A Case of Ewing’s Sarcoma Involving Cervical Spine

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Abstract: Ewing’s sarcoma is a highly malignant tumour involving the long bones of extremities together with soft tissues. Our case reports a very unusual case of Ewing’s sarcoma of spine. In this report, a 11 years old boy who presented with features of cold compression. After reaching a diagnosis of a space occupying lesion in cervical region, we excised the maps surgically and biopsy was sent which confirmed our diagnosis of swings sarcoma. Surgery was followed by dramatic improvement in motor signs of patient and he was referred to NIMRA for further treatment with radiotherapy and chemotherapy.

Key words: Ewing’s sarcoma • spine • cord compression

INTRODUCTION

Ewing’s sarcoma or Red Marrow tumour, a highly malignant bone tumour, was first described by James Twing in 1921. Mostly, it is observed in children and adolescents aged 4-15 years and rarely develops in adults older than 30 years. It accounts for approximately 5% of biopsy – analyzed bone tumours and approximately one third of primary bone tumours. It is second most common malignant bone tumour in young patients. It is more common in males than females with ratio of 1.5:1.

Most frequently the tumour is diagnosed as monostatic lesion in metaphysis or diaphysis of long bones of extremities. But tumour also may occur less frequently in pelvic areas, spine, ribs and scapula. On investigations x-ray cervical spine both AP and lateral view showed vertebral erosion together with subperiosteal elevation, MRI cervical spine showed extradural cervical cord compression. With these findings we planned an operative intervention, after removal of cervical mass we sent the specimen for biopsy and it was confirmed to be Ewing’s Sarcoma of Cervical Spine.

DISCUSSION

Ewing’s sarcoma is very rare tumour. It can occur at any time during childhood when bones are growing rapidly. Our case was a 11 years old boy who went to many local doctors at Larkana during which period...
Fig. 1: X-Ray Cervical Spine Lateral view showing damage of Cervical 2nd, 3rd, 4th vertebral bodies
Fig. 2: This Magnetic Resonance Imaging (MRI) of patient showing damage of C3-4 vertebral body damage and retrovertebral mass pushing cord backward

Fig. 3: This is post operator picture of patients showing the improvement in motor deficit and mobility of patients who came with +3 power and with tetra paresis

his condition was gradually getting worse despite of improving. After that he came to Neurosurgical OPD and was admitted in Neurosurgical Ward. After complete workup diagnosis of cervical spine space occupying lesion was made, which followed by surgical excision and biopsy and was confirmed as Ewing’s sarcoma.

After 8th POD, patient was referred to NIMRA, Jamshoro for Bone Scan to rule out other skeletal metastasis and advised for further Rx with radiotherapy and chemotherapy.

CONCLUSIONS

As tumour is very uncommon there requires vigilance and it presents with a wide variety of non-specific features. Despite recent advance in surgery, availability of specific chemotherapeutic agents the morbidity and mortality with Ewing’s Sarcoma very high. The key in early diagnosis and management.

REFERENCES