A 37 years old man presented with a 5-month history of progressive back pain associated with hemiparesis. Pain was constant, pricking in nature with increasing in intensity at night. He needed support to walk. He had no difficulty with control of sphincters. There was no other constitutional symptom. No history of spinal trauma and denied any contact history with tuberculosis. Family and medical history were unremarkable. On examination, the cranial nerves were intact. There was tenderness over the spinous process of the thoracic vertebrae. Sensation was reduced on the right side at the level of T7 and T8 with presence of clonus and hyperreflexia. Voluntary power in all muscle groups was fairly normal. No lymphadenopathy was found. Other systemic reviews were unremarkable.

Magnetic Resonance Imaging showed subluxation of C3/C4, destruction of C3 vertebral body and reduction of C4-C5 vertebral height. There was also cord compression secondary to the C3/C4 subluxation. Previous bone and tissue samples were re-evaluated and revealed morphological features and immunohistochemistry analysis consistent with LCH. He was then subjected for posterior decompression and instrumentation of C2-C4. New biopsy was taken and confirmed the diagnosis.

He was well after the second surgery. On subsequent follow-up, patient showed great improvement and back to his pre-disease daily activities.

CONCLUSION
LCH is rare in adults but should not be ruled out. Difficult clinical presentation and histology requires higher degree of suspicion. This presentation is to emphasize the importance of including LCH in the differentials of radioluminescent lesions of the bone in adults.

REFERENCE


Langerhans-type histiocytes. Vertebral involvement has been frequently reported in approximately 10-15% of cases, but involvement of the spinal cord and roots remains a rare occurrence. Patients may present with progressive back pain; with or without neurologic symptoms. We describe an additional case of Langerhans cell histiocytosis (LCH) of the spine in a young adult presented with a progressive back pain with quadriparesis.

CASE REPORT

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