Aggressive Vertebral Hemangioma Causing Acute Spinal Cord Compression

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A 46-year-old woman presented to our emergency department with sudden onset of lower extremity weakness after physical activity. She referred only dorsal back pain before these symptoms. Neurologic examination revealed weakness (⅖) of lower limbs, hyperreflexia of deep tendon reflex of lower limbs, hypoesthesia under D7 level, and no sphincteric dysfunction. A computed tomography scan showed an accentuation of trabecular markings within the vertebral body and areas of lysis (►Figs. 1A and F). Contrast-enhanced magnetic resonance images show diffuse abnormal marrow signal throughout the T6 vertebral body with epidural components with spinal cord compression (►Fig. 1B–H).

She underwent surgery on the same day through a mini-open decompression and percutaneous short posterior J Neurosci Rural Pract 2019;10:672–674

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Fig. 1 Sagittal (A) and axial (F) computed tomography images demonstrating accentuation of trabecular markings within the vertebral body and areas of lysis involving the entire T6 vertebral body. Sagittal T1-weighted (B); sagittal (C) and axial (G) T2-weighted; sagittal (D), coronal (E), and axial (H) contrast-enhanced magnetic resonance images showing a T6 aggressive hemangioma with epidural extension and severe anterior cord compression.
fixation (Fig. 2). No complications occurred after surgery with full recovery of neurological symptoms. Radiotherapy was performed after 4 weeks with resolution of dorsal back pain.

Vertebral hemangiomas (VH) are benign and generally asymptomatic primary vascular tumors of bone.1,2 Rarely, these lesions can cause symptoms due to cord compression as a result of bone expansion, erosion through cortex, fracture, or hematoma.3 Despite our long-standing recognition of aggressive VH, there is still a controversy regarding the optimal treatment strategy, and numerous therapeutic options have been described: embolization, surgery, radiotherapy, vertebroplasty, or a combination of them.4-9

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**Conflict of Interest**
None declared.

**References**

**Fig. 2** Sagittal (A) and axial (B–D) postoperative computed tomography images demonstrating the posterior decompression and short pedicle screw fixation.


