

# Aggressive Vertebral Hemangioma Causing Acute Spinal Cord Compression

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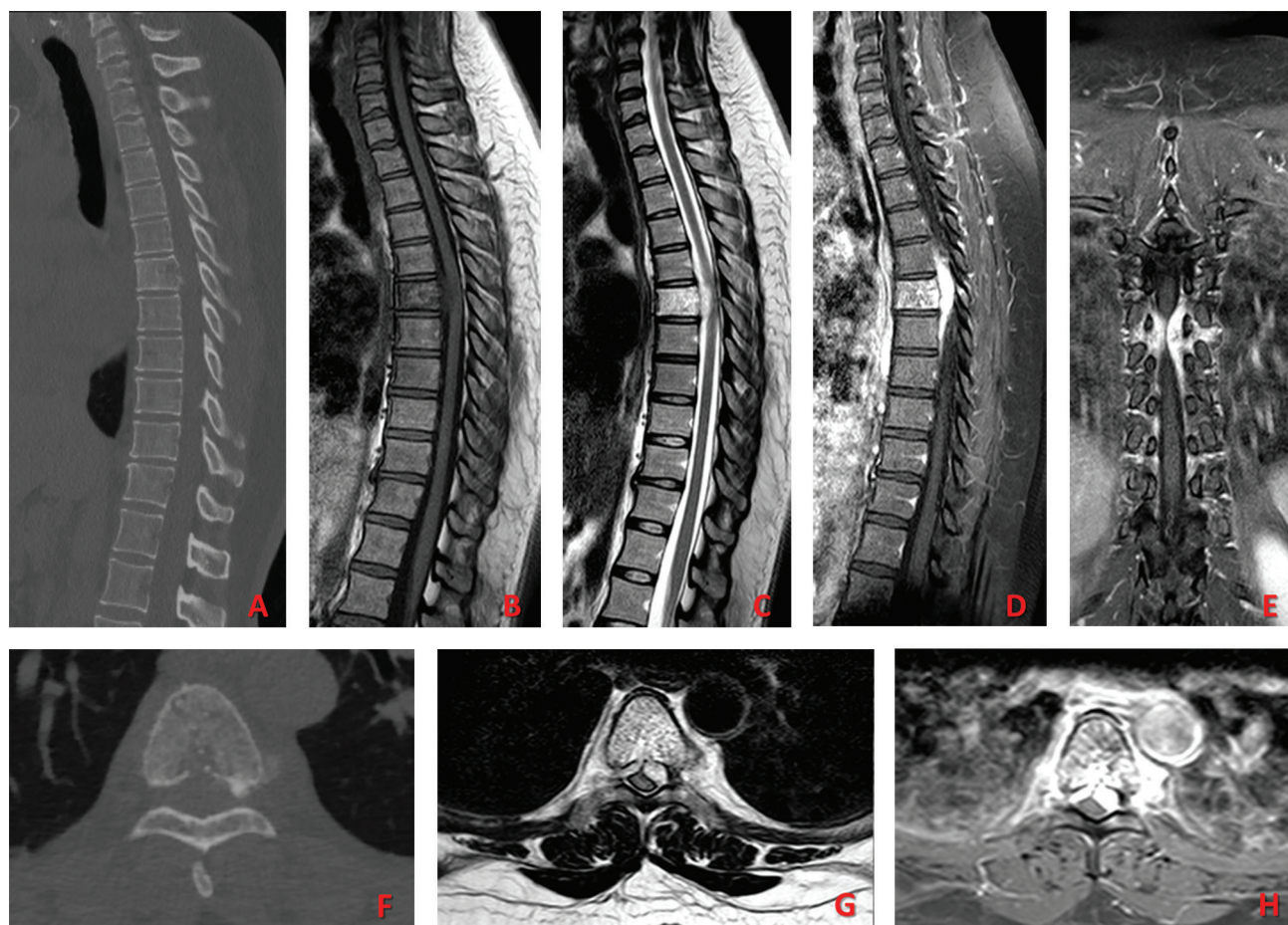
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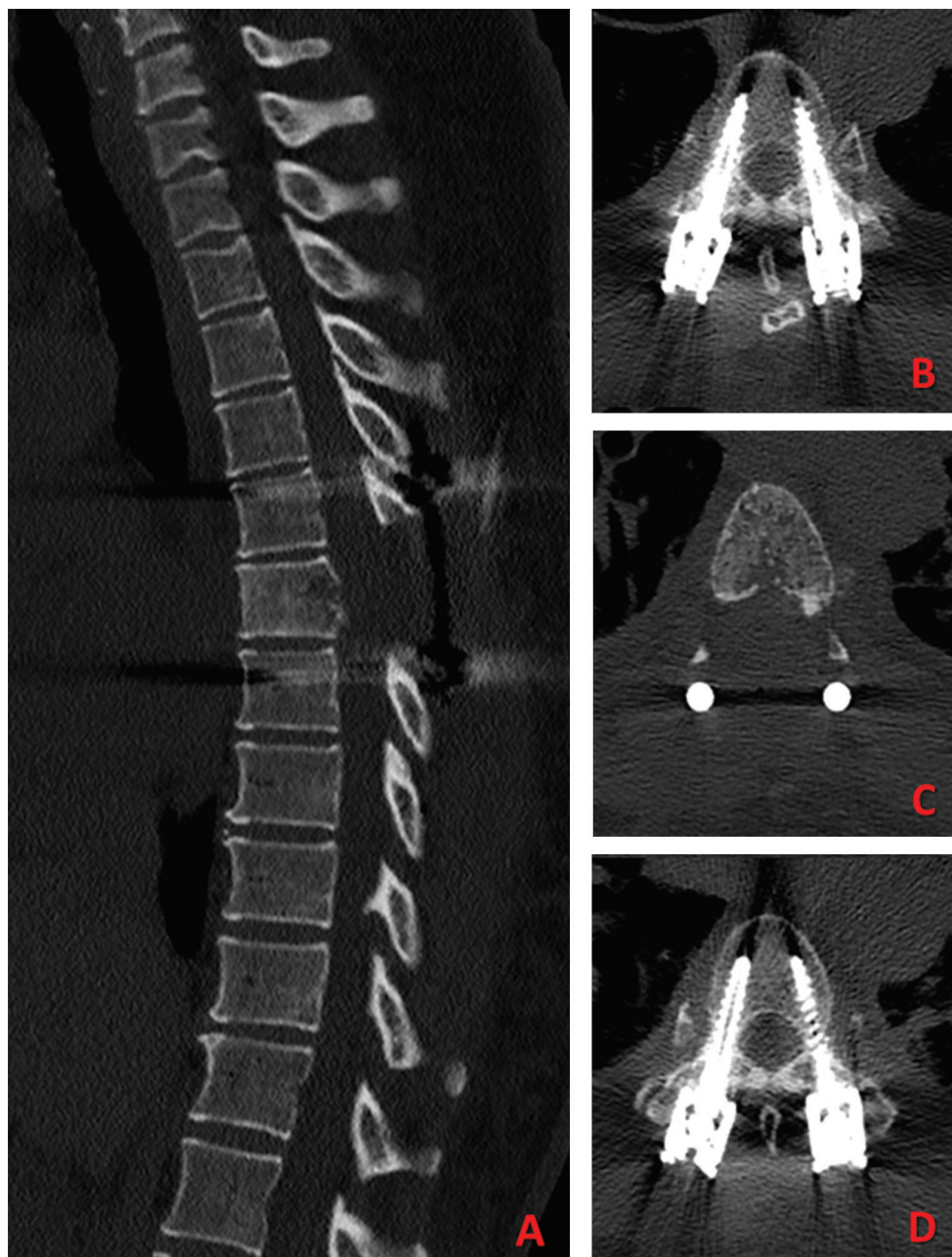
A 46-year-old woman presented to our emergency department with sudden onset of lower extremity weakness after physical activity. She referred only dorsal back pain before these symptoms. Neurologic examination revealed weakness (⅔) of lower limbs, hyperreflexia of deep tendon reflex of lower limbs, hypoesthesia under D7 level, and no sphincteric dysfunction. A computed tomography scan showed an

accentuation of trabecular markings within the vertebral body and areas of lysis (► **Figs. 1A** and **F**). Contrast-enhanced magnetic resonance images show diffuse abnormal marrow signal throughout the T6 vertebral body with epidural components with spinal cord compression (► **Fig. 1B–H**).

She underwent surgery on the same day through a mini-open decompression and percutaneous short posterior



**Fig. 1** Sagittal (A) and axial (F) computed tomography images demonstrating accentuation of trabecular markings within the vertebral body and areas of lysis involving the entire T6 vertebral body. Sagittal T1-weighted (B); sagittal (C) and axial (G) T2-weighted; sagittal (D), coronal (E), and axial (H) contrast-enhanced magnetic resonance images showing a T6 aggressive hemangioma with epidural extension and severe anterior cord compression.



**Fig. 2** Sagittal (A) and axial (B–D) postoperative computed tomography images demonstrating the posterior decompression and short pedicle screw fixation.

fixation (►Fig. 2). No complications occurred after surgery with full recovery of neurological symptoms. Radiotherapy was performed after 4 weeks with resolution of dorsal back pain.

Vertebral hemangiomas (VH) are benign and generally asymptomatic primary vascular tumors of bone.<sup>1,2</sup> Rarely, these lesions can cause symptoms due to cord compression as a result of bone expansion, erosion through cortex, fracture, or hematoma.<sup>3</sup> Despite our long-standing recognition of aggressive VH, there is still a controversy regarding the optimal treatment strategy, and numerous therapeutic options have been described: embolization, surgery, radiotherapy, vertebroplasty, or a combination of them.<sup>4-9</sup>

#### Funding

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#### Conflict of Interest

None declared.

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