

SYMPTOMATIC VERTEBRAL HEMANGIOMAS * (CASE REPORT)

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ABSTRACT :

Vertebral hemangiomas, in general, proceeds insidiously and asymptotically so they are diagnosed by chance during x-ray search for another means. Sometimes it terms out with neurologic impairment ranging from radiculopathy to paraplegia while compressing the cord. In our study we discussed two cases with neurologic deficit in the light of our experience and the literatures.

Key Words: Symptomatic vertebral hemangiomas, combined approaches

Vertebral hemangiomas are generally asymptomatic and usually detected during other health searches. In x-ray decreased bone density between hypertrophied bone tubercles (honeycomb appearance) is characteristic for vertebral hemangiomas (2).

Although neurologic deficit is seldom, sometimes it progresses expanding and occupying the canal. The deficit ranges from radiculopathy to paraplegia according to the occupation of the lesion (4).

In the cases with neurologic deficit radiotherapy, surgery, embolization and combination of them are the method of the treatment.

In our study we discussed two cases with neurologic impairment admitted to SSK İstanbul Graduate Hospital II. Orthopaedics and Traumatology Clinic. As surgical treatment we made anterior decompression and strut grafting and posterior instrumentation and fusion.

Case Report I: 14 years old female patient admitted to our hospital with the complain of progressive motor weakness and loss of sense in the both lower extremities during last fifteen days on 29.04.1993. In physical examination incomplete paraplegia was detected below T9 level, as x-ray finding collapse and expansion of T9 corpus vertebra to the canal. In advance in CT and MRI progression to the posterior elements and severe compression of the cord were seen.

Anterior corpectomy and strut grafting and posterior instrumentation and fusion were carried in sequential same day surgery. The patient was discharged on tenth day of the operation and followed monthly. Following 3rd month of operation neurologic recoveries started and at the end of 6th month the patient reached to Frankel E level. The last follow up was on 10.07.1995 and she was asymptomatic. Radiologically the strut graft was consolidated and posterior bony fusion was completed.

Case Report II: 13 years old female patient admitted to our hospital complaining pain in the back and the thigh on 6 February 1995. She had history of two years which increased in last month. In physical examination hypoesthesia in medial femoral region; in x-ray increase in bone trabeculation of L3 vertebral corpus was detected. In MRI expansion of the tumor to the epidural space and obliteration of right neural foramina were seen. On 10.02.1995 at the same surgery anterior decompression and strut grafting and posterior instrumentation and fusion was done. After the normal postoperative period at the last follow up on 24 July 1995 she was asymptomatic and in x-ray consolidation of the graft was completed.

DISCUSSION

In vertebral hemangiomas which grows slowly and asymptotically symptoms and findings due to the cord compression are seen seldomly. Clinical appearance in these patients are generally backache, radiculopathy, and paraplegia. In the differential diagnosis primary

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lenfoma and metastatic tumors must be considered (4).

The treatment of vertebral hemangiomas compressing the cord is classified in 3 categories; embolization, radiotherapy and surgery.

Embolization is preferred in the patient with backache which can be combined with radiotherapy (5).

In the cases admitted with the complain of neurologic impairment and cord compression total surgical excision of the tumor and/or radiotherapy must be first choice of the treatment.

When the tumor can not be excised totally excision as much and combination of radiotherapy is a favorable technique. Fox and his friends reported no recurrence in 6 cases treated by subtotal resection and radiotherapy after the mean follow up 8.7 years (1993). On the other hand Arsthana and his friends wrote that in 9 cases with paraplegia that 6 cases cured totally, 1 case partial benefit, and lastly in 2 cases had no response to radiotherapy (1990).

In our first case additionally to the anterior corpectomy neural arches resection posteriorly and anterior and posterior fusion were done. After 6 months rasion complete neurologic recovery and after 27 months the

patient was totally asyptomatic. Second patient has no recurrence in 6 months of follow up which is actually short time of period to make a decision.

As a result in cases with vertebral hemangiomas admitted especially with complete or incomplete cord compression combined anterior and posterior approach is an effective method of the treatment.

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