

A rare presentation of myxopapillary ependymoma in subcutaneous location

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Clinical Presentation

- A 7-year-old female initially presented with pain and swelling in the sacrococcygeal area after a fall.
- A soft mass was noted in the area which was felt to be a post traumatic hematoma.
- An ultrasound was performed which showed a solid mass near the midline gluteal region, superficial to the coccyx, concerning for sacrococcygeal teratoma.
- No sensory issues, motor weakness or bladder / bowel dysfunction was noted.

Imaging - MRI

- Midline mass in the sacrococcygeal region at the natal cleft, superficial to and abutting the coccyx and distal sacrum.
- Mass was well demarcated with heterogeneous signal and mostly hypointense capsule and hypointense septa in T2 sequence, and predominantly high signal in T2 fat saturated. Enhancement of the margins of the mass was noted with heterogeneous internal enhancement.
- No evidence of sacrococcygeal erosion or extension to the spinal canal was observed.

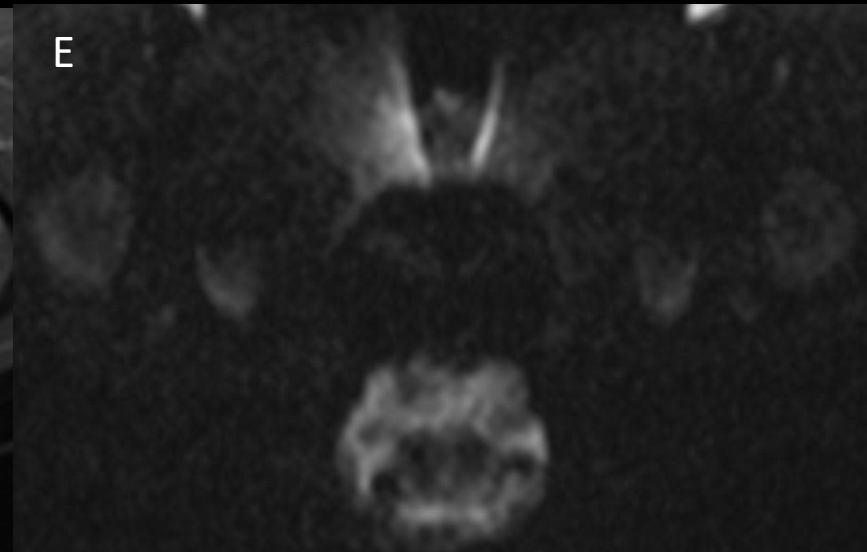
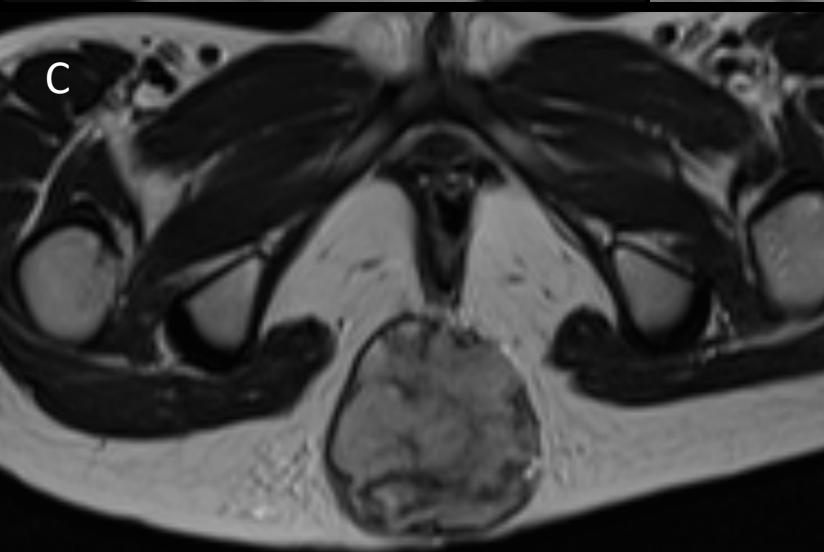
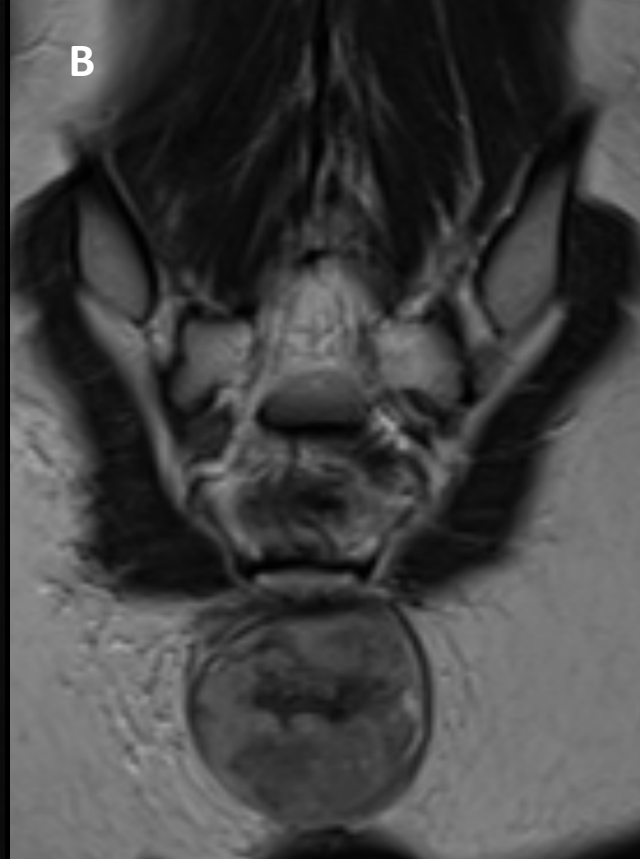
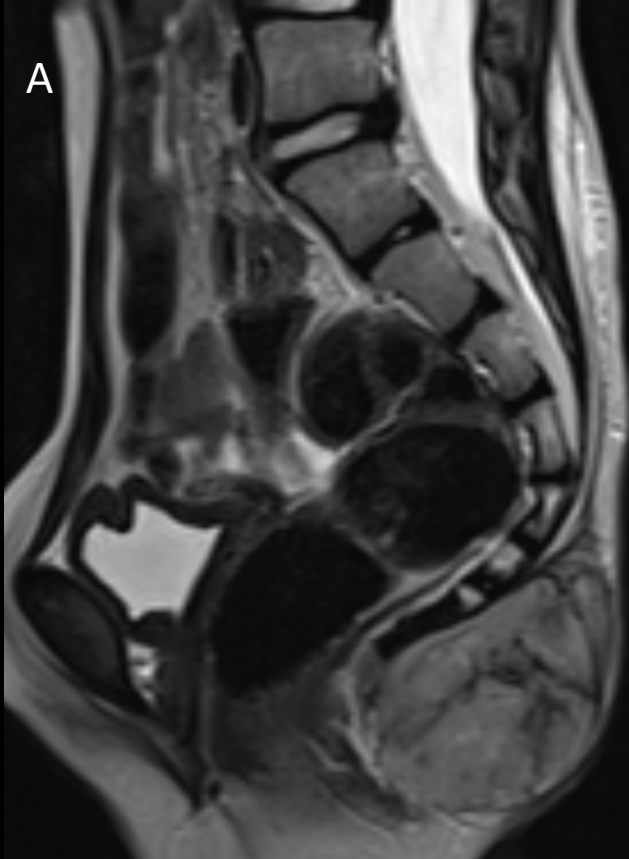


Fig. 1. T2W images in sagittal (A), coronal (B) and axial (C) planes demonstrating well demarcated mass superficial to and abutting the coccyx and distal sacrum, with heterogeneous signal and mostly hypointense capsule and some hypointense septa. Mass shows predominant high signal in T2W fat saturated sequence (D). DWI sequence demonstrating heterogeneous mild diffusion restriction (E).

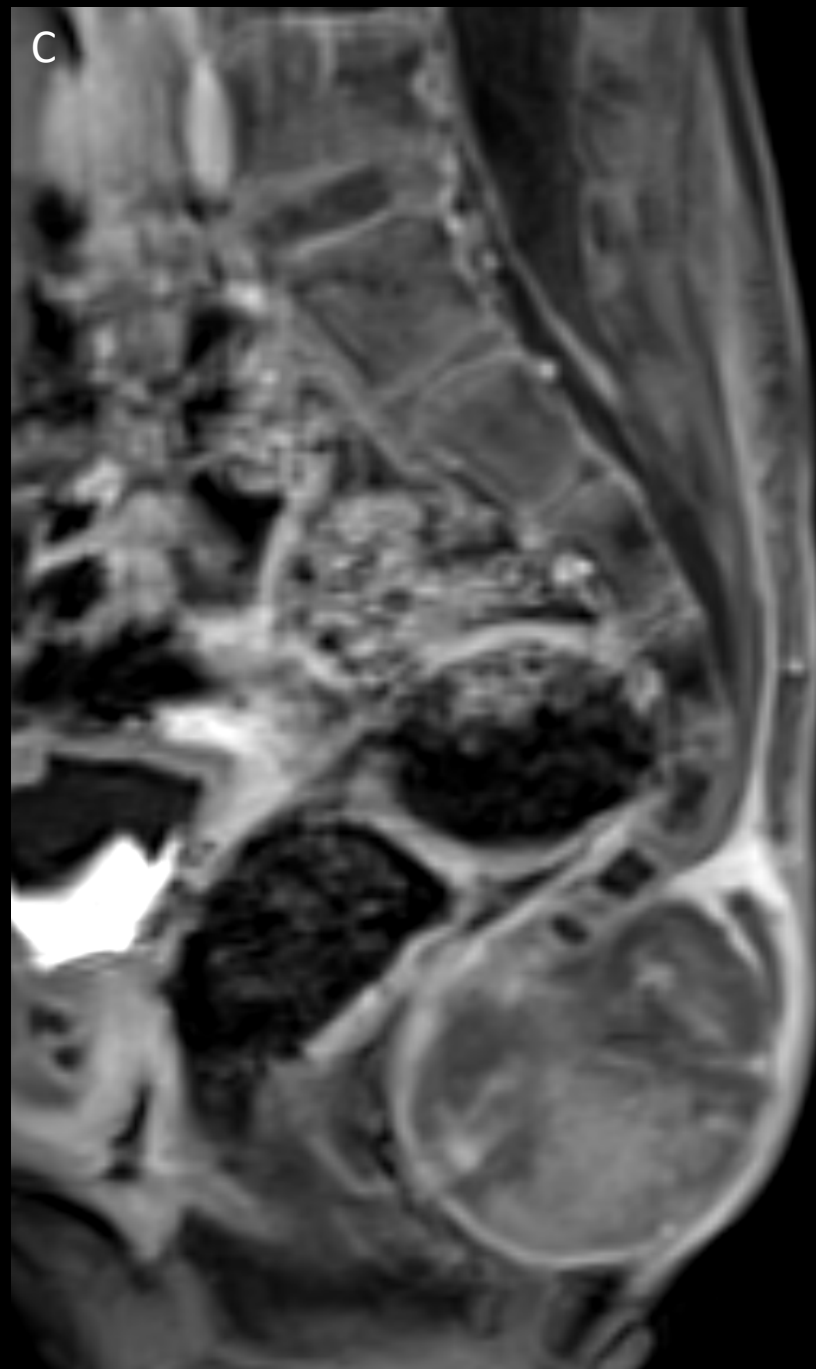
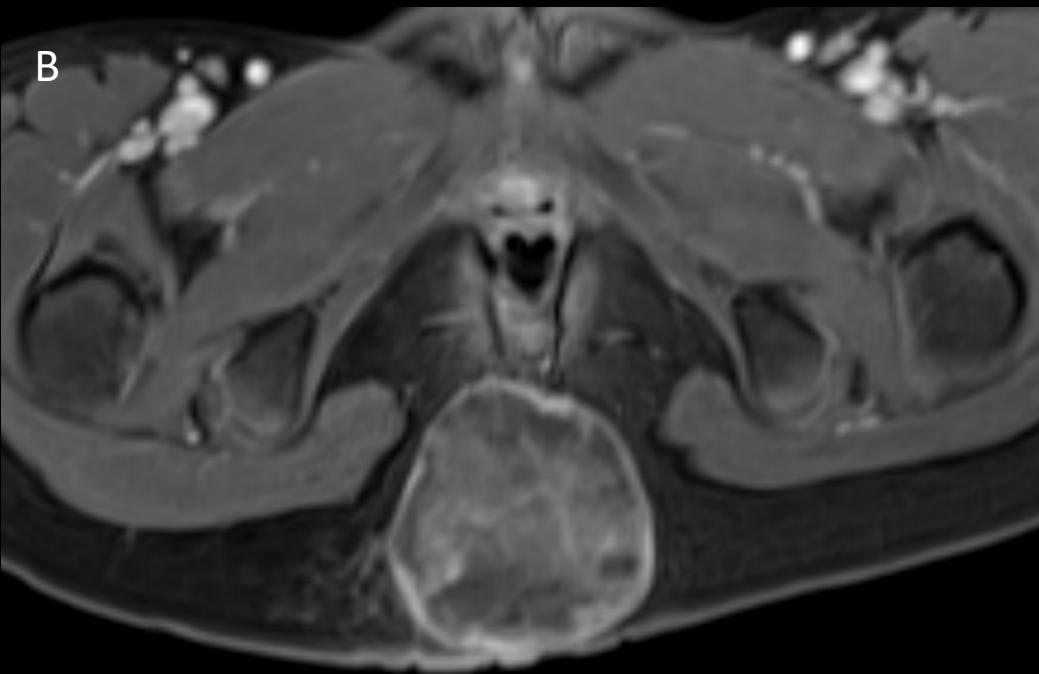
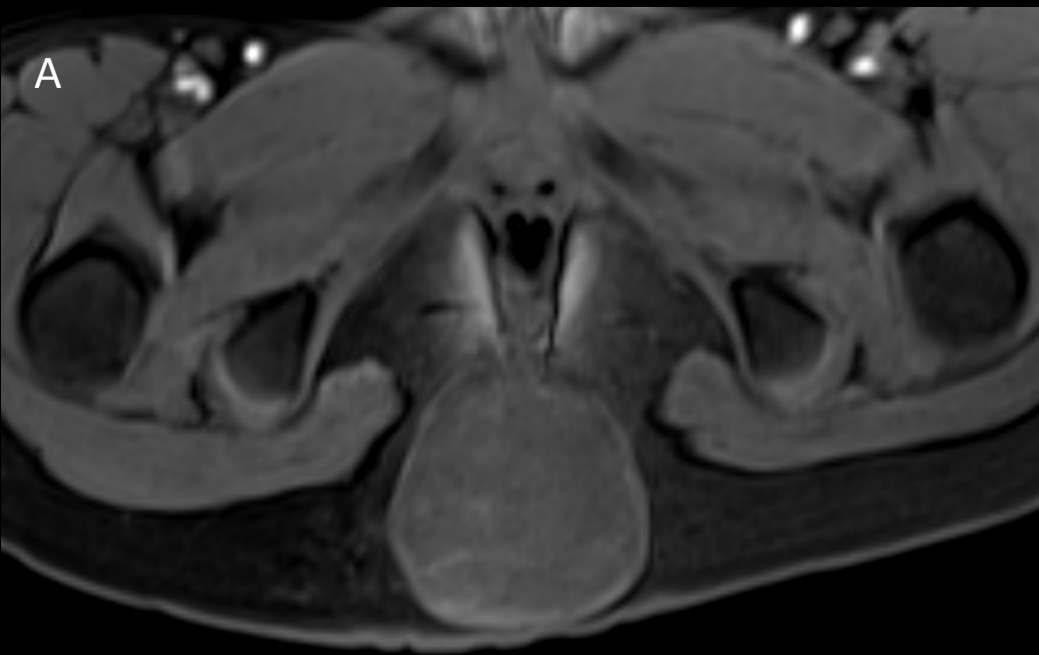


Fig. 2. Precontrast axial T1W VIBE FS (A) and postcontrast T1W VIBE FS axial (B) and sagittal (C) images demonstrate enhancement of margins of the mass with heterogenous internal enhancement.

Management

- Gross total resection of mass was performed with en-bloc resection of coccyx. No evidence of spinal extension/communication was noted.
- Histopathology showed a well circumscribed lesion comprised of plump, somewhat epithelioid cells within a predominantly papillary architecture with prominent perivascular pseudorosettes. Overall, the morphology and immunohistochemical results were compatible with a myxopapillary ependymoma.

Outcome

- MR imaging of the brain and spine performed soon after the surgery revealed no central nervous system involvement.
- At 20 month follow up, the patient demonstrated no new symptoms with no imaging or clinical evidence of recurrence.

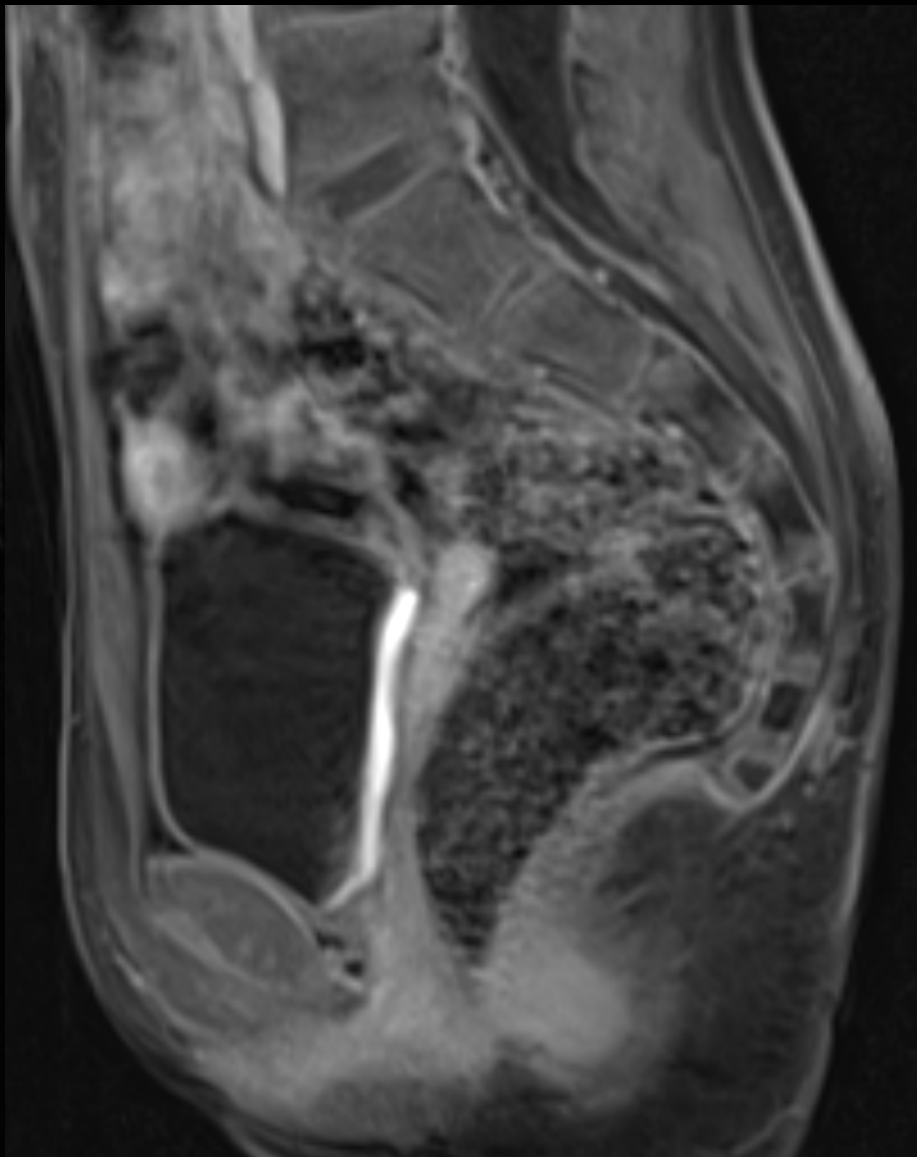


Fig. 3. Post-surgical follow up MRI with sagittal T2W (A) and sagittal T1W VIBE FS CE (B) demonstrating no recurrent lesion in the surgical bed.

Take Home Points

- Myxopapillary ependymoma is an uncommon variant of ependymomas which usually occur at the cauda equina, conus medullaris and filum terminale.
- Subcutaneous location of myxopapillary ependymoma is a rare presentation but can be considered as a differential for midline masses at the sacrococcygeal region in the younger age group.
- Differential considerations include sacrococcygeal teratoma, neurogenic tumor and pilonidal cyst.