

VON RECKLINGHAUSEN'S NEUROFIBROMATOSIS TYPE 2
COMBINED WITH SPINAL CORD EPENDYMOMA (CASE REPORT)

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A 32-year-old patient M. is under medical supervision at the vascular department of the 4th Sumy city clinical hospital. She was first admitted in 2006 with acute focal neurological symptoms. Based on clinical examination and the computed tomography scan results, she was diagnosed with an acute brain stroke of brainstem distribution. Since then, the patient had been receiving regular rehabilitation treatment in a clinical setting. Two years ago she was admitted with complaints of pain in the thoracic spine and in the left hypochondriac region. She noted that over the last two years her left arm "has lost a lot of weight". Objectively: the left shoulder is lowered, the patient is unable to raise her arms above a horizontal line, to shrug, her left shoulder blade is away from the torso, the trapezius muscle is atrophied. There is the profound interosseous muscles atrophy of the left hand. Left arm muscle strength is reduced to 3 points. Fibrillation is not induced. There is staggering in the Romberg stance. A cervical spine MRI scan was recommended considering the signs of peripheral motor structures damage at the cervical segments level. The examination revealed a focal gliosis in the brainstem and the presence of extramedullary space-occupying lesion described as multiple spinal neurinomas and an ependymoma at the C₃ segment level. The patient was suspected of having Recklinghausen's neurofibromatosis type 2 based on the anamnesis and the additional research methods results. No conflict of interest.

