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VERTEBRAL METASTATIC CHEMODECTOMA : LONG TERM CASE REPORT (28 YEARS)

Introduction :

There have been several reported cases of vertebral metastases of chemodectoma, but adjuvant medical therapy with long term follow up is poorly documented.

1982: a 16-y girl underwent excision of a right carotid body tumour. Histology considered it as benign chemodectoma.

1987: severe thoracic back pain + paraplegia appeared. CT + MRI demonstrated T6 metastasis infiltration with cord compression, huge sacrum tumour + smaller lesions throughout the spine.

Histology confirmed metastatic chemodectoma. An attempt to decompress the spinal cord failed because of cataclysmic hemorrhagic. She was referred after collapse of the vertebral body. We performed T6 osteosynthesis of T6 + external-beam radiotherapy (30 Gy). Thoracic pain and lower limbs mobility improved significantly.

She was then treated by bi drug (cyclophosphamide + adriamycine) for 2 m to prepare sacrum surgery.

1989: An attempt to decompress sacral roots by posterior approach failed (cataclysmic hemorrhagy + severe vascular collapse. She continued on chemotherapy for 6 months with improvement of pain, neurological symptoms, stabilization of all lesions on CT. Roferon* 3M 3 a WK was initiated with a good tolerance + return to work. We stop in 1991 because depression. During 1 y she lived without symptoms + radiological stable disease.

1992: pain reappeared in legs with new lesions on acetabulum and right femur. 1993: we restarted Roferon* 3M. 6 months later pain disappeared and she could work.

1996: multinevritis + depression inclined to stop Roferon* but evolution compelled to restart it with improvement.

2001: progression of paraparesis justified a surgical sacral roots decompression. Despite embolization, massive bleeding made it unsuccessful.

2003: octreotide one year without clinical response + radiological progression. Restart of Roferon* during 4 years and new stabilisation of pain and imaging but new polyneuritis compelled to stop it in 2006.

2009: progression of pain and neurological deficiency led to deliver radiotherapy on lumbar and sacrum with good result.

2010: 28 years after diagnosis, 23 years after multiple metastases and first cord compression the patient is still alive. She suffers of pain in the back and legs + partial bladder paresis.

Conclusion :

This long term observation confirms the efficacy of radiotherapy and interferon on metastatic chemodectoma.