Syrinx Associated with an Intramedullary Metastasis

Khaled Ashawesh, Rayid Abdulqawi and Saqib Ahmad

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A 68-year-old man was diagnosed with small cell cancer of the left lung and had several courses of palliative chemotherapy and radiotherapy. Four months later, he presented with acute urinary retention and a few days history of constipation and progressive weakness of the lower limbs and both hands. Neurological examination revealed right sided Horner’s syndrome, spastic paraparesis and weakness of small muscles of the hands; He had no sensory signs. MRI spine demonstrated an enhancing intramedullary lesion (compatible with metastasis) at the region of C6-C7 with a syrinx noted above and below the lesion (Pictures 1-3). An urgent radiotherapy of the spinal cord lesion was performed, which has led to an improvement in the neurological manifestations and hence the quality of life.

Intramedullary spinal cord metastasis associated with syringomyelia is rare, with only five cases reported in the literature (1-4). The primary tumours in these patients were renal cell carcinoma (1), colonic adenocarcinoma (2), adenocarcinoma of the breast (2), poorly differentiated lung can-
cer (3), and metastatic adenocarcinoma of unknown origin (4). The present case is the second report of syringomyelia associated with intramedullary metastasis from lung cancer.

References


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