

## Myxopapillary ependymoma of the filum terminale

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A 3-year-old girl presented with pain and tenderness over the midline of the buttock area after trauma to the sacrococcygeal region and antecedent history of radiating pain in her lower limbs. MRI demonstrated a 3-cm, intensely enhancing, well-defined oval extramedullary intradural filar mass, isointense to the spinal cord on T1-W images and hyperintense on T2-W images in the cauda (Figs. 1 and 2). Histology confirmed an encapsulated intradural myxopapillary ependymoma.

Ependymomas account for 40–60% of primary spinal cord tumors and almost 50% occur in the cauda equina region. In



**Fig. 1** T2-W sagittal image of the lumbosacral spine



**Fig. 2** Gadolinium-enhanced T1-W image

children, 10% of ependymomas are intraspinal, compared to 75% in adults. Myxopapillary ependymoma is the most frequent of spinal cord ependymomas and the most vascular subtype of all ependymomas. Multiple lesions may also be seen due to drop metastases (14–43%), and subarachnoid hemorrhage rarely occurs. The treatment of ependymomas is tumor excision and adjuvant radiotherapy. The prognosis is favorable with a mean survival time of 6 years. Differential diagnosis of filum terminale masses are astrocytoma, hemangioblastoma, lipoma, schwannoma, paraganglioma and metastasis [1, 2].

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