



# PSP 75<sup>th</sup> Annual Convention Research Competition



## Poster Presentation

### Spinal Pain: From Neoplastic to Parasitic

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#### ABSTRACT

**Introduction.** Spinal cord schistosomiasis can masquerade as an intramedullary tumor when it involves the conus medullaris or lower thoracic cord. Eggs transported via the valveless vertebral (Batson) venous plexus provoke a granulomatous inflammatory response, producing mass-like lesions on MRI. Because clinical presentation overlaps with neoplastic or inflammatory spinal diseases, the diagnosis often requires histopathologic confirmation.

**Case Description.** A 26-year-old male experienced sudden severe back pain initially thought to be due to a manifestation of symptoms from a bad fall from when the patient was just 5 years old. The patient was assessed through MRI with contrast yielding a 1 x 1.6 x 4.1 cm mass at the distal lumbar area involving the conus medullaris. Histopathological examination revealed the spinal tumor to be schistosomiasis with chronic inflammation.

**Discussion.** Spinal neuroschistosomiasis, overall, is rare with a 1-4% incidence among people with systemic schistosomiasis. Even among medullary schistosomiasis, 0.7% were lumbosacral and not necessarily involving the conus medullaris. Spinal cord schistosomiasis is most commonly due to *Schistosoma mansoni* or *haematobium* and can masquerade as an intramedullary tumor but epidemiological and microscopic data point toward *Schistosoma japonicum* to be the more likely causative agent for this case. The clinical presentation of spinal neuroschistosomiasis of the conus medullaris is non-specific and may overlap with more common spinal pathologies presenting as a subacute myelopathy, clinically.

**Conclusion.** The case highlights the necessity of heightened suspicion for spinal tumors among patients from schistosoma-endemic areas, advocating early diagnosis and management.

**Key words.** *Schistosomiasis, myelopathy, conus medullaris*