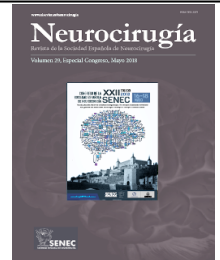




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## P0065 - INTRADURAL LUMBAR SPINAL PARAGANGLIOMA ON A 70 YEAR OLD MALE. A RARE NEUROENDOCRINE TUMOUR ON CAUDA EQUINA REGION

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### Resumen

**Objectives:** Paraganglioma is a rare neuroendocrine tumour which is uncommon on cauda equina. Clinical course may be misleading and diagnosis rarely is obtained pre operatively.

**Methods:** We report a case of a 70-year-old male, with no relevant previous medical history, who developed a lumbar pain with 6 months of evolution, with growing intensity, worsening with Valsalva manoeuvre. Lately, he developed a neurological claudication for progressive shorter distances and sciatic pain on left L4 dermatome. On neurological examination, he had no motor deficits, negative Lasègue sign and no abnormalities on sensory or sphincter functions were found. Osteotendinous reflexes were normal. He was studied with lumbar Computed tomography which revealed an ample spinal canal with no disc herniation. He was then studied with lumbar Magnetic Resonance Imaging (MRI) which revealed a rounded intradural lesion, hyperintense on T2 on lumbar level of L3-L4 compressing the Cauda Equina's rootlets. A lumbar laminectomy of L3-L4 was performed and durotomy was made on that level. Lesion was highly adherent to a rootlet which was sacrificed. Total tumour en-bloc removal was performed and dura was closed on a watertight fashion.

**Results:** On post-operative period, the patient improved markedly from lumbar and sciatic pain as long as neurological claudication.

**Conclusions:** Cauda equina paragangliomas are rare, benign, and indolent-growing tumours. Preoperative diagnosis is hard to achieve with MRI being the crucial for operative planning. Diagnosis is established by histological and immunohistochemically examinations. Cure is possible with surgery alone, whereas radiotherapy is reserved for incompletely resected tumours. Long postoperative follow-up is required since relapse is possible even after many years.