RESUMEN COMUNICACIÓN/POSTER

TÍTULO

SARCOIDOSIS OF THE CAUDA EQUINA MIMICKING AN INTRADURAL TUMOR.

INTRODUCCIÓN

Sarcoidosis is a granulomatous autoimmune disease which can affect any part of the body. It's debut affecting the nervous system is uncommon, around 2'5%, being the cauda equina location extremely rare for debut, with just 20 cases reported to our knowledge.

OBJETIVOS

We present a rare case of cauda equina sarcoidosis mimicking an intradural infiltrative tumor.

METODOLOGÍA

A 63-year-old female, with medical records of obesity, type 2 diabetes and chronic obstructive pulmonary disease, was referred to our department complaining of progressive paraparesis, left worse than right leg, and L1-L2 level hypoesthesia, without loss of bowel or bladder control. Lumbar MRI previous to the onset of symptoms shows just moderate lumbar stenosis. New MRI found a diffuse intradural mass from conus terminalis to L5 vertebral body with homogeneous contrast enhancement, filling the whole lumbar canal and displacing the conus and roots anteriorly. Needle electromyography showed denervation from L3 to S2 on left side and S1 and S2 on right side. Blood test samples, suspecting hematological or infectious process, where done, as well as body-CT scan and bone marrow biopsy. However, al result negative, except for non-significant hilar adenopathies.

RESULTADOS

Surgery to filiate the lesion was performed. Posterior midline approach with L3 o L5 laminectomy and durotomy under intraoperative neurophysiological monitoring was done. No tumor mass was identified macroscopically, instead the hole cauda equina was packed mimicking a tumor. Careful dissection of one of the posterior roots was done without response during intraoperative stimulation. Dissected root was sacrificed for pathological intraoperative examination, with diagnosis of intense granulomatosis. Final samples sent for pathological, hematological and microbiological examination, confirmed non-casing granulomas without other findings. Final diagnosis of neurosarcoidosis was done, with practical functional recovery of motor and sensory function after prednisone therapy.

CONCLUSIONES

Despite involvement of cauda equina as a debut of sarcoidosis is extremely rare, it should be taking into account during differential diagnosis of cauda equina mass enhancing lesions. Some authors recommend bronchoscopy for samples if adenophaties, even non-significant, are found, to avoid the need for surgery. If surgery is finally done, minimal manipulation must be done to avoid permanent deficits, which can be recover after corticoid therapy.