



Acute spinal compression caused by spinal aggressive hemangioma, Bakr Abo Jarad

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Abstract

Vertebral hemangioma is a one of common benign lesion of the spine that rarely comes with the symptom, but sometimes can be associated with bone expansion and cord compression so need urgent management; management lines include arterial embolization, decompression surgery then radiation.

Aggressive vertebral hemangioma can be categorized into 4 groups, 1st group show mild bony destruction without symptom and observation is recommended here; type 2, active bony destruction with pain only and it can be treated by radiotherapy or alcohol injection; type 3, aggressive asymptomatic lesion with epidural or soft tissue extension and may be treated by observation; type 4, aggressive neurological deficit with epidural extension and need treatment by surgery or other choices of treatment

We present a case of 22-year-old male presented with severe back pain with progressive lower limb weakness and decreased sensation in both lower limbs, MRI Show infiltration mass of T8 vertebra that expanded to compress spinal cord, all imaging modalities that utilized to diagnosis suggest aggressive hemangioma, laminectomy decompression was done and final pathological report confirmed aggressive hemangioma, patient symptom relieved with full muscle power.



Figure 1. magnetic resonance imaging of throacolumbar spine (a) T2 sagittal showing hyperintense lesion extend from vertebral body to spinal canal and compress spinal cord, (b) T2 axial view show hyperintense lesion encircle spinal cord and compress it, (c) T2 show hyperintense lesion compress spinal cord, (d) T1 sagittal show hypotense lesion compress spinal cord

Biography

Bakr Abo-Jarad, internship doctor at Alsheffa hospital in Gaza strip, Palestine, interested in Neurosurgery as general more specific in spine tumor.

Publications

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