CASE REPORTS

HEMANGIOMA OF THE SPINAL CANAL AND PREGNANCY

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Vascular tumors of the spine and spinal cord are not uncommon, but they have rarely been noted as a complication related to pregnancy. Glaser reported a case of angiosarcoma of the cord in which progressive paraplegia developed during the last half of pregnancy. Following delivery there was a brief interval of improvement prior to gradual decline and death. Balado and Morea found an extradural angiolipoma at autopsy on a woman whose seventh pregnancy had been characterized by paraplegia with improvement after delivery. Permanent paralysis developed during her eighth pregnancy, culminating in death. Temporary improvement of spinal cord signs following delivery was noted in 2 cases of hemangioma reported by Delmas-Marsalet and Guthkelch. The former lesion was proved at operation; the latter was found at autopsy. The clinical manifestations in a case of hemangioma recently observed by us conform closely to the previous descriptions.

CASE REPORT

A well-circumscribed extradural hemangioma of the upper dorsal segments is reported. The initial clinical manifestations appeared in the last trimester of the ninth pregnancy of a 36-year-old woman; there was subsequent remission of symptoms and signs during the immediate postpartum period. Cessation of that improvement led to operation and complete removal of the tumor with a remarkable recovery.

#49-42612. W.M.S., a 36-year-old female, para viii, gravida ix, was admitted to the Obstetrical Service of the Homer G. Phillips City Hospital, Nov. 13, 1949, during the last month of her pregnancy. Gestation had been unremarkable until 1 month before admission, when she noted the gradual onset of weakness, paresthesias, coldness, and impaired sensation in both lower extremities, more severe on the right. Subsequently, she complained of dull thoracic back ache and a girdle sensation about her abdomen. There developed increased urinary frequency. There was no history of similar complications associated with any of her previous pregnancies. A primary syphilitic lesion had been found in 1933, with a positive serological test. Intensive antiluetic therapy had been given, resulting in persistently negative serology from 1939 to her recent hospitalization.

Examination. She was a well-developed, well-nourished young colored female in approximately the 34th week of a normal pregnancy. There was spastic paraplegia, with considerably greater involvement on the right. All tendon reflexes in the lower extremities were increased. The right knee and ankle jerks were more active than those on the left. Bilateral ankle clonus was present, but was more sustained and active on the right. Patellar clonus was unsustained bilaterally. Marked extensor toe signs were elicited on the right. Those on the left were equivocal. Abdominal reflexes were absent. Sensory examination showed a strongly suggestive level at L-1, involving particularly pin prick and temperature appreciation. Deep sensation
was not significantly diminished. Both lower extremities were cold to palpation. Three days after lumbar puncture, examination demonstrated a progression of the sensory level to the 3rd thoracic dermatome, and mild but definite decrease of position, motion and vibratory sense in the lower extremities.

CFS pressure was 240 mm. water. Fluid was clear and colorless and contained no cells; total protein was 91 mg. per cent with positive Pandy; Wassermann and colloidal gold tests were negative. Manometric studies gave the impression of an incomplete block. Roentgenograms of the thoracic, lumbar, and sacral spine were negative. The interpedicular distances were normal. Blood and urine were normal.

Course. On Nov. 29, 1949, the patient gave birth to a normal 6½ pound infant after an uncomplicated 7-hour delivery. The postpartum recovery was entirely satisfactory. Regression in the sensory level rapidly followed. There was considerable return of strength in the right lower extremity. She was discharged on Dec. 10, 1949, returning home for convalescence. However, she did not continue to improve and was hospitalized on Jan. 28, 1950 for reevaluation. Shortly before, she had noted incontinence of urine.

Examination on Readmission. The sensory level was again at D-3, without sacral sparing and dissociation of sensation noted during her previous hospitalization. A sweating level corresponded to the sensory loss. Motor signs were more prominent, with a paraplegia in extension. Again, complete spine studies by x-ray showed no evidence of bony changes. Lumbar puncture disclosed an initial pressure of 150 mm. water, and complete block on manometrics. Subsequent myelography indicated a failure of pantopaque to flow beyond the T-3 level.

Operation. With a tentative diagnosis of a slowly growing benign extramedullary tumor, probably a vascular meningioma, dorsal laminectomy was performed by one of us (GER) on Feb. 23, 1950.

Surgical removal of the lamina of the 2nd, 3rd and 4th thoracic vertebrae disclosed a highly vascular epidural space containing a dark-red tumor mass measuring 3×1½ cm. The lesion was discrete, entirely extradural, and partially encompassed the dorsal surface of the dural sac, extending more to the left than to the right. The mass was removed in toto.

Histopathological Diagnosis: Hemangioma (Fig. 1).

Fig. 1. Extradural hemangioma of the spinal canal from case W.M.S. Hematoxylin and eosin stain, ×108.

The postoperative course was entirely uncomplicated and during the latter part of the first week of recovery, motor and sensory function definitely improved. Subsequent return of