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Olgu Sunumu

Thoracic Spinal Meningioma Manifesting as Sciatica-Like Pain

Ozan GANİÜSMEN[1], Serdar COŞKUN[4], Ali SAMANCIOĞLU[2], Güven ÇITAK[1], Aysun KAR[3]

[1]Şifa Üniversitesi Tıp Fakültesi, Nöroşirürji Anabilim Dalı, İzmir
[2]Seyfi Demirsoy Devlet Hastanesi, Nöroşirürji Kliniği, İzmir
[3]Şifa Üniversitesi Tıp Fakültesi, Anesteziyoloji ve Reanimasyon Anabilim Dalı, İzmir
[4]Isparta Devlet Hastanesi, Nöroşirürji Kliniği, Isparta

The term sciatica has often been associated with disorders of the lumbar spine and pelvis. Spinal cord compression occasionally causes pain that is referred to the lower back or lower extremities which is well below the level of the lesion. A 65-year-old man presented with a 4-month history of left-side dominant sciatica like pain. Neurological examination found sciatika like pain on the posterolateral side of the left calf and the dorsum of the left foot. An unexpected patology was found in the preoperative chest CT which was taken for a different reason. We demonstrated a patient with thoracal spinal meningioma with initial clinical symptoms similar to lumbar radiculopathy. Meningioma was totally excised and postoperative pain on the left leg resolved. It is a false localizing presentation which may lead to missed or delayed diagnosis, resulting in the erroneous plan of management especially in the presence of concurrent lumbar lesions.

Key words: Lumbar radiculopathy, sciatica pain, spinal meningioma, thoracic

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Siyatik Ağrısı Gibi Yansıyan Torakal Spinal Meningiom

Siyatik ağrısı terimi sıklıkla lomber spinal kanal ve pelvis hastalıklarını yansıtır. Spinal kord kompresyonu sıklıkla lezyon seviyesinin altında bel ve alt ekstrimite yansıyan ağrısına neden olur. Altmış beş yaşındaki erkek hasta 4 aylık sol taraflı siyatik ağrısı ile başvurdu. Nörolojik muayenede sol tarafta sol ayak sırtı ve yanına yansıyan siyatik ağrısı benzeri ağrı bulundu. Operasyon öncesi farklı nedenle çekilen göğüs bilgisayarlı tomografisinde beklenmedik patoloji saptandı. Hastada lomber radikülopati benzeri bulgu yapan spinal torakal meningiom saptadık. Meningiomun total eksizyonu ile sol bacaktaki ağrı geçti. Özellikle eşzamanlı lomber lezyonların varlığında yanlış lokalizasyon hatalı ve gecikmiş tanıya neden olarak yönetim hatası ile sonuçlanabilir.

Anahtar kelimeler: Lomber radikülopati, siyatik ağrısı, spinal meningiom, torakal

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Leg pain or sciatica is a rare 'false localizing' presentation of thoracic cord compression and there has been only a few cases described in the literature [9,14]. The term sciatica has often been associated with disorders of the lumbar spine and pelvis. Among the symptoms of thoracic mass, sciatica-like pain or radiculopathy of the lower extremity are rarely seen major complaints, whereas myelopathy due to compression is more typical. However, a few cases of sciatica have been caused by compressive lesions of the spinal cord at the cervical or thoracic level [9,13,14]. The differential diagnosis includes lumbar disc herniation, lumbar stenosis, spinal tumors, lesions, cervical myelopathy, multiple sclerosis, other extraspinal peripheral,

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Yazışma adresi: Yrd. Doç. Dr. Ozan Ganiüsmen, Fevzi Paşa Bul. No: 172/2 Basmane 35240 İzmir
e-mail: ganiusmen@hotmail.com

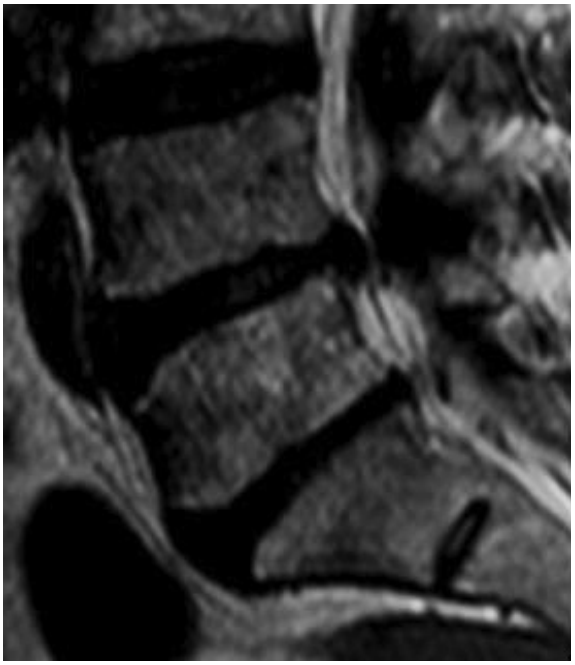

Figure 1. Saggital MRI lumbar view.

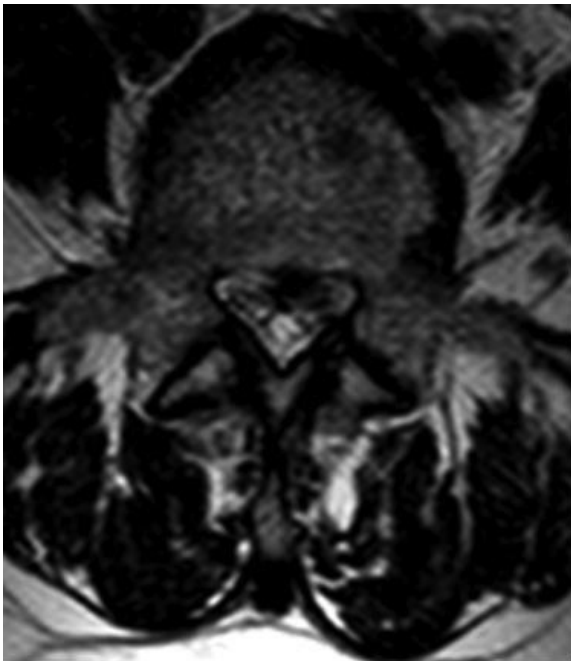

Figure 1a. Lumbar axial view.

and spinal cord pathologies [1,2,6,12]. We hope that the discussion of this case and the accompanying literature review will make us more aware of this uncommon presentation of the leg pain due to thoracal cord compression.

CASE

A 65-year-old man presented with a 4-month history of left-side dominant sciatica like pain. Neurological examination found sciatica- like pain on the posterolateral side of the left calf, and the dorsum of the left foot (typically Involving L5 dermotome), and the straight test was positive. There were no other abnormal neurological signs. He had undergone various conservative treatments, such as physical terapies, but his symptoms were not relieved. Magnetic resonance imaging (MRI) showed lateral recess stenosis and medial disc hernia of L4-5 (Figure 1, Figure 1a). Priorly lumbar operation was planned. An unexpected pathology was found in the preoperative chest CT which was considered to be related to a different reason. Thoracic CT obtained at T10 level revealed a calcified mass in the spinal canal (Figure 3). Thoracic MRI revealed a posterior mass compressing the spinal cord at the level of T10 level (Figure 2). Intradural extramedullary psammatous meningioma (Figure 4, 4a) was totally excised (Figure 5) and postoperative pain in the left leg was relieved.

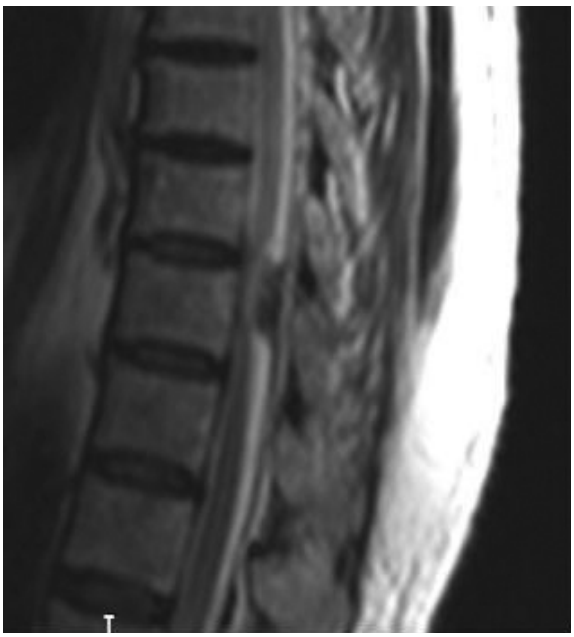

Figure 2. Saggital preoperative MRI view.

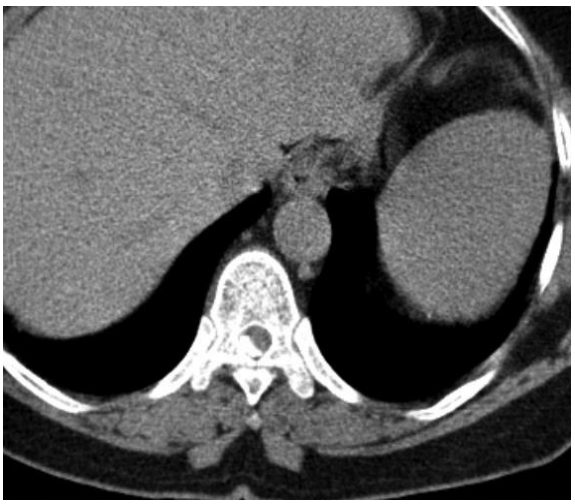

Figure 3. Axial CT view.

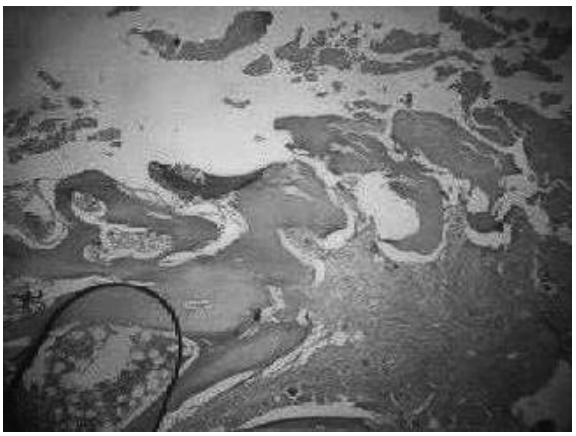

Figure 4.

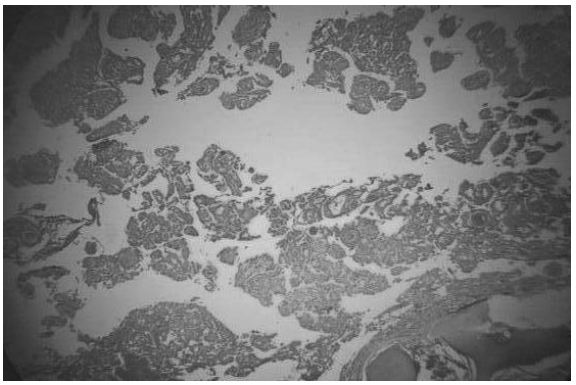

Figure 4a.

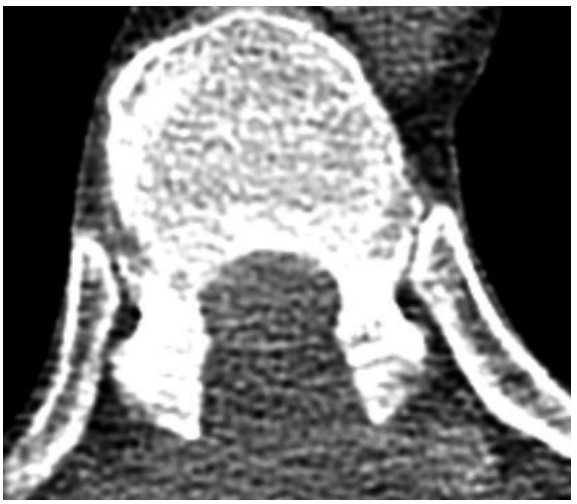

Figure 5. Postoperative axial CT view.

DISCUSSION

Cord compression is sometimes known to cause burning pain or tract pain that refers to the areas below the level of the lesion due to irritation of the ascending spinothalamic tracts, but this pain is usually diffuse or vague, and fails to conform to a dermatomal distribution [5-7]. Therefore, the differential diagnosis includes lumbar disc herniation, lumbar stenosis extraspinal peripheral lesion, spinal tumors, cervical myelopathy, multiple sclerosis, and other spinal cord or even intracranial pathologies [1,12,15], because this sciatica-like pain can confound the confirmation of cord compression caused by thoracic spinal mass. The leg pain presentation is considered 'false localizing' of the upper cord compression, as there are discrepancies between the neurological signs and the expected anatomical locus of the lesion. The term "false localizing signs" was first described by James Collier [3] in 1904 after discrepancies found between antemortem clinical features and anticipated postmortem anatomical findings of 161 cases of intracranial tumors. Spinal cord compression occasionally causes pain that is referred to the lower back or lower extremities, which is well below the level of the lesion. Such pain is called "tract or funicular pain" and there have been only a few cases described in literature [9,13]. Langfitt et al. [11] described three patients with cervical cord compression who presented with leg pain without other neurological signs suggesting spinal cord

compression. Ito et al [9] also presented two cases of sciatica caused by cervical and thoracic cord compression and Neo et al [14] have suggested that there was yet no conclusive diagnostic key and the only confirmation of the tract pain was pain relief after surgery. Pain radiating from the lower back into the buttock and lower extremity is called sciatica [13]. Sciatica can originate peripherally or centrally, but is frequently caused by a lumbar or sacral intraspinal lesion, such as a herniated disc or tumor, or by extraspinal or pelvic pathology involving the roots of the cauda equina or the peripheral part of the sciatic nerve [6,13,15]. Two cases [2,12] have shed some light on the sciatica-like pain that results from pathology at the lower thoracic spine among few reports [9,15] on sciatica-like pain caused by thoracic cord compressive lesion. Cases with only sciatica-like pain and lower thoracic extramedullary meningioma has not been encountered in the literature, so it was very difficult for us to make a diagnosis. Exclusion of other causes of sciatica-like pain on chest CT aid us in establishing a diagnosis.

CONCLUSION

In this case report, we demonstrated a patient with thoracic spinal meningioma initial clinical symptoms similar to lumber radiculopathy. This referred pain is known as funicular pain and is due to irritation of the ascending spinothalamic tract. Finally, we wish to emphasize that in cases where concurrent causes could be responsible for symptoms, distinguishing between suspected causes is very difficult and even impossible. So, vigilance is recommended.

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