Giant plexiform neurofibroma causing asymptomatic cervical spinal cord compression in a child with neurofibromatosis type 1

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DESCRIPTION

A 12-year-old boy with neurofibromatosis type 1 (NF-1) presented with a giant mass involving the posterior head and neck. The mass was present since 6 months of age and showed considerable growth over the past 2 years that caused extensive disfigurement that was deemed inoperable due to its size prior to immigration to USA. Physical examination revealed neurocutaneous findings consistent with NF-1. Neurological examination including mental status, cranial nerves, motor, sensory, reflex, coordination and gait examination was normal. MRI revealed a giant mass of the right scalp, neck, chest wall, axilla and mediastinum (figure 1). The mass had both extradural and intradural components that caused significant compression of the cervical spinal cord. MRI of the brain revealed minimal abnormalities associated with myelin vacuolisation of the globus pallidus and thalami. A subtotal resection was performed to relieve cord compression and pathology was consistent with a plexiform neurofibroma. Postoperatively, the patient had minor right arm weakness that resolved during the 4 month follow-up. Plexiform neurofibromas are commonly associated with NF-1 and routine MRI spine screening is controversial in asymptomatic patients.4 However, plexiform neurofibromas can be associated with symptomatic spinal cord compression.2 Our case highlights the invasive potential of plexiform neurofibromas in children diagnosed with NF-1.

Learning points

▸ Neurofibromas are a diverse set of nerve sheath tumours of cutaneous, intraneural, plexiform and soft tissue varieties that can traverse the dura to become intraspinal and intracranial.
▸ Paediatric spinal cord tumours may be associated with significant spinal cord compression in the absence of symptoms and a normal neurological examination.

To cite: Gold JJ, Levy ML, Crawford JR. BMJ Case Rep 2013. doi:10.1136/bcr-2013-009799

Figure 1  Post gadolinium T1-weighted MRI axial sequence on the left reveals the giant enhancing plexiform neurofibroma with the associated compression of the cervical spinal cord. The axial T2 MRI on the right demonstrates the extradural invasion of the tumour through the neuroforamina leading to significant cord compression (red arrowhead).
Contributors JIG, MLL and JRC played an equal role in the case report design, writing and interpretation of the data. Each author has approved the final manuscript in its current form.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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