SPINAL CORD TUMOR IN A NEWBORN*

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CASE REPORT

W.G.H. #71665. D.B., a white male child, was born Dec. 15, 1953 at the Maternity Pavilion of the Winnipeg General Hospital following a normal pregnancy in a healthy primipara, aged 32. Labor was normal; the first stage lasted 24 hours and the second stage 15 minutes. Outlet forceps were used. The infant cried immediately and was of normal color. It weighed 7 lbs. 5 oz. The obstetrician noted that the baby did not move his left leg either spontaneously or on stimulation and that his right leg moved only very slightly with stimulation. There was no evidence of injury.

Examination. The baby was re-examined the next morning. The cry was normal and the feeding was normal. The upper half of the body appeared entirely normal. The configuration and color of the lower half of the body appeared normal. Tonus, however, was markedly reduced in the lower extremities. The anal sphincter was extremely patulous and digital examination occasioned no discomfort. Urine dribbled with each cry. There was no movement in the left leg and the right leg moved but slightly at the hip and knee. There were no tendon reflexes in the lower extremities. The left cremasteric reflex was absent whereas the right was quite brisk. Pain response was reduced on the left from the perineum up to the lower abdominal quadrant and on the right up to approximately the inguinal region. There was no visible or palpable defect of the spine, no tuft of hair and no sinus. X-ray of the entire skeleton revealed no abnormality. A lumbar puncture at the 4th interspace recovered three drops of xanthochromic fluid. Unfortunately this was not deemed sufficient for examination by the laboratory.

Course. Weekly checks revealed no significant progression. After 7 weeks it was felt definitely established that no improvement was taking place. There remained a neurologic deficit with the upper level at approximately T11 on the left and L1 on the right.

The child was re-admitted for myelography at the Winnipeg General Hospital. Attempts at lumbar puncture were unsuccessful and hence the opaque media was introduced via the cistern. A complete block to the downward passage of the opaque media was demonstrated at T8 (Fig. 1).

1st Operation. At laminectomy, Feb. 9, 1954, a dark blue fleshy mass was exposed at T12. At this level it lay primarily on the left of the cord (Fig. 2) and appeared to be entirely extramedullary, thinning out in the subarachnoid space and completely enveloping the cord up to T8. This mass was removed downward to L2. At this time the child's condition worsened and the operation was discontinued.

Course. The microscopic appearance of the tumor was that of an undifferentiated glioma and therapy was instituted with the cobalt bomb. The child failed to improve and re-operation was therefore undertaken.

2nd Operation. On April 13, 1954 the laminectomy was continued, and the mass was followed down to the lumbosacral junction, at which point the tumor terminated.

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Fig. 1. Cisternal myelograms taken with patient vertically upright. The leading edge in both the A.P. and lateral views of the downward passage is arrested at T8. In the A.P. views the leading edge is seen to be widened and concave.

Fig. 2. (See explanation on facing page.)