Primary Lumbar Spine Neuroendocrine Tumour: A Case Report

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Content:

Aim / Background:

Neuroendocrine tumours are uncommon neoplasms that often originate in the gastrointestinal or respiratory tract. They often metastasize to bone, liver, and pancreas. The central nervous system and notably the spinal cord are hardly involved. Primary neuroendocrine tumours of the CNS are even rarer. Here we present a 40-year-old man with a primary neuroendocrine tumour of the lumbar spine in Sarawak.

Method:

Poster Presentation

Result/case presentation:

A healthy 40-year-old Asian man presented with a 6-month history of progressive bilateral lower extremities paraesthesia, weakness, and a negative history of cancer. Magnetic resonance imaging of the spine showed an intradural extramedullary tumour at the L3 and L4 spinal levels. Surgical resection of the tumour via laminectomy was done. The tumour was seen to have eroded through the dura and was pressing on the spinal nerves. Postoperatively, histopathological examination and immunohistochemical staining revealed the tumour to be a low-grade neuroendocrine tumour. Other body parts were screened and found negative. The patient reported an improvement in sensation and motor in his lower limbs. There was no recurrence at follow-up for 6 months.

Conclusion:

Neuroendocrine tumours of the central nervous system are extremely rare but should remain in the differential diagnosis for patients experiencing extremity numbness and weakness and back pain with an intradural extramedullary mass and no primary source of the tumor identified or other manifestations of a primary tumour. Surgical resection may offer a definitive cure.