



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

J.P. Lavrador, E. Oliveira, W. Teixeira, A. Fernandes Francisco and S. Livraghi

Champalimaud Foundation Portugal. Departamento de Neurocirurgia, Hospital Santa Maria, Centro Hospitalar Lisboa Norte.

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/extracanalicular 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 extracanalicular component was made; a D10 right hemilaminectomy was made and an intracanalicular 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 intracanalicular remnant and pathology was supportive of hemangioblastoma. The remnant 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.