Case 2001-07

Submitted by:
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Clinical history:
This 19 year-old-man was admitted to hospital with a progressive paraparesis, accompanied by lower thoracic pain, that had evolved over the course of two months. A MRI scan revealed the presence of an intradural extramedullary mass at the T6-7 segmental level with ventral compressive displacement of the spinal cord, and a similar smaller mass at the T8-9 level. Eleven months before, he had presented to his physician with a combination of complaints that had developed over the preceding four months: symptoms subsequently diagnosed as diabetes insipidus, "floaters" in the left eye, and a diffuse red-brown papular skin rash over the face and trunk. A MRI scan of the head at this time showed multinodular lesions along the base of the brain and in the vicinity of the pituitary gland. Of note in the past medical history was a record of an osteosarcoma of the left tibia at age 12 years, treated by van Ness rotationplasty with concurrent chemotherapy. He had been considered to be clinically cured.

The patient underwent surgical decompression of the T6-7 spinal mass, which was observed by the neurosurgeon to have a sessile attachment to the dura and focal adherence to the T7 root. The patient appeared to do well after surgery, but recently presented to hospital with exertional dyspnea and inspiratory stridor due to subglottic tracheal stenosis.

Material submitted:

- Slide transparency of a diagnostic biopsy from the skin rash, intermediate power, stained hematoxylin and eosin.
- Section of spinal mass, stained hematoxylin and eosin.

Points for discussion:

1. Additional studies to assist in diagnosis
2. Diagnosis of the spinal mass.
3. Relationship of the spinal mass, if any, to the patient's other medical problems.