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P186 - Extradural Giant Hemangioblastoma in Adolescence: Case Report and Therapeutic Review

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Resumen

Introduction: Non-Von Hippel Lindau Spinal Hemangioblastomas usually arise from the vertebral bodies extending to the extradural space and rarely have a purely extradural location, constituting approximately 4% of all spinal extradural tumors.

Case report: A 14-year-old male patient was referred to neurosurgical outpatient clinical complaining of raquialgia with no neurological signs. A CT and MRI were done revealing an right extradural intra/extracanalar giant hemangioblastoma (22.5 × 11 × 9 cm) extending from D7 to L3 and centered to right D10 foramen with medular compression at this level. The DSA showed an intense tumoural blush and a major feeder exiting at D10 transverse foramen were seen. No embolization was accomplished. A complete resection of extracanalar component was made; a D10 right hemilaminectomy was made and an intracanalar decompression was achieved; blood loss was minimized due to intratumoral high viscosity and radiopaque cement injection under pressure with radiological control. Post-operative MRI showed a tumoural resection over 95% with a small intracanalar remnant and pathology was supportive of hemangioblastoma. The remmant was removed after elective embolization and the patient was returned to his daily living.

Discussion: Surgical management of a giant thoracic extradural hemangioblastoma is challenging. A multistep approach is desirable to avoid major blood loss and neurological complications. In terms of surgical approach, cement injection under pressure with radiological control is a safe technique to minimize blood loss.

Key words: *Spinal hemangioblastoma. Cement injection. Embolization.*