EMERGENCY CASEBOOK

Spinal tumour: a diagnostic lesson

A 13 year old girl presented to the accident and emergency (A&E) department with back pain of six to seven weeks' duration. She had had numbness and pins and needles in her legs for one week, and weakness in both legs at presentation. She had a history of a fall from a horse two years before, treated by her general practitioner with analgesics.

On examination there was global weakness in both lower limbs with unsteady gait and a sensory level just below the umbilicus (T11). Touch was perceived better in the upper than the lower limbs. Plain radiographs were normal. Magnetic resonance imaging (MRI) of the thoracolumbar spine showed an enhancing extradural mass in thoracic spinal cord which was also encircling the cord and causing compression of spinal cord (fig 1). Thoracic laminectomy at T.8/9/10 was performed immediately. Surgical resection of the tumour was performed. Histopathological examination confirmed a neuroblastoma arising from an autonomic ganglion. She was referred for radiotherapy.

Although rare, it is important to diagnose such tumours early as prognosis is dependent on age and stage of the tumour. Persistent back pain with associated symptoms of numbness and weakness should always raise suspicion in an otherwise healthy child.¹⁻³ Although rare in A&E practice, one should have high index of suspicion in unusual presentations such as this. It would have been easy to have been misled by the previous history of trauma and to have treated her symptomatically and referred her back to her GP. Though difficult in a busy A&E environment, the importance of performing a thorough neurological examination in patients with backache, numbness, and altered gait cannot be overemphasised. Routine *x* rays are invariably unhelpful. Significant neurological clinical findings should always cause prompt referral to a neurologist. MRI has proved very effective in diagnosing the presence and extent of tumour in spinal cord. This case highlights the mixture of clinical diligence and alertness required in A&E practice, regardless of the volume of workload.

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