Desmoid tumor after thoracolumbar neurosurgery

Tumor desmoide após neurocirurgia toracolombar

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An 84-year-old Caucasian woman required a neurosurgery treatment for right T12-root neuroma after progressive paraparesia. However, 8 months after surgery, a non-pulsatile, and painless paravertebral swelling was observed. A magnetic resonance imaging showed on T1-weighted and T2-weighted examination a hyperintense right large paravertebral tumor. A well-limited paravertebral mass, not related to the central nervous system, was identified during the surgery. This tumor was completely excised and was defined as desmoid tumor. No personal or familial polyposis was characterized. The patient had a good outcome and died 3 years later due to other clinical complications.

Sanger defined desmoid tumor in 1864 and it accounts for approximately 0.1% of all tumors. Desmoid tumors are characterized by a dense collagenous stroma, with little or minimal mitotic activity of fibroblasts¹,². Clinically, this kind of tumor presents uncomplicated swelling that it is related to the respective muscle or bone, but not to the superficial structures³. The curative treatment is surgery resection⁴-⁶. This case is an interesting example of desmoid tumor as a complication after spinal intervention to treat spinal schwannoma.

REFERENCES


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