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Neuroradiology

Metastatic biphasic pleural mesothelioma presenting with cauda equina syndrome

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ABSTRACT

Patient with previous asbestos exposure on a watchful wait and watch regime presents acutely with cauda equina syndrome. Radiological imaging confirmed a mass with direct invasion of the spinal cord. Histology confirmed metastatic pleural mesothelioma.

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Introduction

This is a case study of a patient presenting clinically with cauda equina syndrome. After detailed imaging of the spine, it shows an intramedullary mass in the spine responsible for the patient symptoms. Tissue confirmation postbiopsy confirmed biphasic pleural mesothelioma.

Case report

An 84-year-old male plumber had previously known asbestos exposure with pleural changes managed clinically by watchful waiting since 2010 with serial computed tomography (CT) scans from 2010 until 2016. He was admitted as an inpatient in June 2016 with a 12-week history of reduced sensation in

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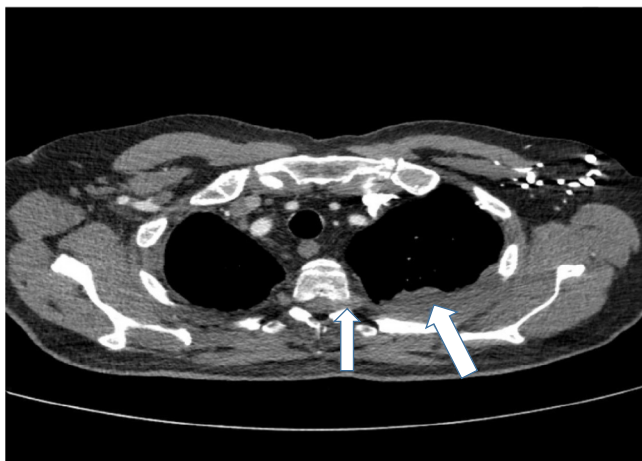


Fig. 1 – Computed tomography chest, abdomen, and pelvis with intravenous contrast performed as inpatient in June 2016 showed significant size increase of the right pleural disease with disease tapering into the T2/T3 left lateral foramen (blue white arrows).

his left leg, back pain, reduced sensation opening his bowels, difficulty walking, and reduced proprioception in his leg.

The repeat CT thorax as an inpatient (Fig. 1) showed significant new irregular pleural thickening, particularly in the left side posteriorly in the upper dorsal left chest with extension towards the left nerve root at T2/3 level with a visible enhancing mass compared with normal CT findings in 2015 (Fig. 2). There was also evidence of new disease in right lower chest with local bony erosion secondary to enhancing mass (Figs. 3 and 4).

The patient's scans were consequently discussed in the lung cancer multidisciplinary meeting under working diagnosis of pleural mesothelioma with intramedullary compression of the spinal cord (Fig. 5, Fig. 6).

As per multidisciplinary meeting outcome, he was started on high dose dexamethasone and discussed with the local neurosurgical team. The neurosurgeons felt that surgical intervention would be more likely to cause damage to the spinal cord. He was offered palliative radiotherapy to the spinal cord



Fig. 2 – Computed tomography chest, abdomen, and pelvis of the patient with intravenous contrast in 2015.

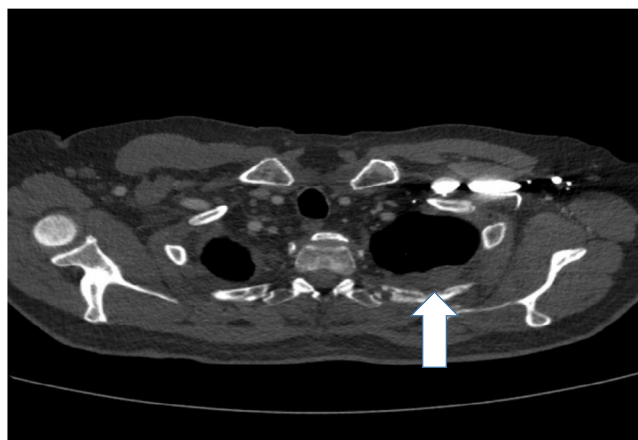


Fig. 3 – Computed tomography thorax showing obliteration by enhancing mass and loss of the cortical line in the anterior wall of the bony foramen (blue-white arrows).

at this stage but he declined, preferring to await histological confirmation.

The biopsy later confirmed the mass to be consistent with biphasic pleural mesothelioma (Fig. 7, Fig. 8).

Our patient agreed for radiotherapy (20 Grays in 5 fractions of proven therapeutic effect) postbiopsy result and clinical worsening of neurology in lower limbs.

The patient was referred to palliative care team to optimize pain and comfort care due to deteriorating clinical condition. The patient died shortly after due to respiratory failure.

Discussion

Two thousand seven hundred people are diagnosed with pleural mesothelioma in rare neoplasm of the mesothelial layer of the pleura per year in the UK with survival rate of 7.5% over 5 years.

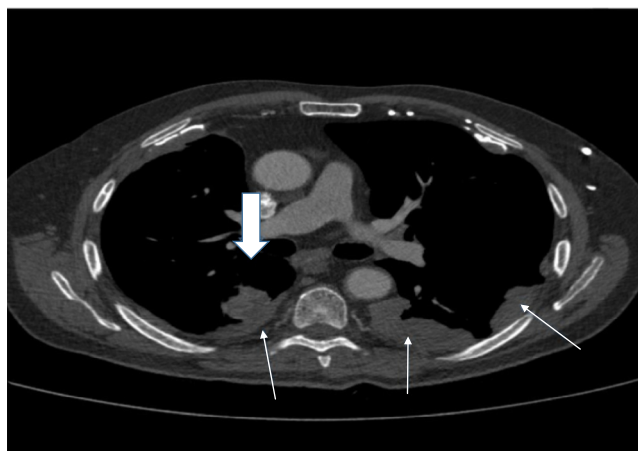


Fig. 4 – Computed tomography thorax showing new disease on the right chest lower zone affecting the medial and dorsal pleura over the medial and dorsal right lung lower lobe segments (white arrows and blue white arrow).

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