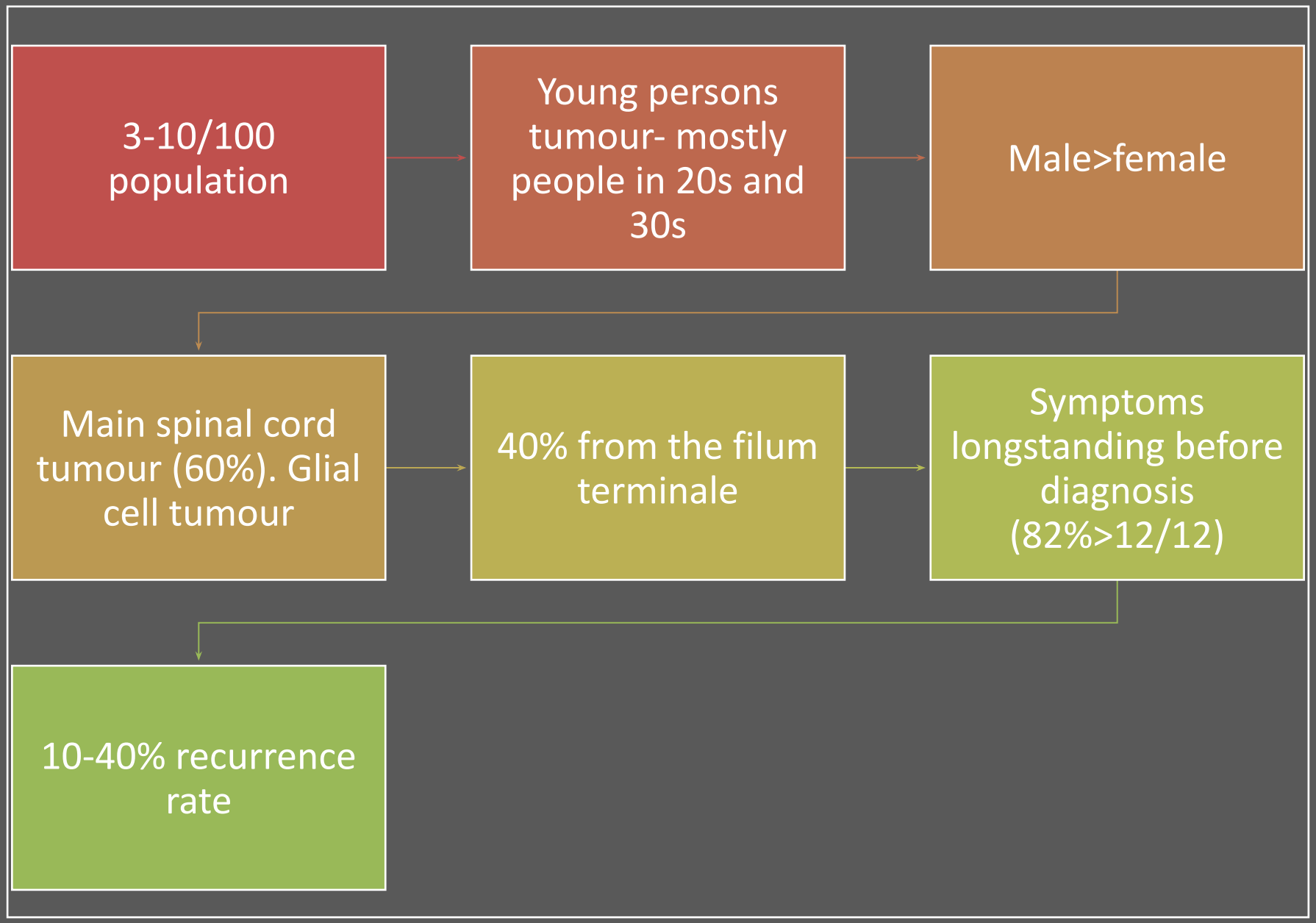
Ependymoma

- 32 year old nurse referred to spinal clinic
- Currently off sick for the last month
- 1 year history of back and right leg pain
- 20 sessions with chiropractor- no help
- NSAIDs no help

- No CES symptoms
- No inflammatory pattern
- No PMH Ca
- Tip toe walker as child with corrective surgery aged 10
- LBP and right leg pain episodic since aged 16
- X-rays aged 16 NAD- no other investigations
- 2-5 episodes per year lasting 1-2 weeks

- Decreased lordosis
- End range pain all movements in Lx
- Catch of pain rising from flexion
- Poor muscle control arounbd trunk
- Tender locally L5/S1 on palpation
- SIJ tests negative
- SLR 30 degrees bilaterally
- Positive slump

- Diagnosis of L5/S1 disc- R sided/central with NRI L5/S1
- Referred for Physio
- Review appt at 6/52
- No improvement at review
- Referred for MRI scan


3-10/100 population
Young persons tumour- mostly people in 20s and 30s
Male>female
Main spinal cord tumour (60%). Glial cell tumour
40% from the filum terminale
Symptoms longstanding before diagnosis (82%>12/12)
10-40% recurrence rate

Slow growing tumour

Intradural mostly- occasional extradural spread

Symptoms dependent on site and size of tumour

May have back pain, leg pain, back and leg pain

May have neurological deficit of not

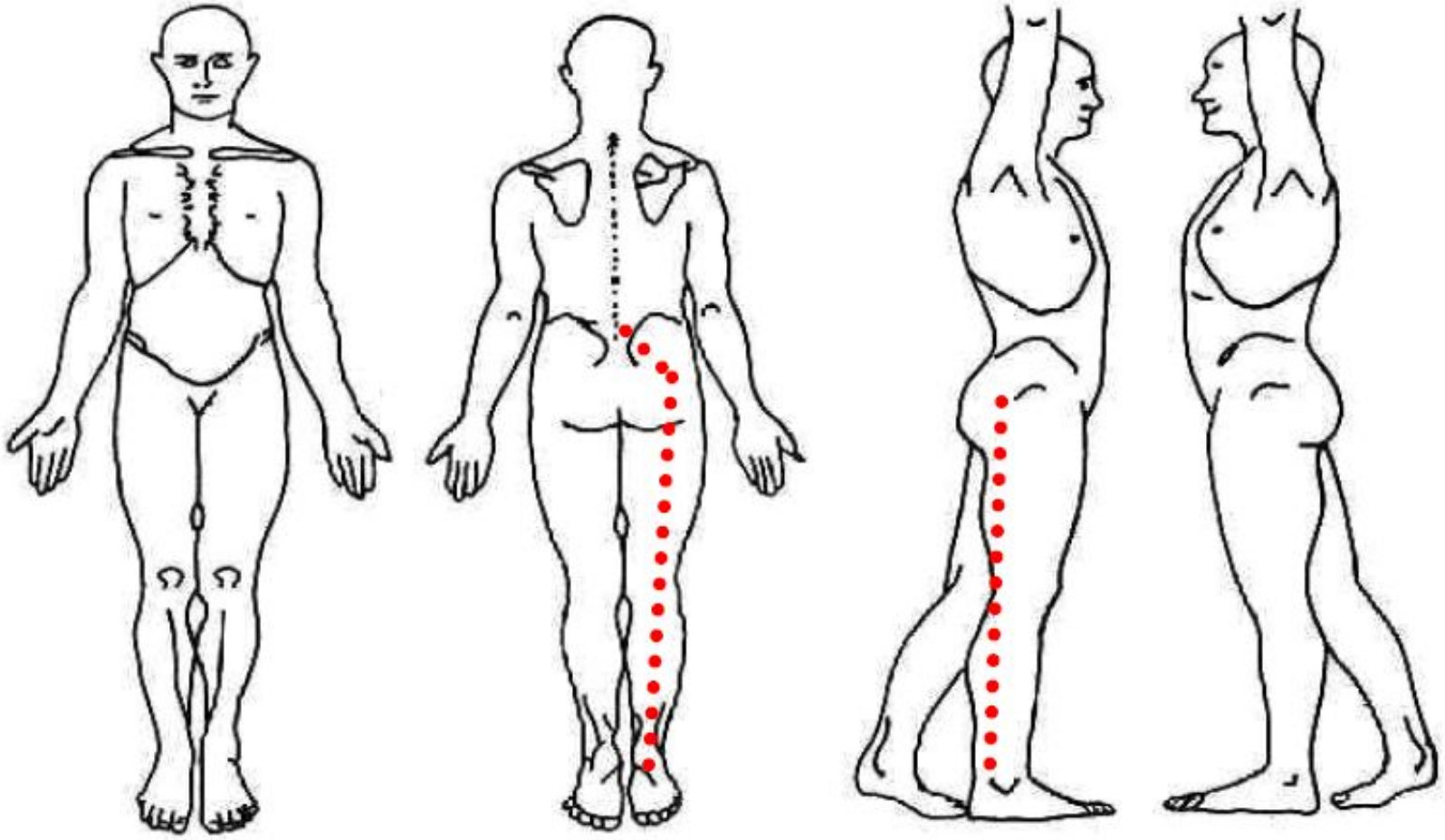
May have stenotic symptoms

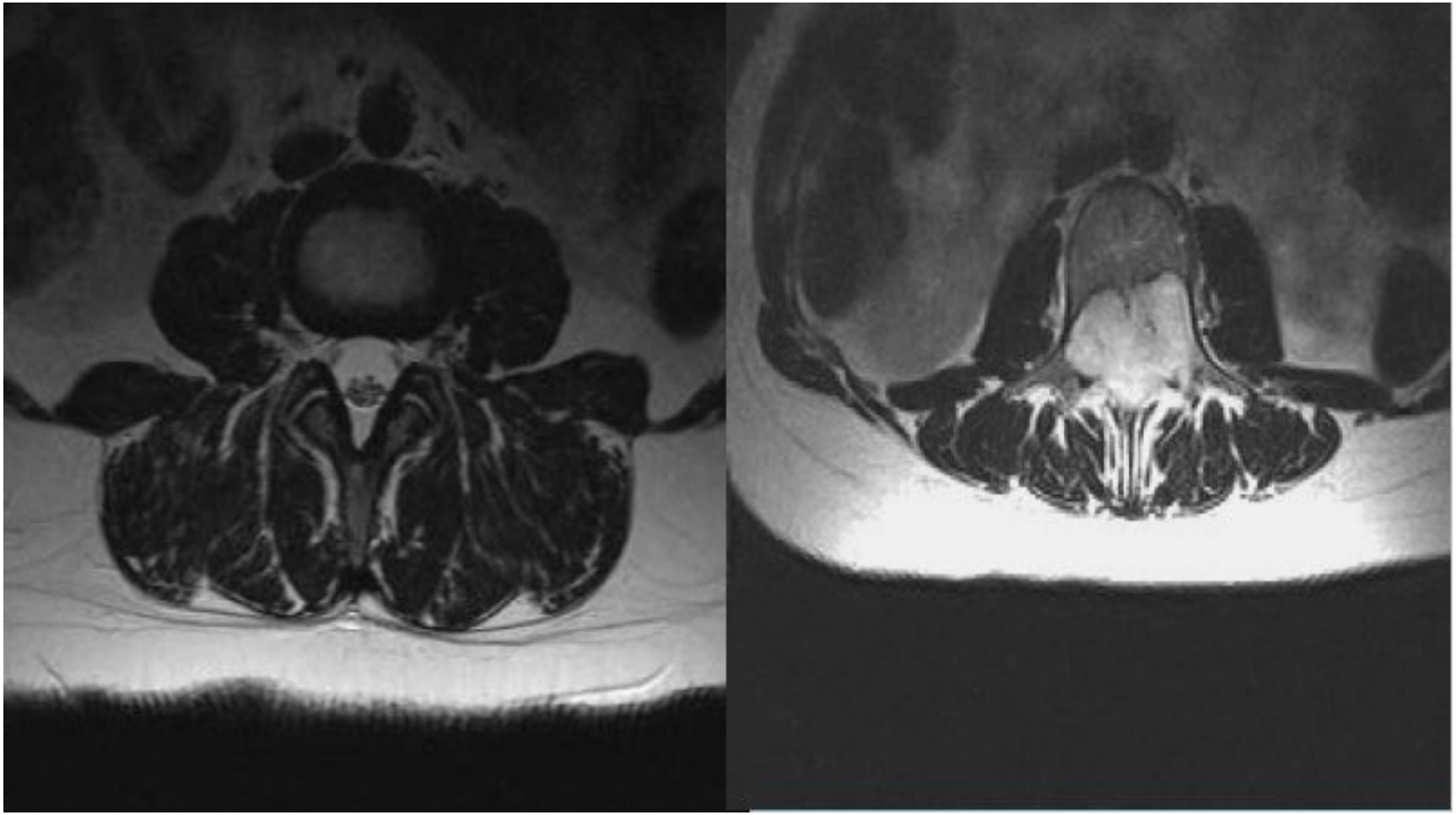
May have CES symptoms

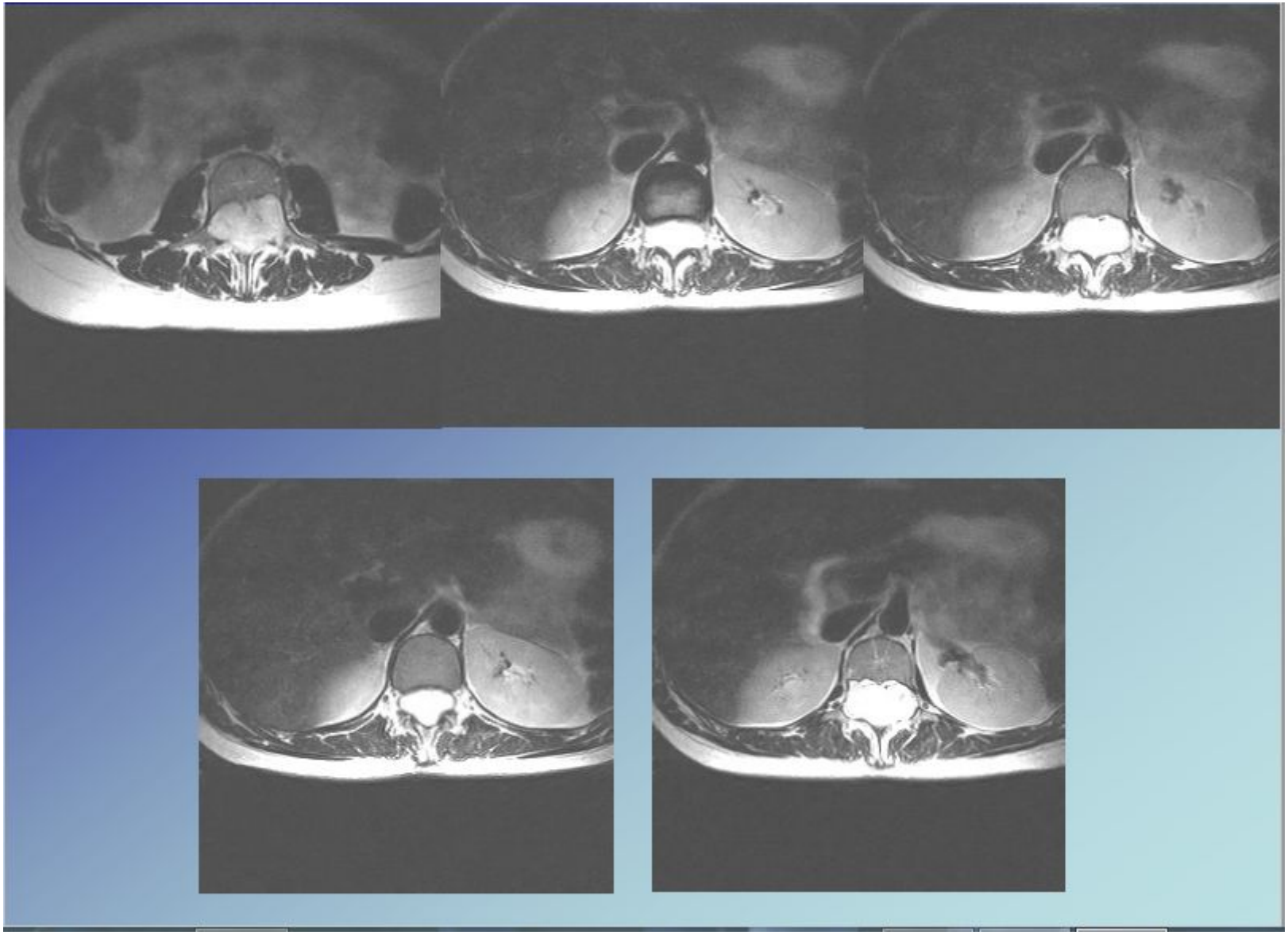
May have none of these

Treatment

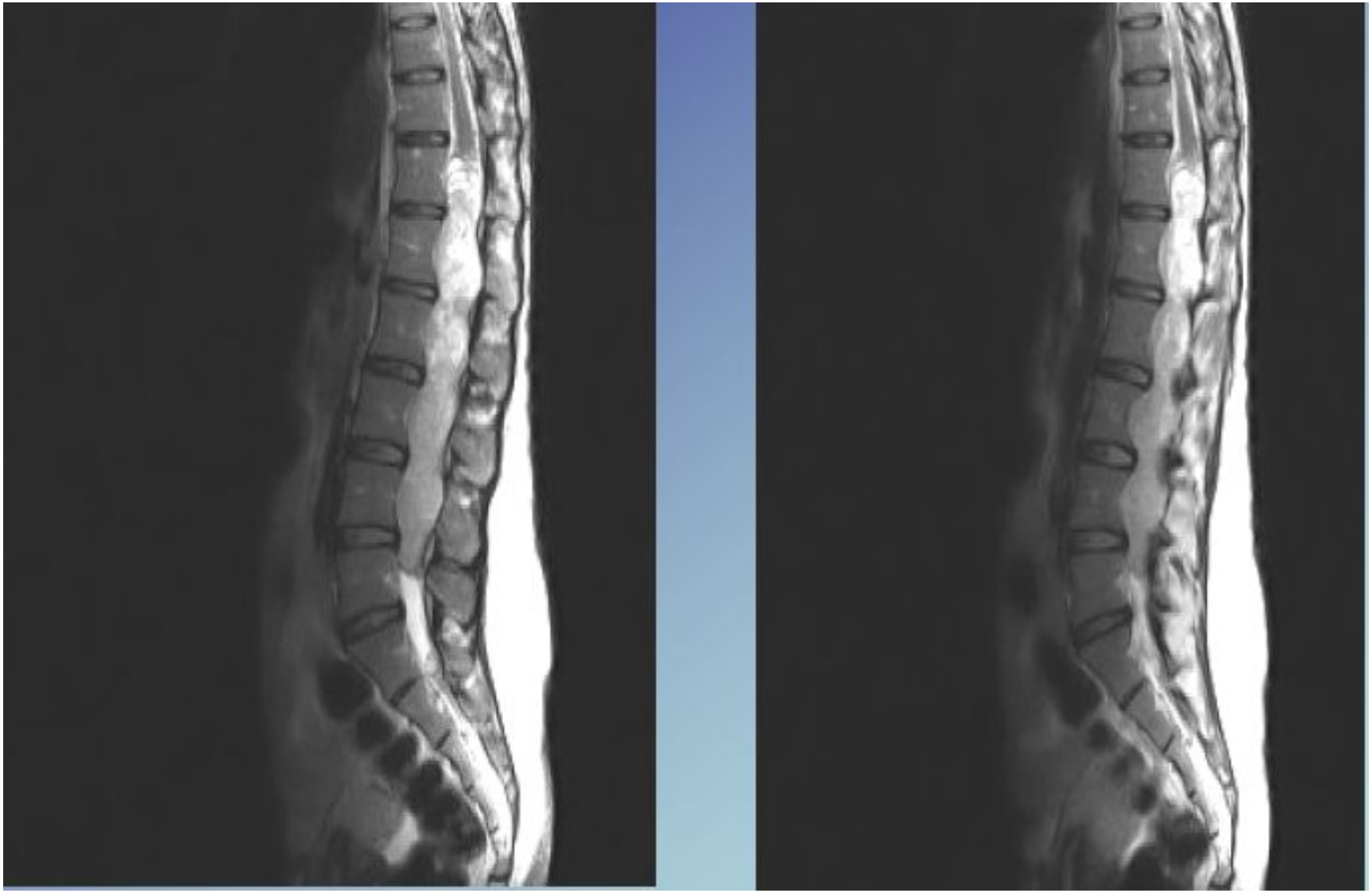
- Surgery treatment of choice
- Surgery only possible in 43-59% of conus medullaris tumours
- Radiotherapy post partial resection
- Complete resection - 100% % year survival
- Partial resection - 50% survival













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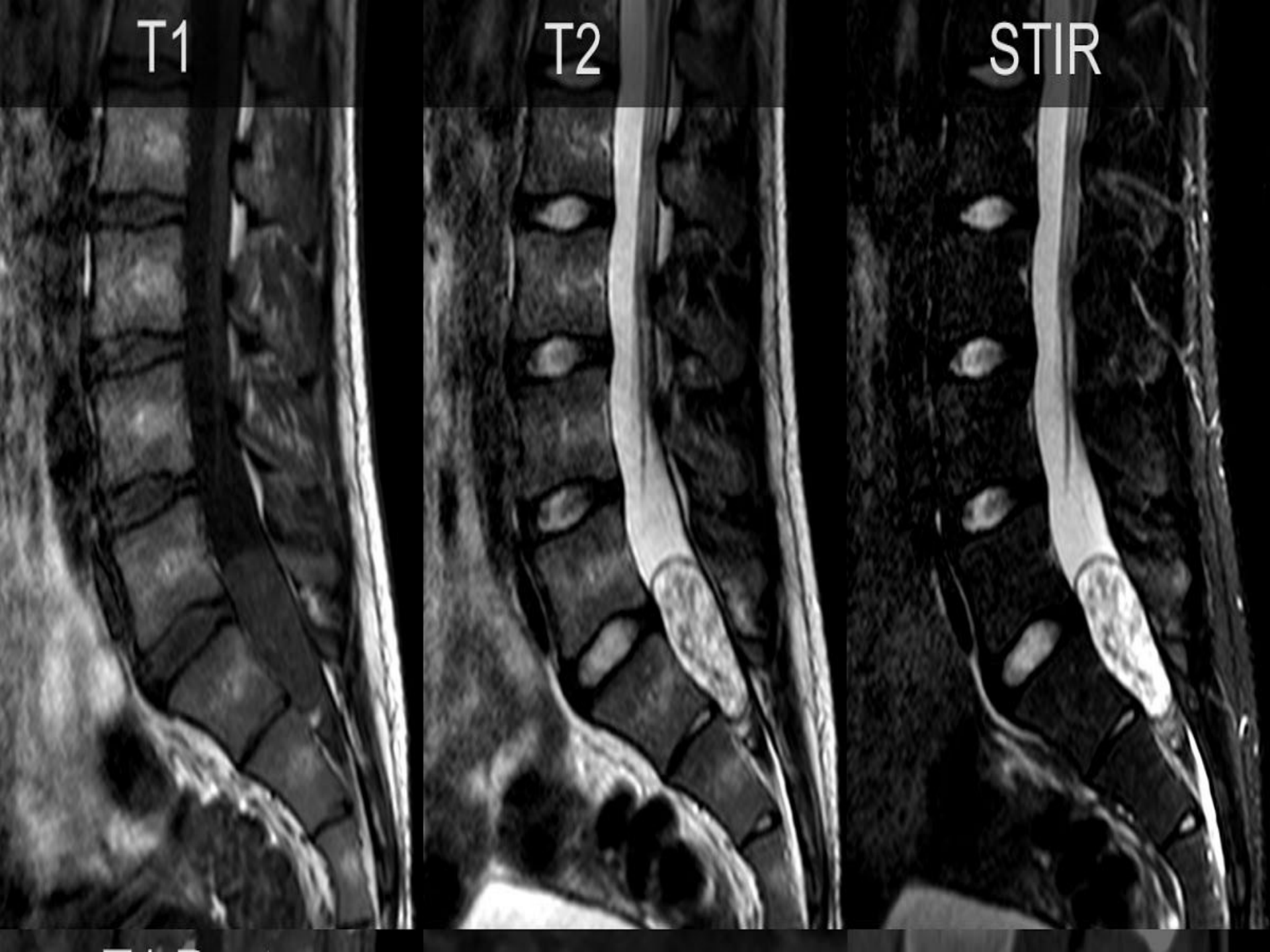
T1
T2
STIR

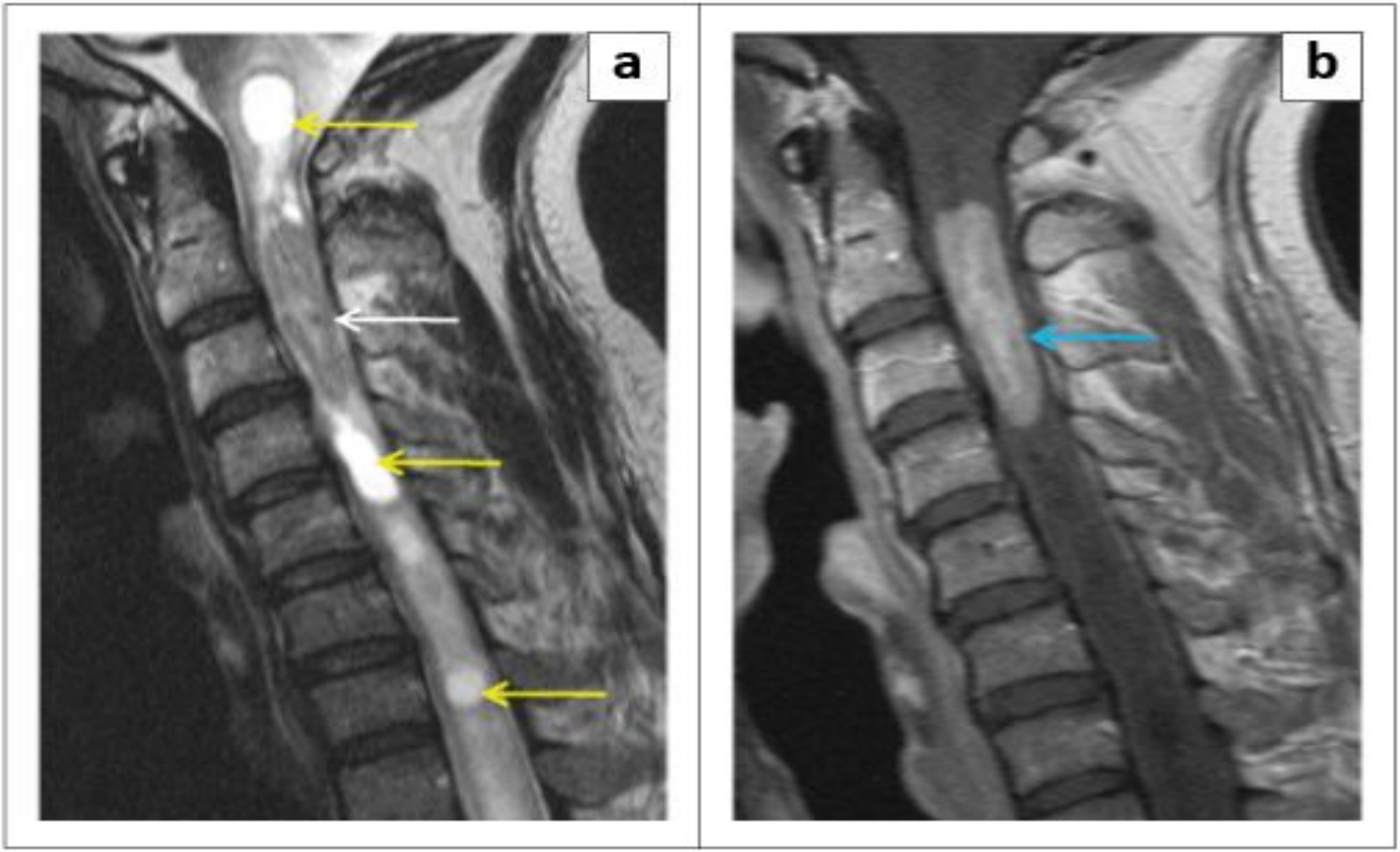

FIGURE 1: Intramedullary ependymoma in a 41-year-old man. (a) Sagittal T2-weighted image demonstrates a heterogeneous, well-circumscribed mass (white arrow) with extensive syrinx formation (yellow arrows); (b) Contrast-enhanced T1-weighted image demonstrates intense contrast enhancement of the tumour (blue arrow).