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Case Report

Intradural-extramedullary isolated compressive sarcoid lesion

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Abstract

Background: Sarcoid involvement of the central nervous system is a rare occurrence, with involvement in approximately 5–10% of all cases. Isolated spinal involvement is an even rarer encounter, only 0.3–1% of all cases. These lesions can form compressive nodules leading to myelopathy. In the presented case of cervical sarcoid, the patient required a decompressive procedure to address cord compression.

Case Description: This is the case of a 39-year-old male presenting with cervical myelopathy caused by a compressive sarcoid nodule who underwent a successful posterior decompressive procedure. The pathology demonstrated a non-caseating granuloma, consistent with sarcoid. Postoperatively, the patient's myelopathic symptoms improved.

Conclusions: Sarcoid is rarely associated with an isolated compressive cervical lesion. Although sarcoid management typically involves immune suppression, in cases of active cord compression surgical intervention is warranted.

Key Words: Cervical mass, cervical myelopathy, neurosarcoid, sarcoid, spinal sarcoid

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INTRODUCTION

Sarcoidosis manifests itself in the central nervous system in approximately 5–10% of the cases.[1,2] The spinal cord and meninges themselves, however, are only rarely involved (0.3–1% of the cases). Notably, approximately 81% of spinal sarcoid lesions are intramedullary in location (2). Cervical extramedullary sarcoid, however, is extremely rare. Nevertheless, in the presented case the patient had an isolated, extramedullary compressive cervical sarcoid mass warranting operative decompression.

CASE REPORT

A 39 year-old male presented with a 3-month history of progressive cervical myelopathy. The magnetic resonance imaging of the cervical spine demonstrated a homogenously enhancing right-sided ventrolateral, intradural-extramedullary mass compressing the cord from C6–T1 levels [Figure 1]. Following a C6–T1 laminectomy with partial C5–6 facetectomy, the lesion was fully resected, and the patient's strength improved. The final diagnosis was neurosarcoidosis.

DISCUSSION

An extramedullary spinal sarcoid lesion is extremely rare; there are approximately 16 such cases reported

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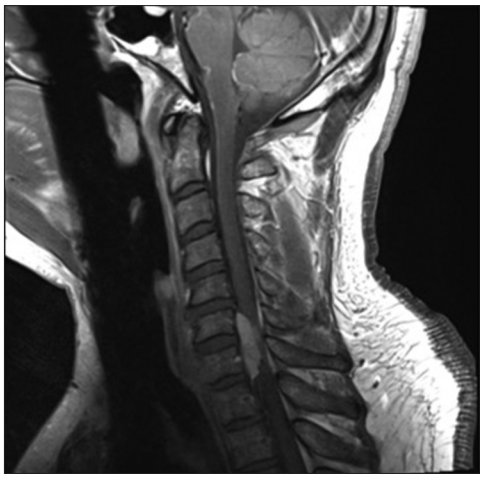

Figure 1: Cervical spine imaging. Magnetic resonance imaging T1-sequence sagittal post-contrast demonstrates homogeneously enhancing, intradural-extramedullary ventrolateral mass

in the literature.[1] Contrary to conventional sarcoid treatment, surgical resection is recommended for spinal decompression where patients have significant neurological deficits.[1]

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Conflicts of interest

There are no conflicts of interest.

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