas are often seen at middle ages (35-65 years). Men and women equal the frequency.

Intraoperative neuroimaging defines the proximity of the cervical plexus to the surgical site. Surgical intervention may make it safer.

Pain may be the most common complaint, with weakness and numbness complaints. In our series, lumber (41.7%), cervical (33.3%), thoracic (16.7%) and cervicothoracal (8.3%) regions were detected. It is generally stated in the literature that they are located in thoracic, cervical and lumbar regions, respectively.

Schwannoma are benign tumors. Early diagnosis and total resection before the occurrence of severe neurological findings; the result is very positive [1-5].

Figure 1: Intraoperative photographs showing the exposed L3 tumor.

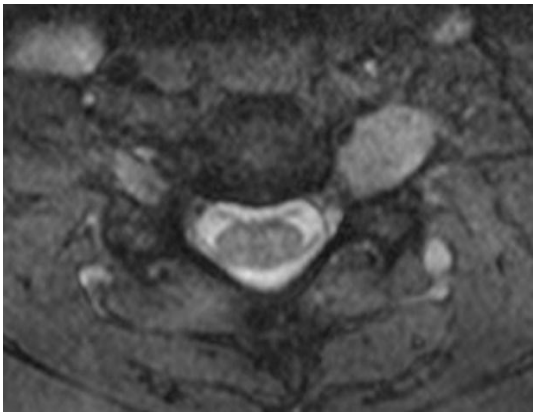

Figure 2: Axial T2W MRI sections showing an extradural tumour on leftside of C5 body.

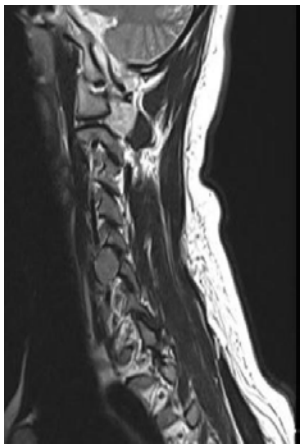

Figure 3: Sagital T2WMRI sections showing an extradural tumour on left side of C5 body.

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Conclusion

Extraduralschwannomas can be distinguished from other nerves heath tumors growing in the spinal canal by clinic opathologic features. Extradural schwannomas can be effectively managed with appropriatepre-operative planning and appropriate access techniques. Appropriate access techniques speedup the healing period, reduce tissue damage, and in some cases eliminate the need for a simultaneous fusion.

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