



Cervical neurofibroma causing kyphotic deformity and myelopathy

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47 year old female, neurofibromatosis type I

neurofibroma at C6: pre/paraspinal, left foramen, left plexus

left hand weakness

1992: 2 x anterior surgery in community hospital

both attempts at resection (left & right) fail 'due to vascularity'

remains stable until some years ago, then:

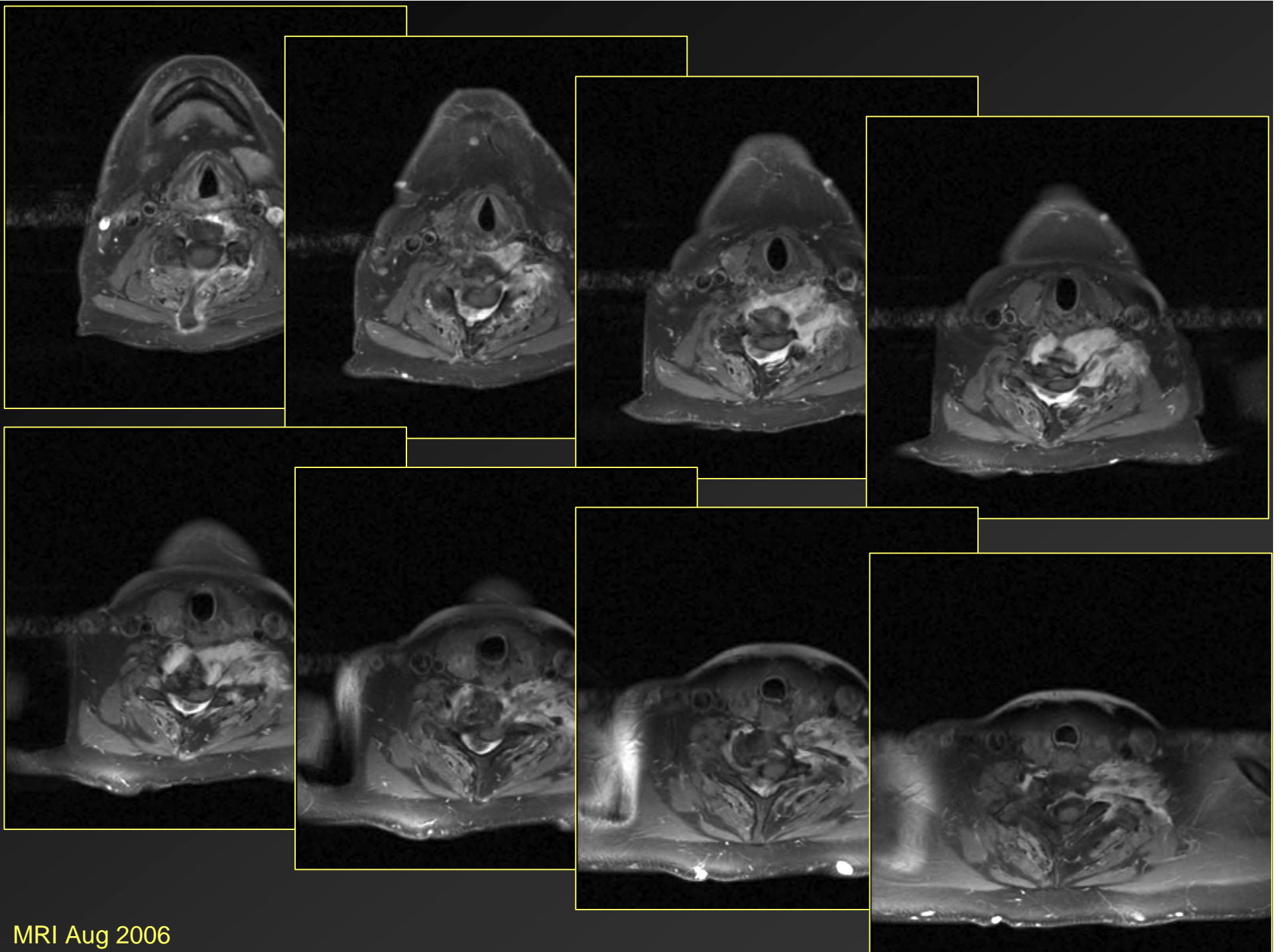
- unstable gait
- ↑ occipital – neck pain
- impression of weakness legs & ↑ weakness left arm
- mild urinary incontinence

comes to U.Z.Leuven in December 2006

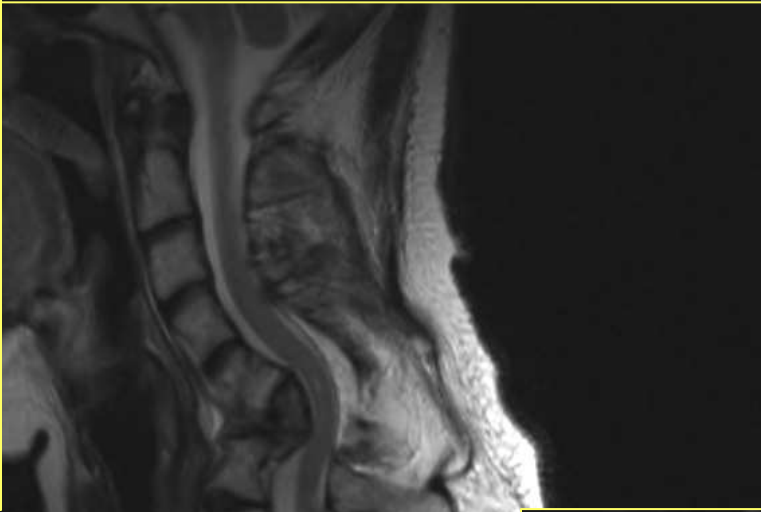
clinical examination

- normal gait
- normal Romberg
- left sided finger extension & spreading 4+/5
- no Hoffman-Trömnors, no Babinskis
- UL reflexes weak & symmetrical, LL reflexes vivid & symmetrical
- normal sensory exam
- neck kyphosis

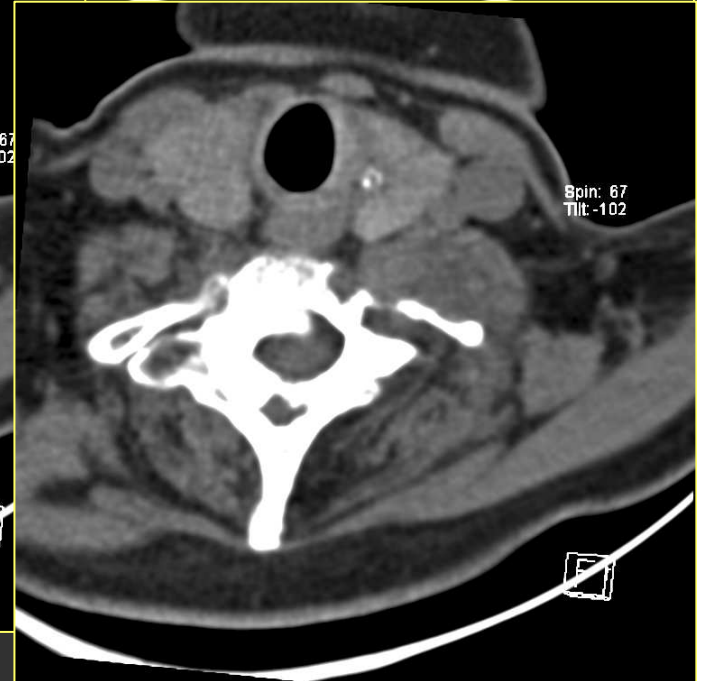
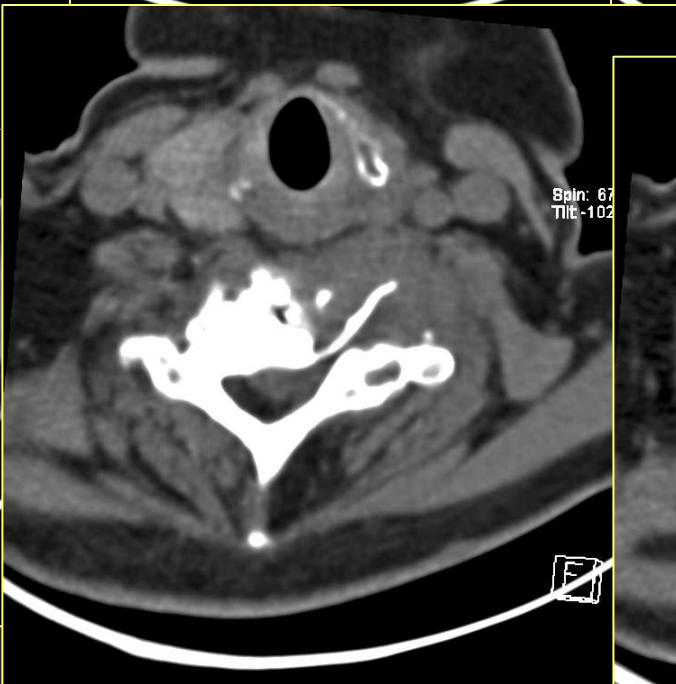
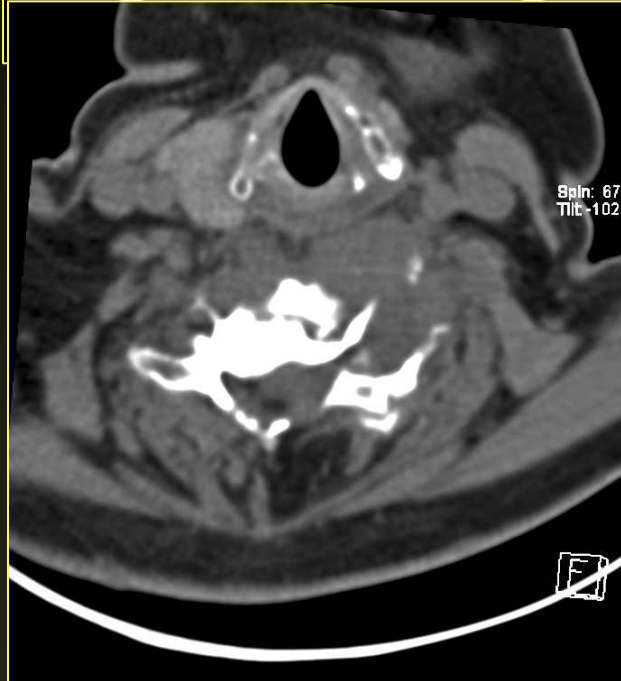
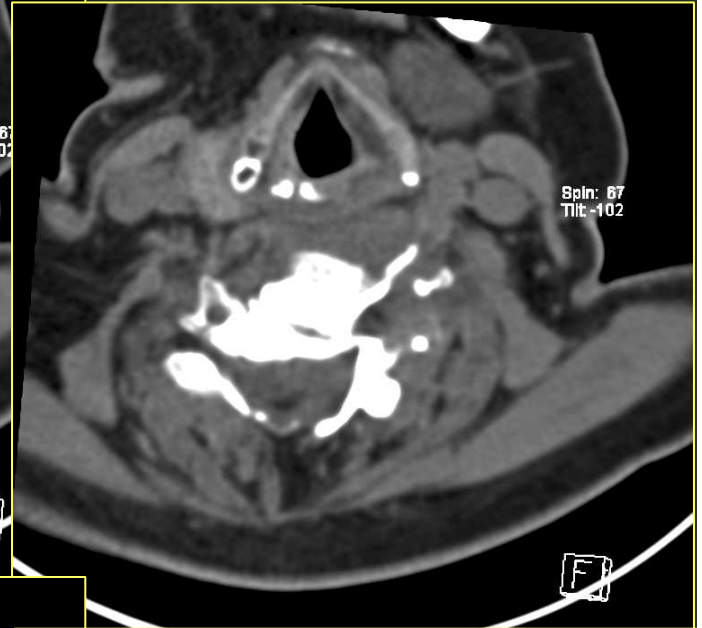
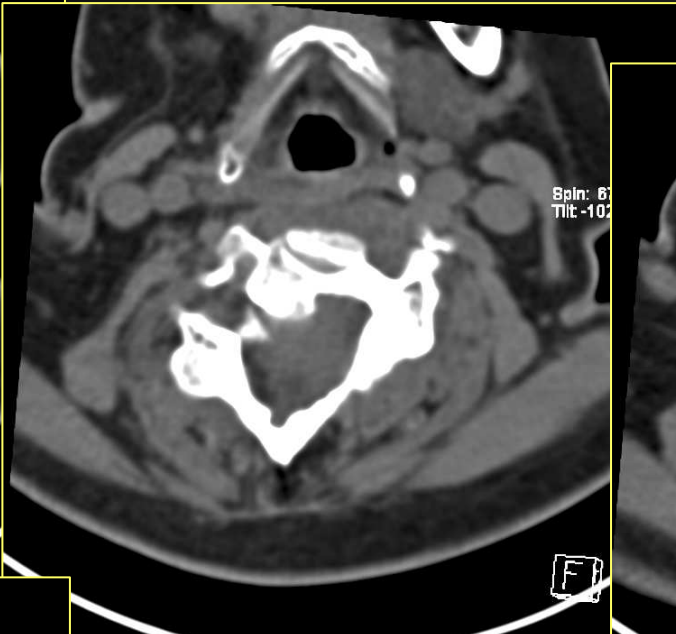
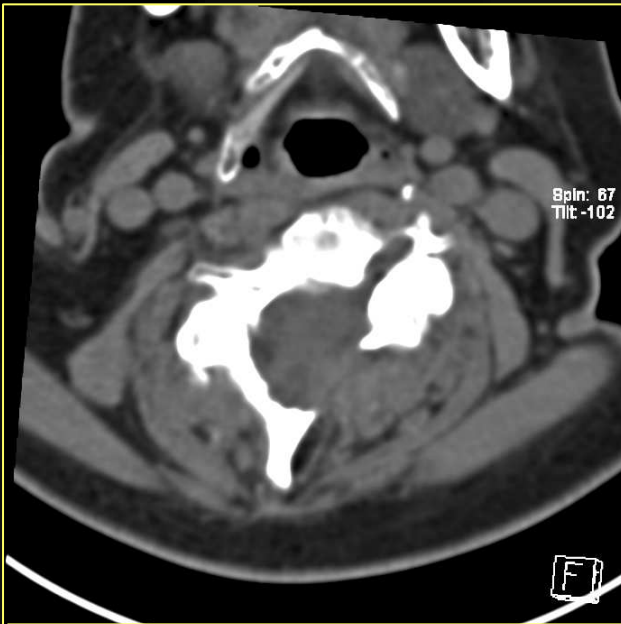




MRI Aug 2006



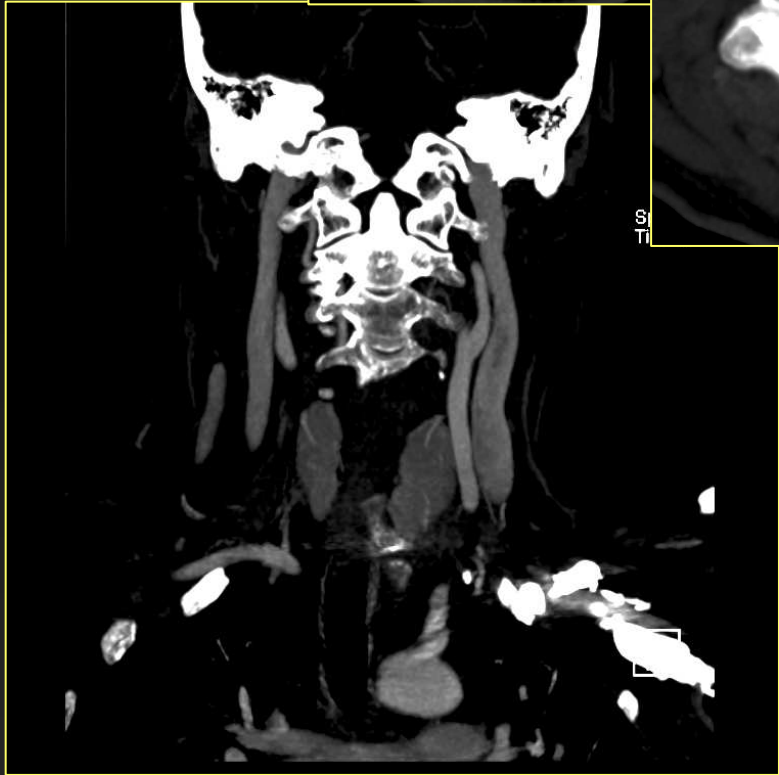
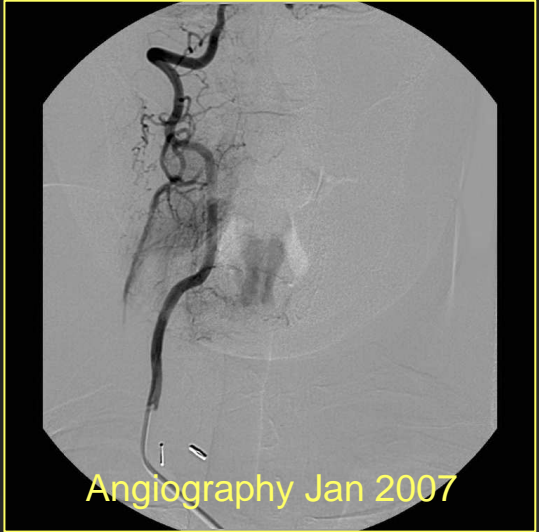
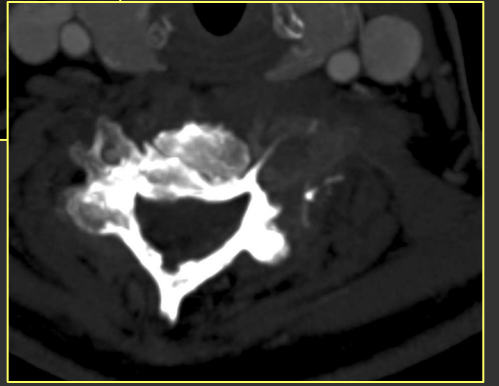
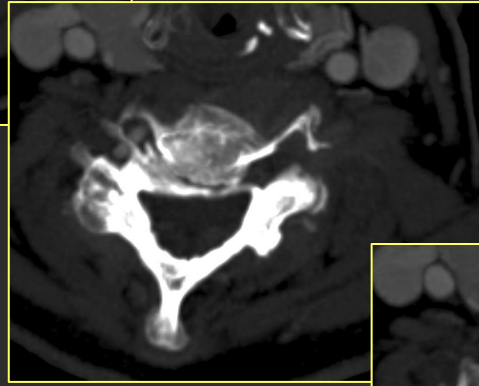
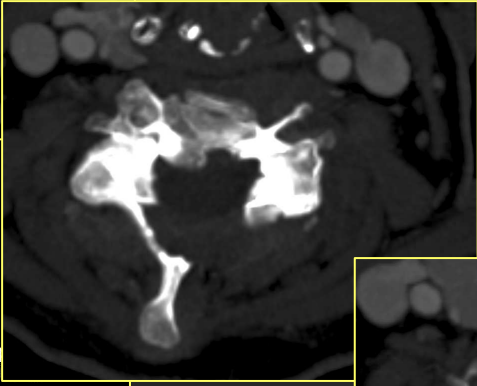
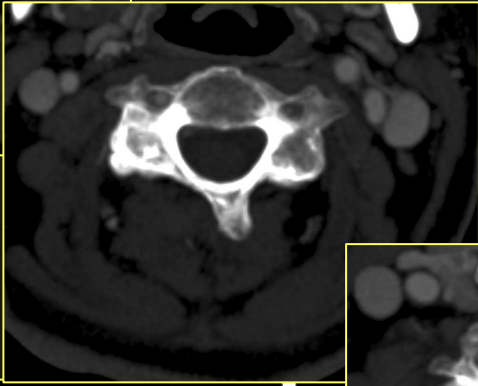
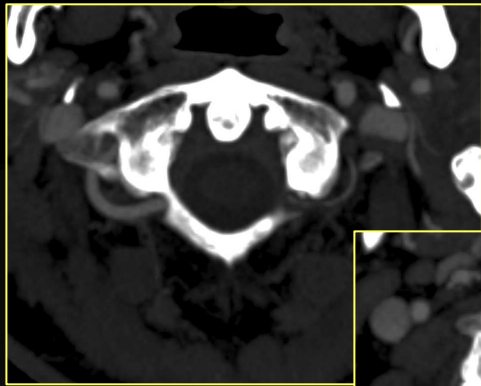
MRI Aug 2006



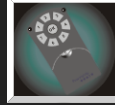
CT Nov 2006



normal delineation esophagus



AngioCT March 2007



What would be your next step?

1. Inoperable
2. wait and see
3. anterior approach
 - corpectomies and fusion/instrumentation
4. posterior approach
 - posterior stabilization
5. Other

What would be your next step?

1. Inoperable

■ 2%

2. wait and see

■ 2%

3. anterior approach

- corpectomies and fusion/instrumentation

4. posterior approach

69%

- posterior stabilization

5. Other

■ 5%

21%

In situ posterior stabilization C3-T3, 23 March 2007



uneventful postoperative recovery

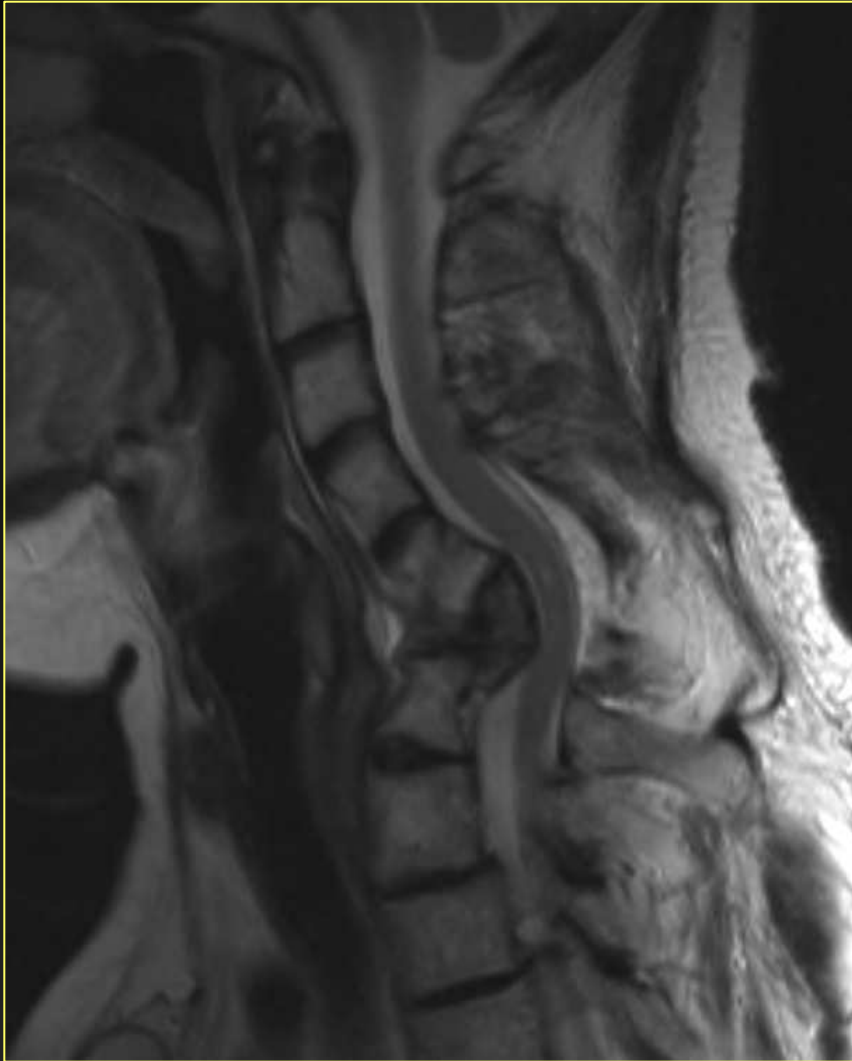
slight improvement of urinary incontinence and gait

October 2007: modest worsening of

- gait
- urinary incontinence
- left hand function

Clinical exam:

- normal gait, normal Romberg
- finger spreading 5-/5
- no Hoffman-Trömnors, no Babinkis
- UL reflexes weak & symmetrical, LL reflexes vivid & symmetrical
- disturbed deep sensation in the legs



MRI August 2006



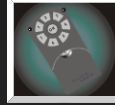
MRI October 2007

SSEP December 2007: normal

MEP December 2007:

right hand: slightly prolonged conduction time

left hand: normal



What is the cause of the progression of symptoms?

1. tumor growth (though not visible on MRI)
2. ↑ cord compression due to slightly ↑ kyphosis
3. Vascular
4. Other

What is the cause of the progression of symptoms?

1. tumor growth (though not visible on MRI)

12%

2. ↑ cord compression due to slightly ↑ kyphosis

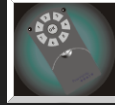
76%

3. Vascular

10%

4. Other

6%



What would be your next step?

1. Inoperable
2. wait and see
3. anterior approach
 - corpectomies and fusion/instrumentation
4. posterior approach
 - correct kyphosis
5. Other

What would be your next step?

1. Inoperable

0%

2. wait and see

4%

3. anterior approach

- corpectomies and fusion/instrumentation

86%

4. posterior approach

- correct kyphosis

6%

5. Other

8%