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Spinal cord glioblastoma multiforme of conus medullaris masquerading as high lumbar disk herniation

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Abstract

Background

A case of primary intramedullary glioblastoma occurring at conus medullaris is presented, which was initially undetected and misdiagnosed as L1 through L2 disk herniation.

Case Description

After the performance of L1 through L2 discectomy, the patient's initial painful symptom did not subside. The patient then developed a progressive paraparesis. The outside surgeons only predicted the possibility of reherniation or hematoma collection at the former operated level as the diagnosis for the paraparesis. After the patient was transferred to our hospital and after a thorough review of initial and follow-up magnetic resonance imaging with enhancement before second operation, an enlarged conus medullaris with mixed signal intensity was noted without evidence of re-herniation or hematoma collection. The patient underwent reoperation with biopsy of the intramedullary lesion, which was histologically confirmed as primary glioblastoma.

Conclusion

Careful neurologic and radiologic evaluations should precede before any decision of surgical intervention as intramedullary and degenerative pathologies may coexist in the upper lumbar spine.

Abbreviations: [CT](#), [Computed tomography](#), [MRI](#), [Magnetic resonance imaging](#)

Keywords: [Spinal cord](#), [Glioblastoma](#), [Whole spine scan MRI](#)

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