Aggressive Vertebral Hemangioma Causing Acute Spinal Cord Compression

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A 46-year-old woman presented to our emergency department with sudden onset of lower extremity weakness after physical activity. She referred only dorsal back pain before these symptoms. Neurologic examination revealed weakness (⅖) of lower limbs, hyperreflexia of deep tendon reflex of lower limbs, hypoesthesia under D7 level, and no sphincteric dysfunction. A computed tomography scan showed an accentuation of trabecular markings within the vertebral body and areas of lysis (►Figs. 1A and F). Contrast-enhanced magnetic resonance images show diffuse abnormal marrow signal throughout the T6 vertebral body with epidural components with spinal cord compression (►Fig. 1B–H).

She underwent surgery on the same day through a mini-open decompression and percutaneous short posterior...
Vertebral hemangiomas (VH) are benign and generally asymptomatic primary vascular tumors of bone.1,2 Rarely, these lesions can cause symptoms due to cord compression as a result of bone expansion, erosion through cortex, fracture, or hematoma.3 Despite our long-standing recognition of aggressive VH, there is still a controversy regarding the optimal treatment strategy, and numerous therapeutic options have been described: embolization, surgery, radiotherapy, vertebroplasty, or a combination of them.4-9

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Conflict of Interest
None declared.

References
Vertebral Hemangioma with Cord Compression  Trungu et al.


