Intradural lipoma: timely intervention is what matters

Naveen Kumar, Gunjan Kumar, Gaurav Dembla, Deepshikha Trisal

A 20-year-old boy having weakness and atrophy of left upper limb since childhood, presented with difficulty in walking and spasticity of all the limbs for last 4 months. It was asymmetric in onset (L>R) and progressive, with no sensory, bowel or bladder complains. On examination, patient had a soft ill-defined oval-shaped lump, 10×6 cm in size on lower neck and upper back (figure 1). The left upper limb was small and atrophic compared to opposite side. Central nervous system examination had asymmetric spastic quadriparesis (L>R); exaggerated deep tendon reflexes and positive Babinski’s sign; hypoesthesia below C3 dermatome; spastic-ataxic gait; normal higher mental, cranial nerve and cerebellar function. MRI of the spine showed a 12.7×2.4×2.3 cm intradural lesion, hyperintense on T1-weighted and T2-weighted sequences, and suppressed on short TI inversion recovery sequence (suggestive of lipoma), extending from the second cervical to the third thoracic vertebra, displacing the cord anteriorly and to the right (figures 2 (sagittal) and 3 (axial)). A similar lesion was seen in the overlying subcutaneous tissue. There were no vertebral anomalies. The lipoma was excised, which halt the progression with some improvement of the complaints. Intradural spinal lipoma unassociated with spinal dysraphism is a rare cause of quadriparesis, comprising only 1% of all spinal tumours.1 The most common site of involvement is the lumbosacral region, where it is frequently a part of spinal dysraphic state; it is uncommon at thoracic and rare at cervical level.2 Unlike lumbosacral lipomas, cervical spinal lipomas not associated with dysraphism are even rarer. Surgical intervention before significant neurological deficit and adequate meticulous decompression rather than total removal leads to better outcome. However, prophylactic surgery for asymptomatic patient is not recommended as the course is benign and often prolonged.
Learning points

- A cutaneous anomaly (lump, tuff of hair, dimple) in midline position of the back can be a marker of serious disease of cord and vertebrae and should prompt for its careful search.
- Compressive myelopathy due to these benign tumours have a long history as they are slow growing. However, they can have rapid deterioration with poor outcome, especially in cervical region.
- Neglect and late presentation can have disastrous consequences, which can be averted with timely intervention.

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REFERENCES


Figure 3  T2-weighted MRI of spine showing an intradural lipoma displacing cord anteriorly and to right.