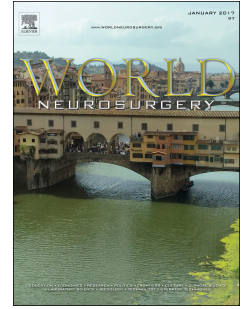


# Accepted Manuscript

Wrap-Around Appearance: An Under-recognized Radiologic Feature of Spinal Lymphoma

Mohit Patel, MD, Osmond C. Wu, MD, Manish K. Kasliwal, MD, MCh



PII: S1878-8750(18)30767-8

DOI: [10.1016/j.wneu.2018.04.051](https://doi.org/10.1016/j.wneu.2018.04.051)

Reference: WNEU 7887

To appear in: *World Neurosurgery*

Received Date: 31 January 2018

Revised Date: 8 April 2018

Accepted Date: 9 April 2018

Please cite this article as: Patel M, Wu OC, Kasliwal MK, Wrap-Around Appearance: An Under-recognized Radiologic Feature of Spinal Lymphoma, *World Neurosurgery* (2018), doi: 10.1016/j.wneu.2018.04.051.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

A 71 year old man presented with neck and upper back pain to the emergency department. Magnetic resonance imaging (MRI) of the thoracic spine with and without gadolinium demonstrated a T2 vertebral lesion with epidural spinal cord compression (Figure 1). Even though he was neurologically intact, considering the degree of severe spinal cord compression and the absence of a pathological diagnosis, an urgent separation surgery was planned. A frozen section of the tumor from the paraspinal mass during initial exposure confirmed the presence of lymphoma and hence only a T2 laminectomy and decompression was performed. Final pathology was Non-Hodgkin lymphoma and patient was started on appropriate chemotherapy regimen. Careful evaluation of the MRI shows presence of circumferential epidural spinal cord compression along with involvement of the posterior elements in a characteristic “wrap-around” fashion (Figure 1B, C). Recognition of this finding may steer the surgeon toward a differential of spinal lymphoma and its clinical importance cannot be overemphasized. Its identification may either avoid an open surgery that often delays initiation of chemotherapy to allow for wound healing or decrease the magnitude of the surgical procedure by obtaining early frozen section and confirmation of diagnosis if possible.<sup>1</sup> An urgent computed tomography (CT) guided biopsy should be considered in patients who do not have significant deficits regardless of the degree of epidural spinal cord compression in the presence of a wrap-around sign on imaging, as it could be a harbinger of spinal lymphoma that could be treated with chemotherapy alone in the absence of any obvious spinal instability.

#### References:

1. Pawha PS, Chokshi FH. Imaging of Spinal Manifestations of Hematological Disorders. *Hematol Oncol Clin North Am.* 2016;30(4):921-944. doi:10.1016/j.hoc.2016.03.011.

**Figure 1. (A) Sagittal and (B, C) axial T1-weighted magnetic resonance imaging (MRI) of the thoracic spine with gadolinium demonstrates a T2 vertebral lesion with circumferential epidural spinal cord compression and paravertebral involvement (arrows).**

Download English Version:

<https://daneshyari.com/en/article/8691498>

Download Persian Version:

<https://daneshyari.com/article/8691498>

[Daneshyari.com](https://daneshyari.com)