Indeed, rupture of the cysts can result in fever, urticaria and anaphylactic shock, as well as cystic dissemination.

In reporting this case, we wish to draw attention to the possibility of the diagnosis of hydatid disease in the case of a large cystic mass of the neck region.

References


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Primary spinal intradural mesenchymal chondrosarcoma. A pediatric case report

Chondrosarcome mésenchymateux rachidien intradural primitif. À propos d’un cas pédiatrique

Chondrosarcoma is an extremely rare cartilaginous tumor that is typically associated with bone [1]. So, extraskeletal mesenchymal chondrosarcoma is even more unusual. In the central nervous system, the exact origin of intradural chondrosarcoma remains obscure [2,6]. We present a rare case of primary spinal intradural mesenchymal chondrosarcoma with no bone involvement.

A 13-year-old girl presented with back pain and bilateral progressive weakness and numbness of the left lower extremity for two months, but without sphincter dysfunction. Neurological examination revealed paraparesis and loss of sensorimotor function from the T9 level down. Magne-
Figure 1  Sagittal T1-weighted image (A). Gadolinium-enhanced sagittal (B) and axial (C) T1-weighted images. Sagittal T2-weighted MR image (D). The intradural posterior mass at the level of T7–T8 was markedly enhanced, with evidence of spinal cord compression, but no bone involvement.

This intradural extramedullary mass was removed completely via a T7–T8 laminectomy. The lesion was attached solely to the dura mater, with no arachnoid involvement. Macroscopically, the tumor was most consistent with a meningioma. However, microscopy with an immunohistochemical study confirmed the diagnosis of mesenchymal chondrosarcoma, revealing two distinct types of cellular morphology: undifferentiated primitive mesenchymal cells admixed with islands of differentiated chondroid tissue (Fig. 2). Mitotic figures were occasionally noted. The postoperative course was unremarkable. No adjuvant radiotherapy or chemotherapy was administered. The patient recovered well and has been symptom-free for more than 24 months.

Mesenchymal chondrosarcoma is a rare and more aggressive variant of conventional chondrosarcoma. It represents approximately 1% of all chondrosarcomas and carries a poor prognosis. Extraskeletal origin of this tumor represents 30–50% of all mesenchymal chondrosarcomas [6]. In the literature, no more than 23 cases have been reported intraspinally [2,4]. Of these, only one was described as being intradural, but was attached to the pia mater [5]. Recently, Kotil et al. reported a further intradural extramedullary tumor at the T12 level, but this was apparently a myxoid chondrosarcoma [3]. The histogenesis of intradural chondrosarcomas is uncertain but, in our case, the origin appears to have been from the dura. There are three hypotheses concerning the possible origin at this particular site:
Because of the malignant potential of chondrosarcoma, radical extirpation, whenever possible, is indicated. Chondrosarcoma is resistant to both chemotherapy and radiotherapy, although these modalities may be useful for preventing local recurrence or pulmonary metastases.

**References**


