Abstract:

Presented here is a 16-year-old girl who was referred on 30th January 1996 with diagnosis of cord compression with spastic paraplegia with sensory level at T7/T8. CT scan myelogam confirmed soft tissue density mass displacing cord to the left with no dye being seen beyond T3. Thoracic spine decompressive laminectomy was performed on 1st January 1996 at Nairobi West Hospital extending from T3 to T6 level, which revealed a fibrous haemorrhagic tumour. Histology showed meningioma (mixed fibrous type and meningoepitheliomatous type) with many psammoma bodies. She had a stormy post-operative period, with infection and wound dehiscence. This was treated with appropriate antibiotics and wound care. She was eventually rehabilitated and was able to walk with the aid of a walking frame because of persistent spasticity of right leg. She was seen once as an outpatient by author on 6th July 1996, she was able to use the walking frame, but the right leg was still held in flexion deformity at the knee. She was thus referred to an orthopaedic surgeon for possible tenotomy. She was able to resume her studies at the University ambulating using a wheel chair and walking frame. She presented with worsening of symptoms in 2001 (five years after her first surgery). MRI scan thoracic spine revealed a left anterolateral intradural lesion extending from T3 to T5 vertebral body level compressing and displacing the spinal cord. She had a repeat surgery on 6th March 2001 at Kenyatta National Hospital; spastic paraparesis and urinary incontinenece persisted. She also developed bed sores and recurrent urinary tract infections. She was followed up by the author and other medical personnel in Mwea Mission Hospital where she eventually succumbed in 2005, nine years after her first surgery. This case is presented as a case of incompletely excised spinal meningioma to highlight some of the problems of managing spinal meningiomas when operating microscope and embolisation of tumours are not readily available. Also the family experienced financial constraint in bringing the patient for regular follow-up, and getting access to appropriate antibiotics, catheters and urine bags.