

CASE 3

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Six months prior to admission, this 15 year old girl experienced pain in the midthoracic region which increased in severity and radiated around the lower costal margin. She also noticed decreasing sensation and some weakness in both legs. She denied any bladder or bowel disturbance.

On examination she had a sensory level to pinprick at T<sub>10</sub> and to touch at T<sub>8</sub> and T<sub>9</sub>. She had bilateral extensor plantar responses; the knee and ankle jerks were very brisk with bilateral clonus; the lower abdominal reflexes were absent; the reflexes in her arms were normal. A myelogram revealed a filling defect at T<sub>9</sub>-T<sub>10</sub>, suggestive of an intradural extra-medullary lesion. No lesions were seen in bone.

Operation: Muscle, spinous processes and laminae were removed from T<sub>7</sub> to T<sub>11</sub>. On opening the dura, a tumor the size of an olive was seen lying posterior to the cord and displacing it to the right. There was a large nerve root running into the tumor from above and leaving it from below. The tumor appeared to have some dural attachment. It was firm, tough and slightly gritty. It was removed piece-meal and the dura to which it was attached was also resected.

The specimen received consisted of a number of small fragments (1 x 0.5 cm.) of very firm whitish tissue.