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Figure 1  T1-weighted MRI without gadolinium contrast injection shows a hypo-intense cystic mass (3 × 4 cm) in the posterior soft tissue at the craniovertebral junction.

Figure 1  IRM cervicale en T1 sans injection de gadolinium, montrant un processus kystique hypo-intense (3 × 4 cm), situé dans les parties molles postérieures au niveau de la jonction craniovértebrale.

Neither clinical manifestations nor radiological pictures are pathognomonic of this form of solitary hydatid cyst in the neck [2]. It often presents as a simple soft-tissue mass, with slow compression of the surrounding tissue [4]. Ultrasound and CT scans are helpful for visualization of the cyst, as a low-density central area and no ring enhancement following contrast injection, and no surrounding edema, is typical. The cystic fluid has a Hounsfield number similar to that of cerebrospinal fluid. MRI, more than CT scanning, can provide the best anatomical—topographical evaluation before surgery [6].

The treatment of soft-tissue hydatid cysts is surgical and, to be successful, the operation must completely remove the echinococcal cyst without spilling its contents. 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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Available online 21 February 2008  
doi: 10.1016/j.neurad.2007.10.004

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-
tic resonance imaging (MRI) demonstrated an intradural posterior enhancing mass at T7—T8 with evidence of spinal cord compression (Fig. 1). No bone involvement was seen.

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


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Available online 20 February 2008
doi: 10.1016/j.neurad.2007.11.005