

Commentary: A Huge Ependymoma of the Cervical Spinal Cord with Subtle Atypical Manifestations and Hyperhidrosis

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Background

Usually, tumors of the cervical spine can be separated into two groups: those that originate in the bone, and those that start inside the spinal canal and comprise the spinal cord and nerves. It is frequently problematic to state from the patient's history only wherever the tumor is rising from, as neck pain is typically the primary complaint in both categories of tumors.

Tumors inside the spinal canal commonly happen either in the spinal cord, a peripheral nerve, or the cover round the spinal cord. Tumors that arise from the neural components are too infrequent. Tumors that origin from the spinal cord account for five percent of all spinal tumors. The most common tumors rising from the spinal cord are astrocytoma's, ependymomas, and hemangioblastomas. Though frequently are benign, but they be able to be challenging to eliminate because of their position in the spinal canal.

The most public initial symptom in patients with cervical spine tumors is neck pain. The pain might start progressively and develop more prominent over a prolonged period of time. Patients may also have shoulder, arm, or leg pain as the tumor mass extends beyond the confines of the bone or spinal canal to involve the spinal cord or nerve roots. As the tumor remains to grow, numbness, tingling, in the arms or legs might be observed. Through additional growth, weakness in the arms or legs can progress, as well as a reduced capability to normal walk. There can even be with bladder and bowel function problems.

Ependymomas

Ependymomas are the most public spinal cord neuro-epithelial tumors, comprising for about 60 percent of spinal cord gliomas.¹ adults ependymomas describe the most shared intramedullary tumors of spinal cord. Nearly 2/3 of spinal cord ependymomas include cervical levels.² Accountable on location, the spinal cord tumors present by varied symptoms, as well as neck or back pain and motor signs and sensory symptoms.^{3,4} The non-specific clinical manifestation of a spinal cord tumor frequently consequences in delay of diagnosis by disparate outcomes.

Traditional spinal ependymomas mostly interrupt middle-aged adults with the same sex spreading. While the cervical cord denotes only 22.5 percent of spinal cord tissue, up to 68 percent of tumors rise from or extent into the cervical cord.⁵

Manifestations

Intra medullary ependymoma of spinal cord be able to occur through a multiplicity of symptoms. Neck or back pain is regularly the initial symptom.^{6,7} Sensory symptoms commonly ante date the motor symptoms and are reliable with the central position of the lesion inside the spinal cord.

Hyperhidrosis

Hyperhidrosis is an unusual symptom of intramedullary spinal cord tumors; there are only fore cases of hyperhidrosis produced by this category of tumor in the writings. The histo-pathological investigation in these cases was astrocytoma in two⁸ and gangliocytoma in one of them⁹ and the last one was ependymoma¹⁰ Participation of the descendant autonomic paths, which are situated among the corticospinal and spinothalamic tracts, could reason both sympathetic and parasympathetic disorders below the level of the lesion. Hyperhidrosis has been defined in patients with spinal cord injured¹¹⁻¹³ and similarly in post-traumatic syringomyelia¹²⁻¹⁴ To be expected there is an involvement of the sympathetic fibers in the upper cervical cord or in the ciliospinal center of Budge at the C8-T2 segmental level. Hyperhidrosis in this example might be presumed to have happened by means of over activity of the sympathetic fibers owing to irritation by the tumor. It can be imagined that had no management been done, the hyperhidrosis may have increasingly advanced to anhydroses.

Conclusion

Cervical intramedullary ependymoma is an infrequent, slow growing spinal cord tumor. Consideration to surprising features like hyperhidrosis might be a vital fundamental to quick diagnosis of this rare spinal tumor. Early recognition of the tumor is important for best postoperative functional grade.

Conflicts of Interest

None.

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