

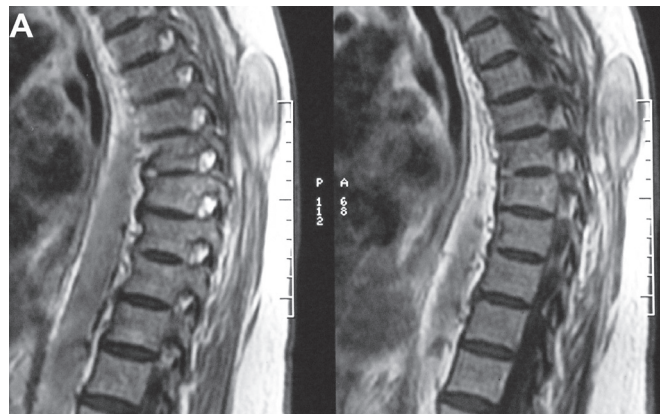
Desmoid tumor after thoracolumbar neurosurgery

Tumor desmoide após neurocirurgia toracolombar

Fernando Morgadinho Santos Coelho¹



Desmoid tumor T1-weighted image



Desmoid tumor T2-weighted image

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 fibroblasts^(1,2). Clinically, this kind of tumor presents uncomplicated swelling that it is related to the respective muscle or bone, but not to the superficial structures⁽³⁾. The

curative treatment is surgery resection⁽⁴⁻⁶⁾. This case is an interesting example of desmoid tumor as a complication after spinal intervention to treat spinal schwannoma.

REFERENCES

1. Allen PW. The fibromatoses: a clinicopathologic classification based on 140 cases. *Am J Surg Pathol.* 1977;1(3):255-70.
2. Ko SF, Ng SH, Hsiao CC, Hsieh CS, Lin JW, Huang CC, et al. Juvenile fibromatosis of the posterior mediastinum with intraspinal extension. *AJNR Am J Neuroradiol.* 1996;17(3):522-4.
3. Méndez-Fernández MA, Gard A. The desmoid tumor: "benign" neoplasm, not a benign disease. *Plast Reconstr Surg.* 1991;87(5):956-60.
4. Lynch JJ, Parvizi J, Scheithauer BW, Krauss WE. Development of postoperative fibromatosis after resection of an intraspinal meningioma. Case report. *J Neurosurg.* 1999;90(1 Suppl):121-4.
5. Maurer F, Horst F, Pfannenberg C, Wehrmann M. Multifocal extra-abdominal desmoid tumor--diagnostic and therapeutic problems. *Arch Orthop Trauma Surg.* 1996;115(6):359-62.
6. Sonmez E, Altinors N, Gulsen S, Ozen O. Extraabdominal desmoid tumor appearing following resection of thoracolumbar schwannoma. *Turkish Neurosurg.* 2011;21(2):246-8.

¹ Integrated Neurology Program Instituto Israelita de Ensino e Pesquisa, Albert Einstein – IIEPAE, São Paulo (SP), Brazil; Department of Neurology, Sunnybrook Health Sciences Centre, University of Toronto – Toronto, Canada.

Corresponding author: Fernando Morgadinho Santos Coelho – Avenida Ibirapuera, 2.064, conjunto 42 – Indianópolis – CEP 04028-001 – São Paulo (SP), Brasil – Tel.: 11 4997-5960 – E-mail: fernandomorgadinho@hotmail.com

Received on: Feb 7, 2011 – Accepted on: Jun 27, 2011