

TUMORS IN THE REGION OF THE CAUDA EQUINA



Dr. Munish K. Aggarwal
Consultant Neurosurgeon



Case - I

- 21M; presented with severe radicular pain in both lower limbs with no neurological deficit; NOT RESPONDING TO SPINE EX. TRACTION & NSAID'S GIVEN BY ORTHOPEDICIAN
- O/E: SLR – NEG.; NO DEFICIT
- MRI LUMBAR SPINE



MRI LUMBAR SPINE





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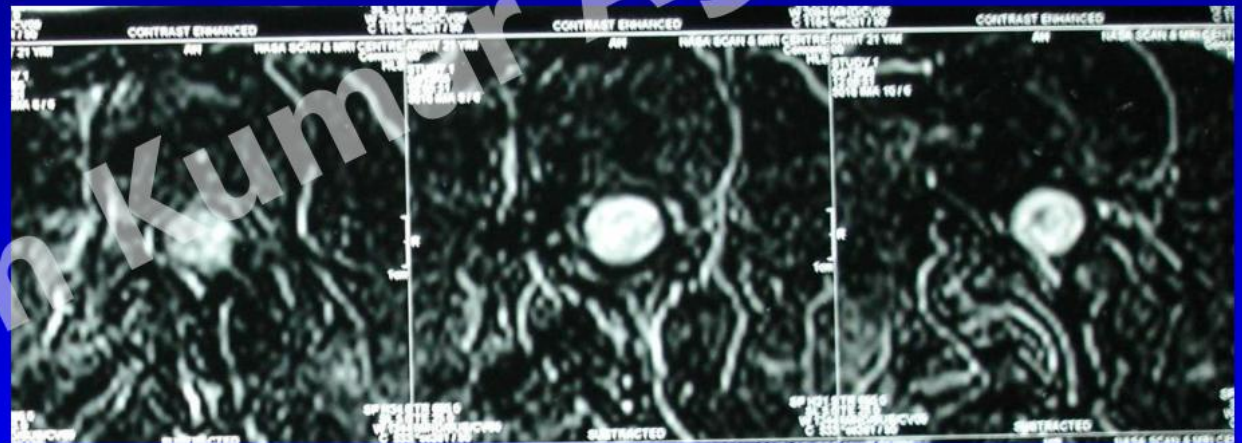
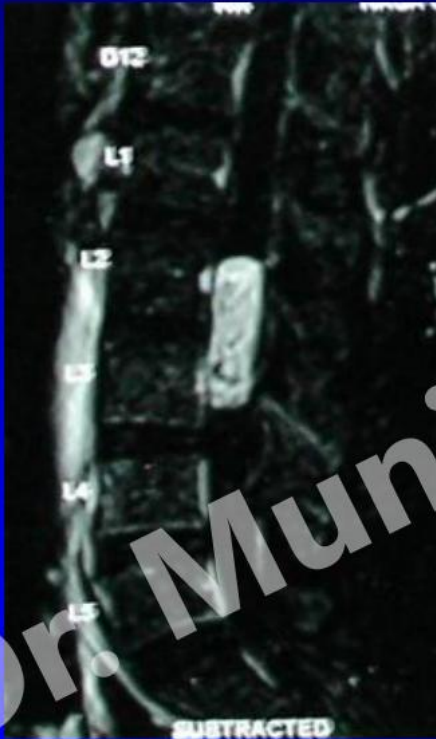


CEMR





SUBTRACTED

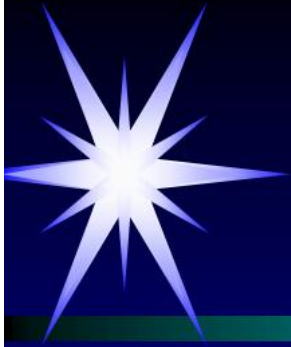




INTRA OP.



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DUROTOMY





TUMOR LIFTED UP

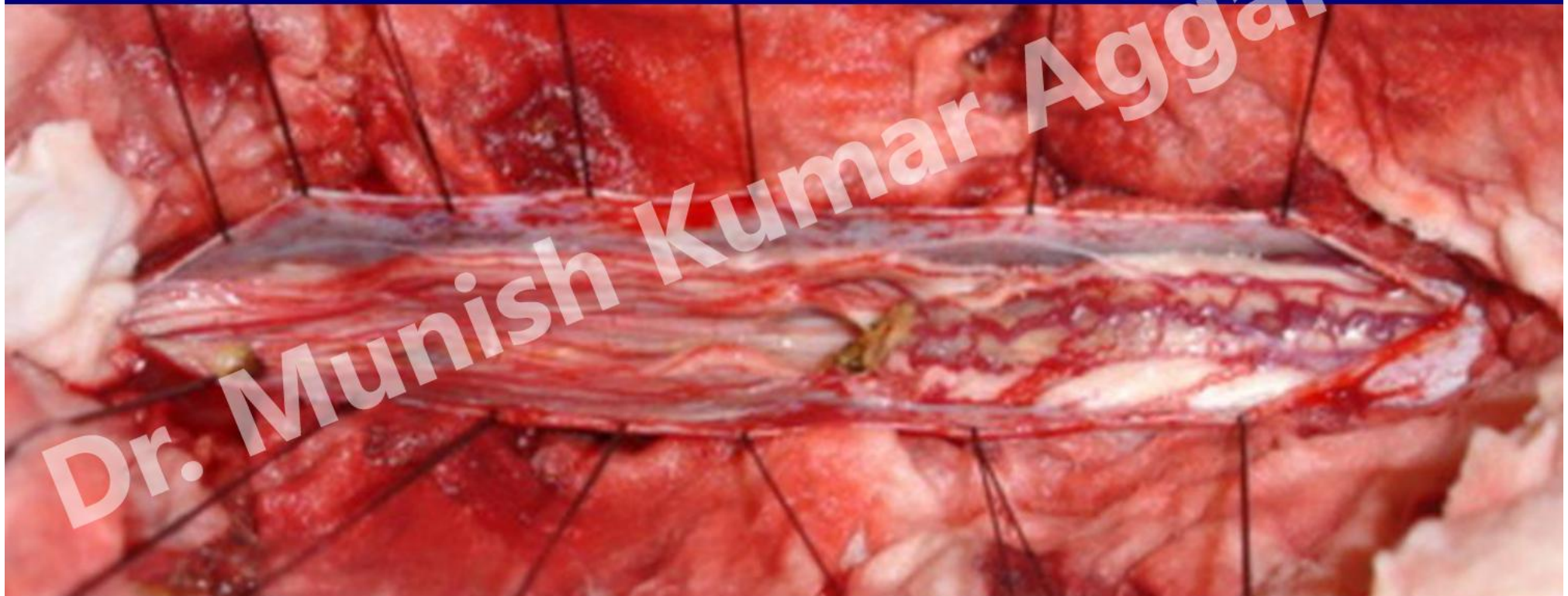


LOWER END FREE





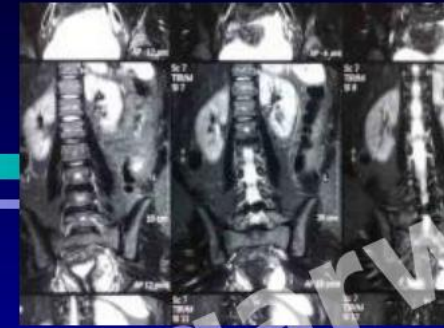
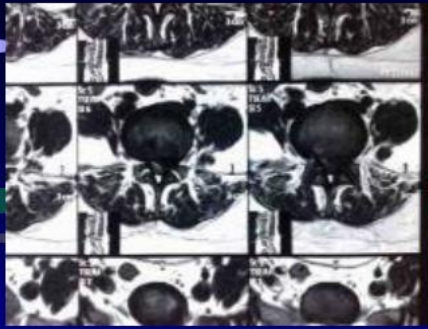
GROSS TOTAL EXCISION





TUMOR IN VITRO





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FLUORO

AVG 2
C 085 B 127

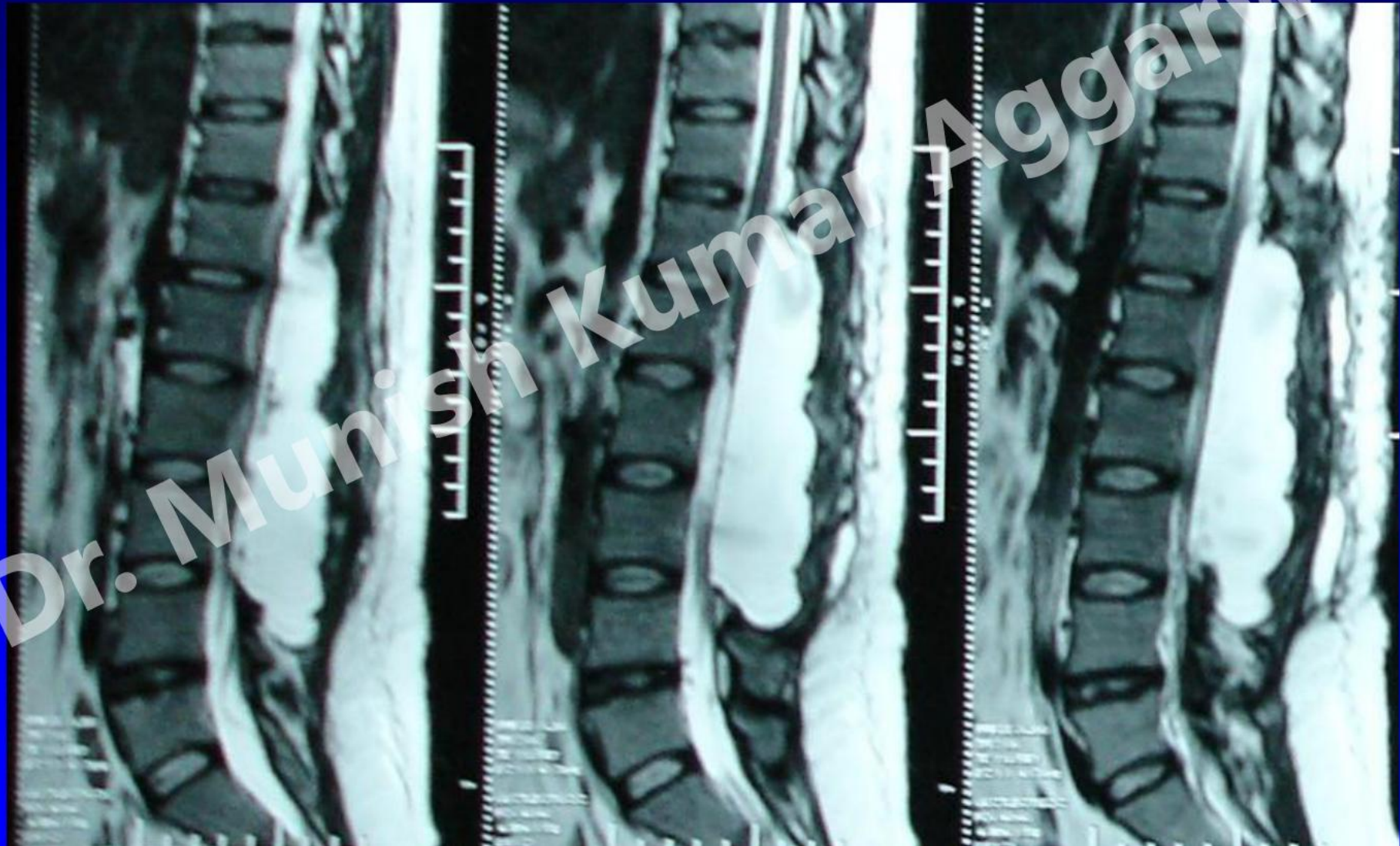


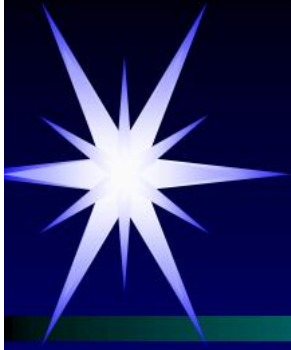
WATER TIGHT CLOSURE



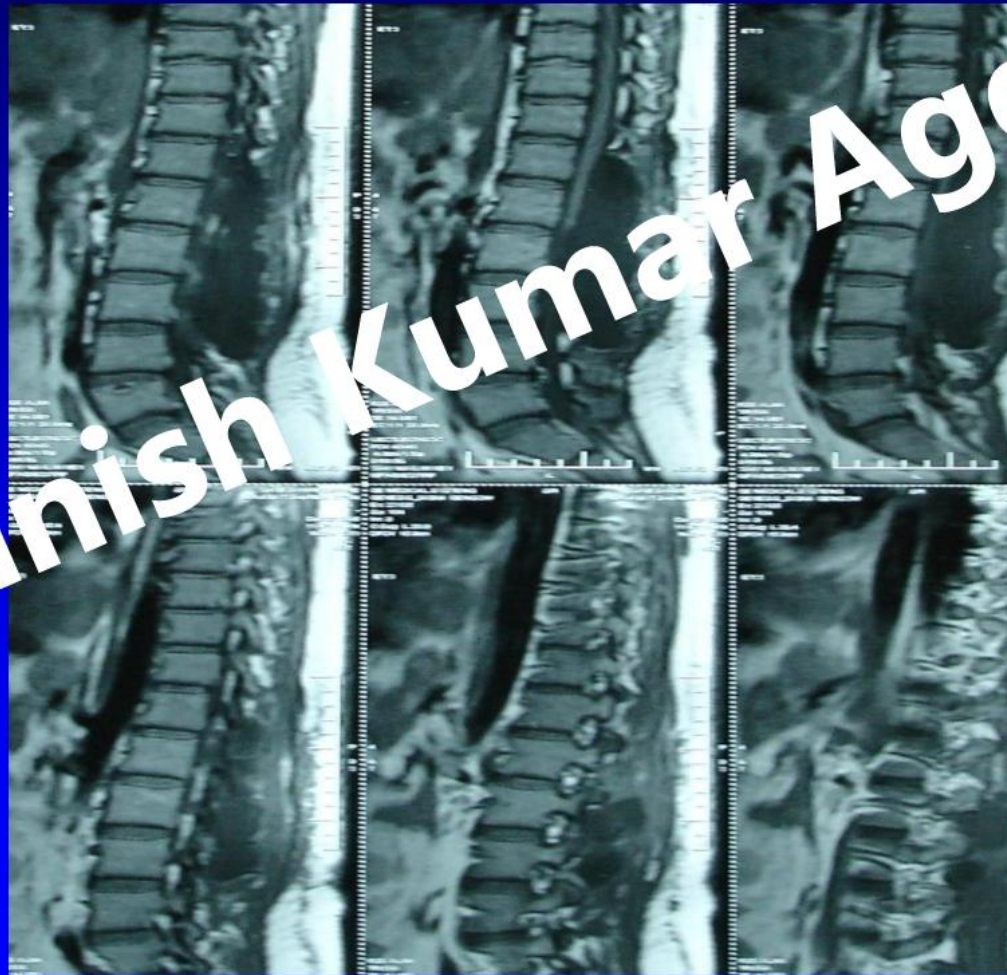


POST OP MRI



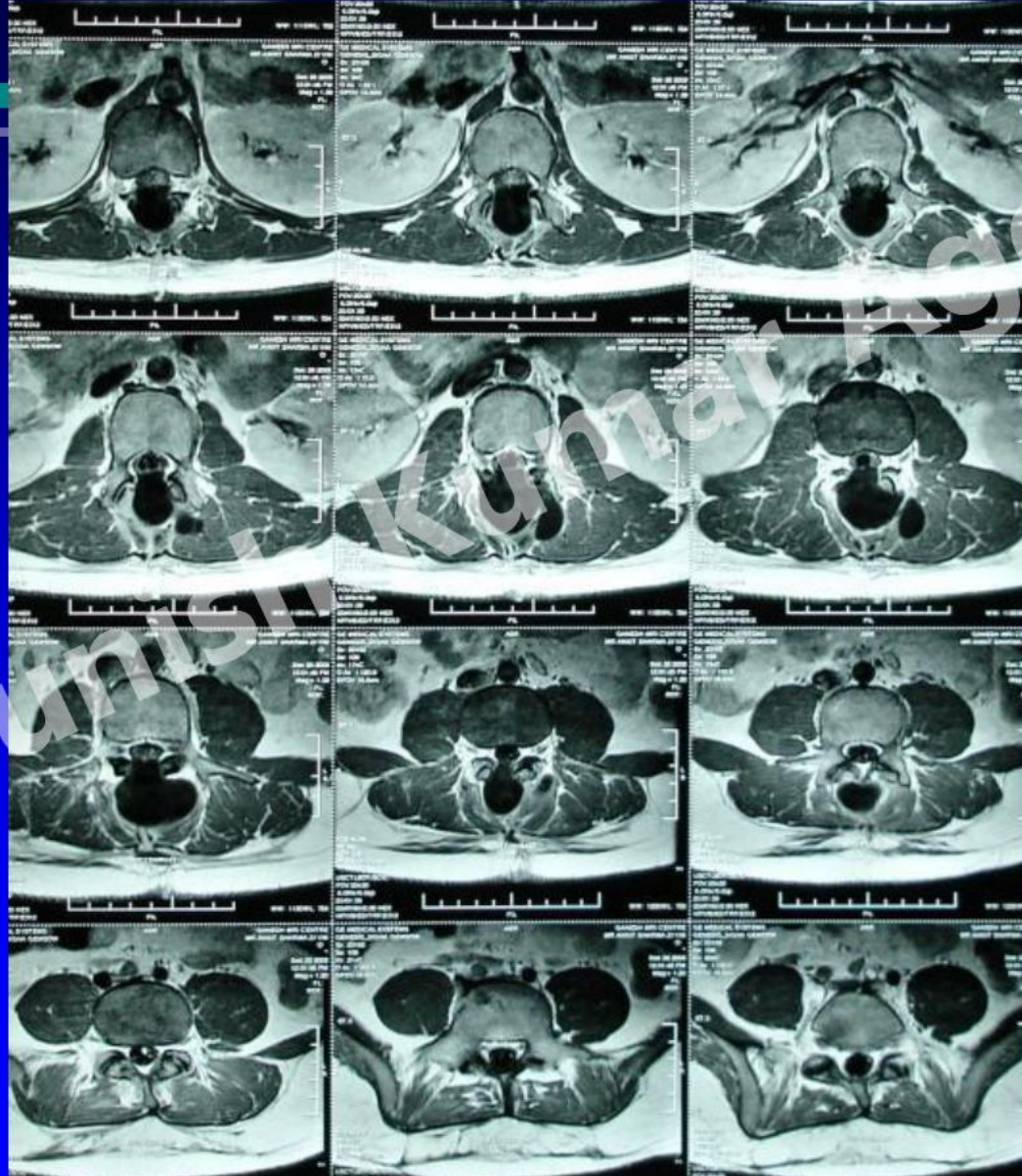


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POST OP. CEMR



Dr. Manish Kumar Pedgarwal





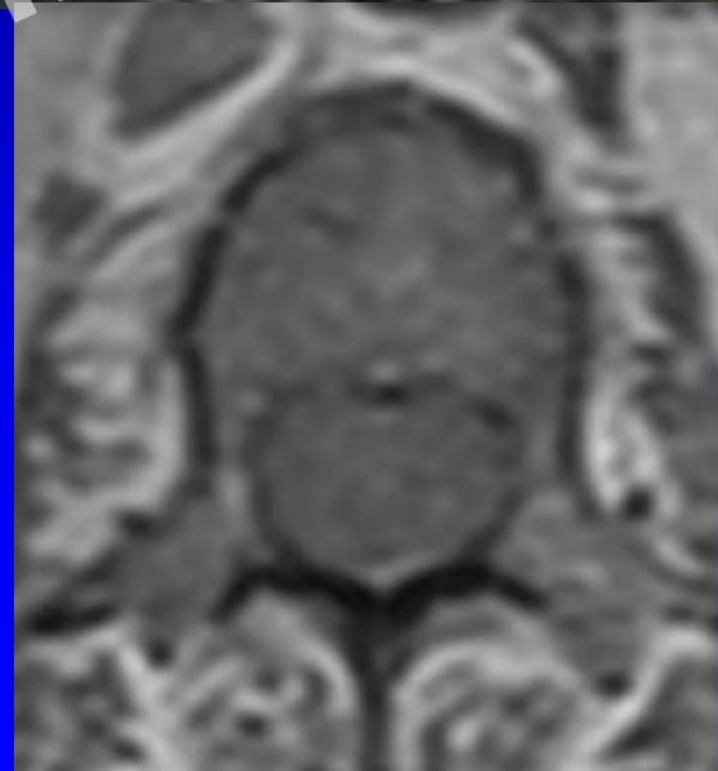
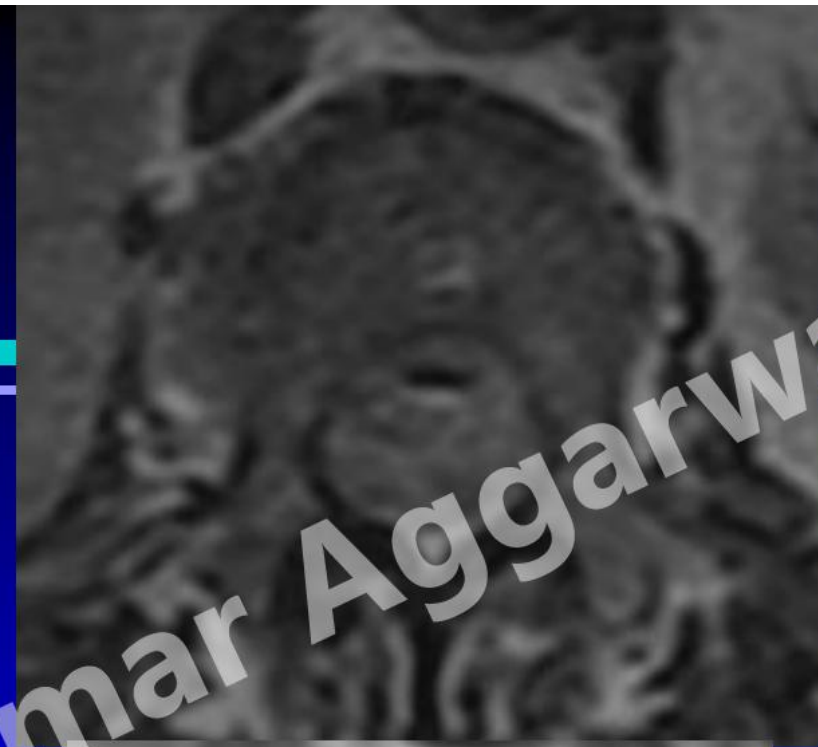
CASE - II

- 65 F; presented with, excruciating, severe radicular pain in the lower limbs
- Pt. bed ridden due to incapacitating pain
- Being treated with bed rest & NSAID's
- No neurological deficit
- SLR B/L strongly positive; crossed SLR +
- Underwent MRI lumbar spine



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Pt. underwent surgery at one of the tertiary hospitals in Delhi
INTRAOP. IMPRESSION:

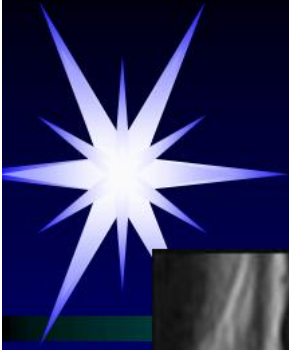
NEUROFIBROMA

HPE: **NEUROFIBROMA**

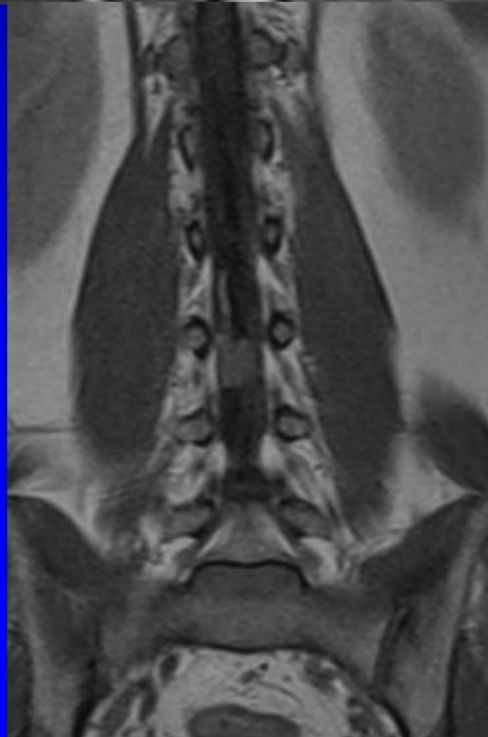
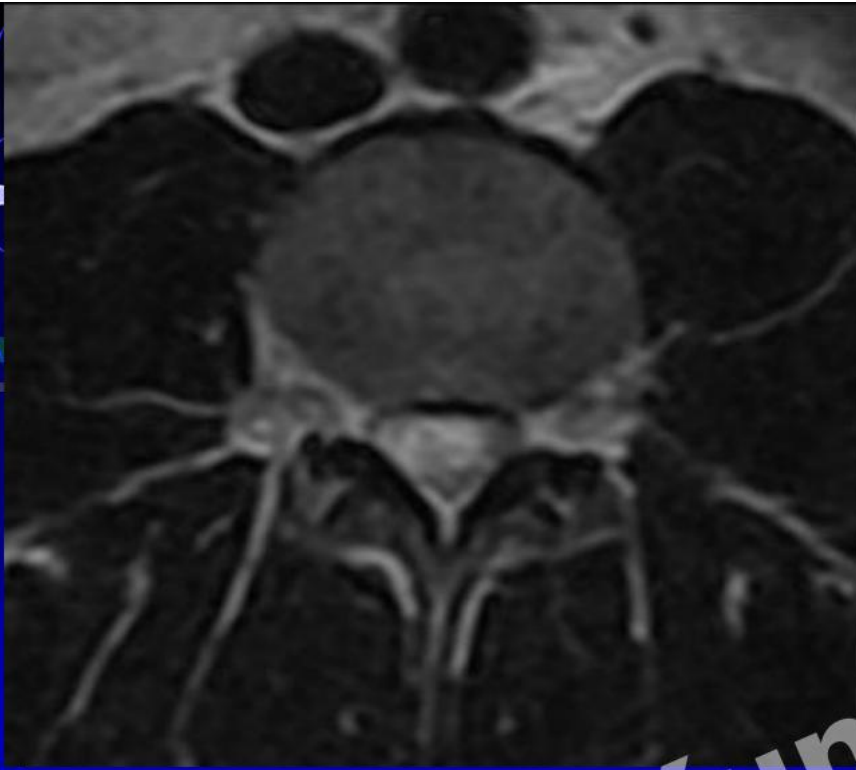


Case - III

- 40M; presentation with severe lower backache & dysesthesias in B/L lower limbs & rectal area; not responding to physiotherapy, NSAID's & gabapentine
- No neurological deficit
- Advised to undergo an MRI of the LS spine



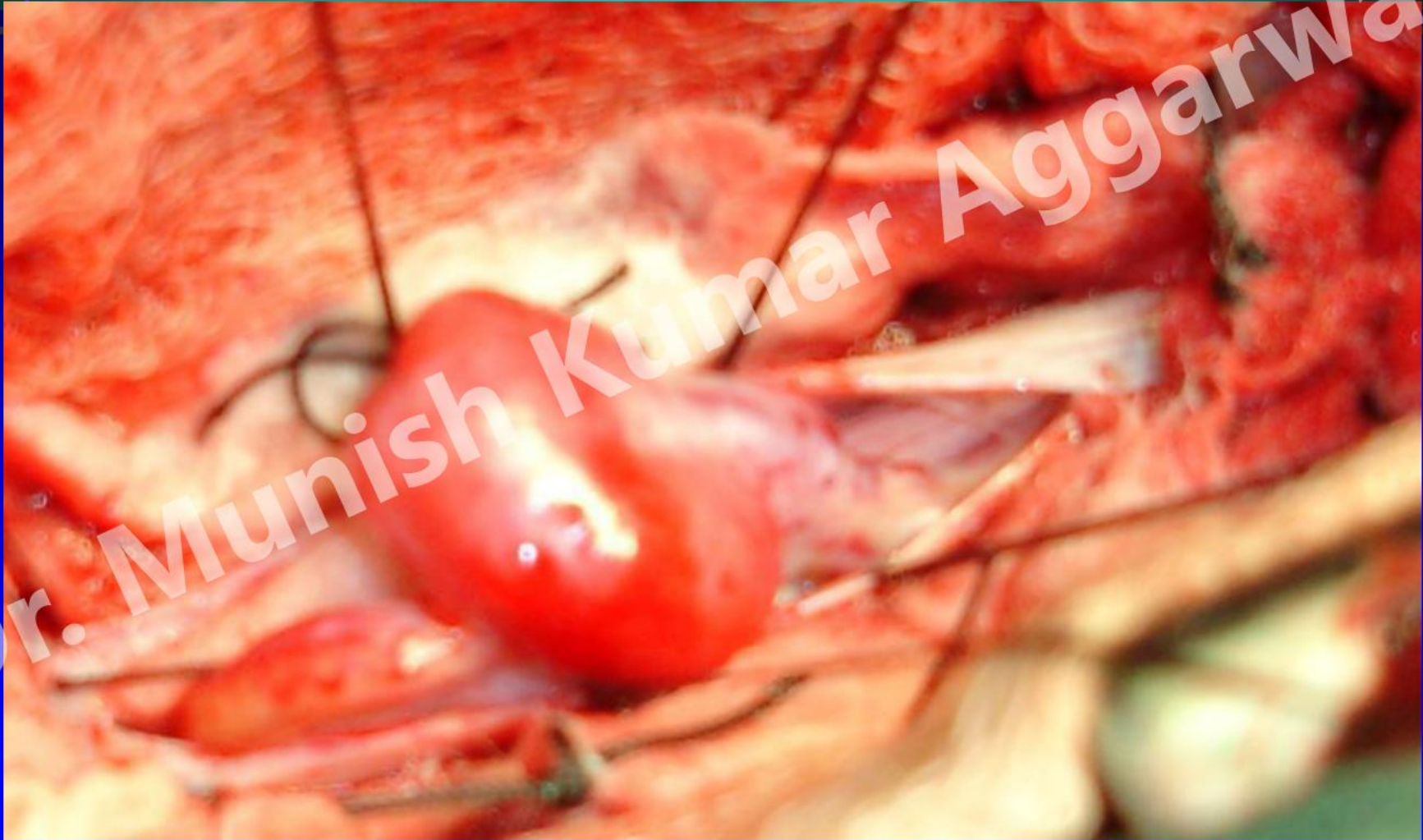
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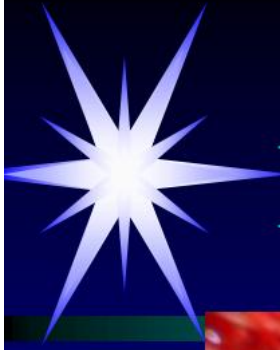


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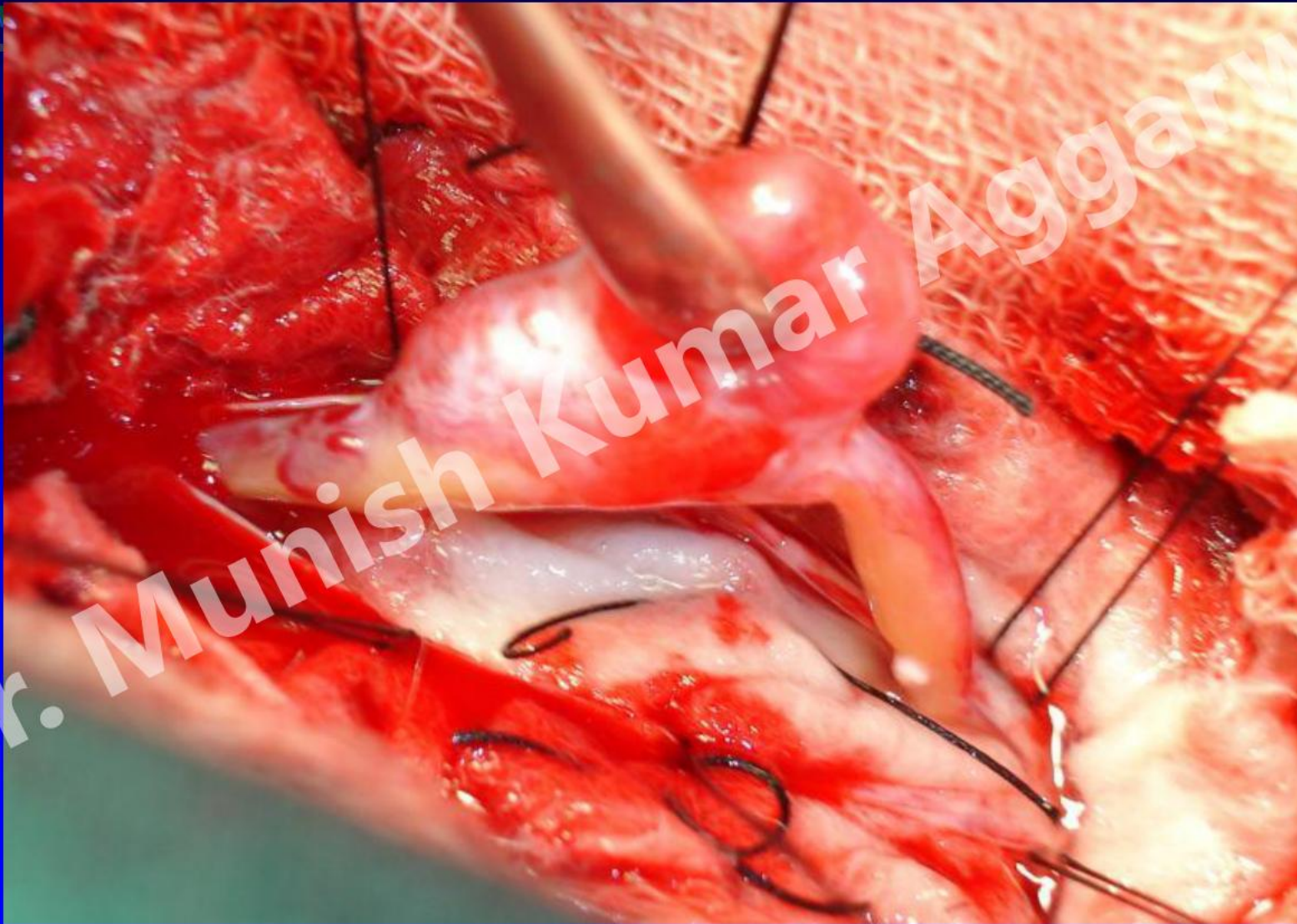


INTRAOP.

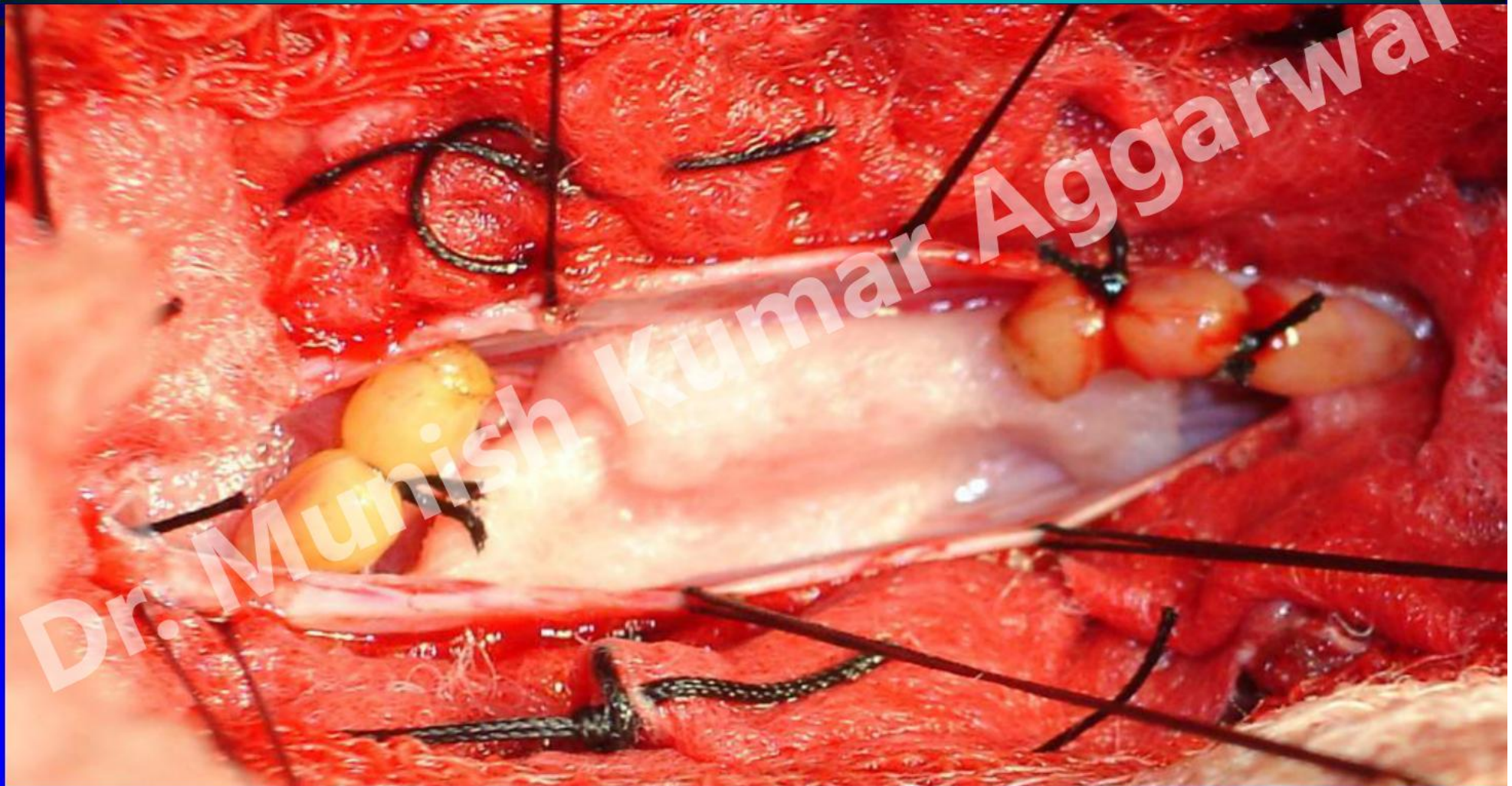




INTRAOP.



GROSS TOTAL EXCISION





HPE: EPENDYMOMA

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Review of literature

- Ependymomas are glial tumors that arise from ependymal cells within the CNS
- spinal ependymomas present as intramedullary masses arising from the central canal or exophytic masses at the conus and cauda equina.
- spinal ependymomas typically occur in adults



Review of literature

- Spinal ependymomas are more rare than intracranial types.
- Most are of the myxopapillary type related to conus or filum terminal and present in patients aged 20-40 years.
- Intramedullary ependymomas have been associated with neurofibromatosis type 1.



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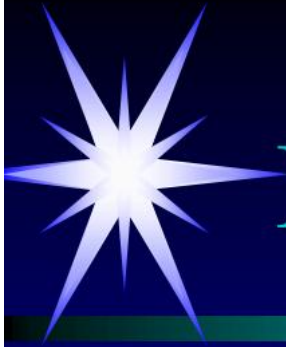
Clinical features

- Spinal ependymomas usually are associated with a history of progressive neurological deficit and pain that correlates with the level of the lesion.
- The presenting symptom of tumors that involve the conus or cauda equina is pain in the back, rectal area, or both lower legs, often leading to a misdiagnosis of sciatica



Clinical features

- Spontaneous pain rarely is associated with conus lesions, whereas it is usually the most prominent symptom in patients who have cauda equina lesions.
- Ependymomas have no known environmental cause.



Management

- Gross total resection
- Post op. radiotherapy
- Adjuvant chemotherapy
- Recurrence rate
- Survival rate
- Local dissemination
- Distant metastasis

thank you

