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Cervical Epidural Round Cell Tumour Presenting As Retropharyngeal Abscess

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Abstract:

This is an interesting case report of a patient with cervical epidural round cell tumor who presented as retropharyngeal abscess. This 5 years old child presented with clinical features of retropharyngeal abscess. This child classically had torticollis. CT and MRI imaging clinched the diagnosis. Biopsy was reported as cervical epidural round cell tumor. This case is being presented because of its rarity.

INTRODUCTION

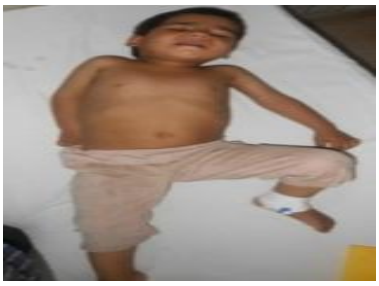

Figure showing the patient

Epidural lesions are most commonly metastatic neoplasms[1]. Primary spinal primitive neuroectodermal tumors (PNET) and/or spinal extraskeletal Ewing's sarcoma family tumours (ESET) are rare lesions appearing in the spinal extradural space. One hundred forty-one primary spinal PNETs, including 29 intramedullary lesions, have been reported in the

literature[2]. The usual presentation of a mass in the cervical epidural region is with local pain & neurological symptoms.

We report a case of cervical epidural mass lesion presenting with features of retropharyngeal abscess. A 5 years old child was referred from another hospital to our department of ENT & HNS suspected as a case of retropharyngeal abscess. Pt had 20 days history of torticollis along with difficulty swallowing and painful neck movements.

X-ray STN was done which showed collection in the retropharyngeal space (fig-1).

Workup included a normal CBC, ESR and a negative urine analysis. The temperature was repetitively measured and was within normal values. Peripheral blood samples were also collected for culture.

Pt was put on antibiotics but there was no improvement. Then pt developed paresis of (L) upper limb which progressed to involve the (L) lower limb also. Neurological examination of the lower extremities showed increased deep tendon reflexes and muscle weakness documented 0/5 of both upper and lower limbs on the left side. Marked hypoesthesia corresponding to the level of C3- C5 was also noted. The tone of the anal sphincter was normal while the anal cutaneous reflex was absent. Subsequently MRI brain & cervical spine was done which showed a signal enhancing epidural collection at level of C^3-C^7 vertebrae with significant spinal cord compression(fig 2,3).

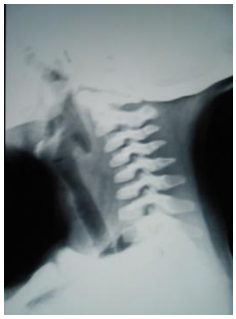

Fig-1

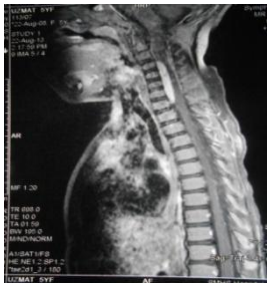

Fig-2

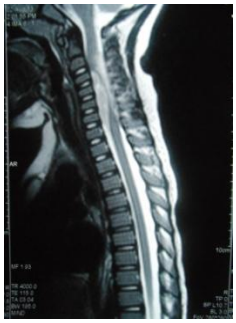

Fig - 3

Pt underwent corpectomy with plating of 3-6 cervical vertebrae along with surgical decompression of the spinal cord and nerve roots. The collection in the epidural space

which was actually found out to be rubbery consistency mass was subjected to biopsy. Metastatic evaluation revealed no additional lesions. The immediate postoperative period was uneventful and the neurological symptoms improved within 12 h after debridement and fully recovered by the 25th postoperative day.

The HPE report of the lesion came out to be Round Cell Tumour with rosetting, pleomorphism and areas of necrosis. The immunostain for CD45 was negative excluding lymphoma. Features were suggestive of a PNET.

Patient was then planned for chemotherapy.

DISCUSSION

Sometimes epidural mass lesions present with atypical features. An extensive search of the literature revealed that this is the first case of epidural lesion presenting with features of retropharyngeal abscess. We need to keep a high level of suspicion in cases of spinal epidural lesions as early diagnosis and treatment is of paramount importance to minimise permanent neurological dysfunction and sometimes fatal outcomes in such cases. Further pre-treatment neurological status is one of most important prognostic factor affecting outcome (importance of early diagnosis!!!). *Rapidly progressing* deficits carry worse prognosis, than slowly evolving ones[3].

Individuals who present with extradural lesions need to have a metastatic process excluded, including hematopoietic disease (ie, lymphoma). In this type of patient, with a negative metastatic evaluation and from a younger age group, a wider differential diagnosis must be considered. Additional possibilities include schwannoma, neurofibromas, chordoma, synovial cyst, infectious processes, and meningioma[1].

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