Spinal Intramedullary Lipoma without Dysraphism

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50 year old female, a housewife, presented with gradually progressing paraparesis since 2 yrs. There were no sensory or bowel and bladder symptoms. Tone was increased in bilateral lower limbs. There was exaggerated triceps, knee and ankle jerk. Ankle clonus was present bilaterally. Plantars were bilateral extensor. She had spastic gait. Magnetic resonance imaging showed a hyperintense lesion on T1 weighted study likely Intramedullary lipoma with large exophytic component lying in posterior thecal sac extending from C4 to C7 measuring 6.5 x 1.1 x 2.0 cm (Figures 1 and 2). Decompressive laminectomy from C4 to C7 was done (Figure 3). The tumour bulged out on opening the dura. A biopsy was taken. Dural sutures were placed to reform the tube. Biopsy showing mature adipose tissue suggestive of lipoma (Figure 4). Post-operatively there was gradual improvement in neurologic state. Lipomas occurring as a part of the dysraphic state are well known. Intradural lipomas unassociated with a dysraphic state are rare. The symptoms are slowly progressive. Generous decompression will suffice since total removal is impossible.

References