

Título: Intradural extramedullary ependymoma: case report and literature review.

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Introdução/Objetivos:

Intradural extramedullary ependymomas are rare. We present a 32-year-old male patient with a one-month history of partial medullary syndrome. MRI of the neuroaxis revealed disseminated intradural extramedullary lesion. Histological examination revealed a WHO GII ependymoma. The present case is the first intradural extramedullary ependymoma with multiple lesions at presentation.

Objective: To present a patient with intradural extramedullary ependymoma and review 18 previously reported cases.

Materiais e Métodos:

The literature survey yielded 18 cases of ependymoma at the same location, none of them multifocal at presentation. We analyzed the epidemiological, clinical, and surgical features of all 19 cases reported to date, including the present case.

Resultados:

Patient's age ranged from 24 to 69 years; 15 subjects were female and 4 male. The time elapsed from symptom onset to diagnosis ranged from 1 month to 8 years. Pain (in 13 patients) and medullary syndrome (in 5) were reported as the initial symptoms (one not informed). Tumors were predominantly thoracic (11), in addition to cervicothoracic (3), cervical (2), lumbar (2) and multifocal (1). Solitary extramedullary tumors were found intra-operatively in 13 patients; 3 were described as exophytic, and 3 as extramedullary with some degree of medullary invasion. Histological examination revealed 9 WHO GII tumor, 4 GIII, and one myxopapillary tumor. Data obtained for the remaining cases proved inconclusive. Clinical condition improved in 11 patients, remained stable in 2, and worsened (relapse or progression) in 6.

Conclusões:

Intradural extramedullary ependymomas are rare, predominate in women in the fifth decade of life and pain is the most frequent initial symptom. Extent of resection and the presence of meningeal infiltration seem to be key determinants of prognosis. The present case is the first intradural extramedullary ependymoma (except for cone and filum) with multiple lesions at presentation.

Palavras Chaves:

ependymoma, extramedullary, intradural, multifocal.