Since age 16, a 27 year-old woman experienced progressive shooting pain and stiffness in her legs; recently, these symptoms became severe in the L3 through S2 dermatomes without fixed sensory change. She had minimal weakness in the legs and bladder function was adequate. Cranial nerves and mental status were intact. She had long-standing anxiety attacks and mild asthma, but was otherwise normal. The finding of diffuse hyper-reflexia occasioned a spine screen and brain MRI. She had no café au lait spots.

Lumbar MRI showed an isolated, occlusive, dumbbell-shaped, uniformly enhancing mass (Figures A and B) at L3 extending through an enlarged foramen into the right paraspinal muscles. Excisional surgery with dural repair was accomplished. The L3 root, from which the tumor originated, was transected without neurologic consequence. Microscopic evaluation of the tumor showed a Schwannoma with nuclear pleomorphism. Differential diagnosis included multiple entities presenting as progressive myelopathy in a young woman.

Usually, no neurologic deficit results after transecting a major lumbar motor root containing tumor. Cervical root transection is less benign. Deafferentation pain, after root transection, is generally not seen, although preoperative pain is common.1

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REFERENCE

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