



Letter to the Editor

Comment regarding the article “Posttraumatic thoracic epidural capillary hemangioma”

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To the Editor,

I read with particular interest the article by Dr. Sudhir *et al.* in which the authors report a patient with spinal cord compression attributed to a histologically proven midthoracic epidural capillary hemangioma following spinal trauma that had occurred 9 years ago.^[1] I congratulate the authors on this contribution to the literature. However, I think some aspects of this publication justify further comment and clarification.

As mentioned by the authors, the tumor was also protruding into the proximal aspect of the right T7/T8 neural foramen; this information was also present in [Table 1]. However, in the discussion, Sudhir *et al.* wrote that the tumor was extending into the right T6–7 foramen instead of T7–8.

More importantly, it is not clear whether there was a previous T7 burst fracture. On the sagittal magnetic resonance images for this patient, the healed fracture appeared to involve the T11 vertebral body and not T7. Further, there was also evidence of posterior thoracic soft-tissue scarring, remodeling, abnormal posterior epidural contrast enhancement at the T11 vertebral level (i.e., a small intramedullary cavity on T2-weighted images with relative spinal cord atrophy in T11), and evidence of a prior T11 laminectomy. This discrepancy should be reevaluated by the authors as it is unlikely that there was a previous T11 injury/surgery 9 years ago, and now a new T7 epidural tumor. Therefore, this report cannot be considered really “posttraumatic” until the above-noted factors have been further clarified by the authors.

Furthermore, according to the authors, there were only nine similar cases of spinal epidural capillary hemangiomas reported in the literature,^[1] yet a dozen more cases have, in fact, been published bringing up the total of at least 21 cases to date. It would have been instructive to include the data contained within these additional studies. Perhaps the authors did not use the keyword “extradural” along with “epidural” in their bibliographic research.^[1-10,12]

I hope this comment will contribute to a better understanding of this relatively rare entity for the readers of Surgical Neurology International.

Declaration of patient consent

Patient’s consent not required as there are no patients in this study.

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Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Akhaddar A, Oukabli M, En-Nouali H, Boucetta M. Acute postpartum paraplegia caused by spinal extradural capillary hemangioma. *Int J Gynaecol Obstet* 2010;108:75-6.
2. Brasil AV, Rohrmoser RG, Gago G, Cambuzzi E. Atypical spinal epidural capillary hemangioma: Case report. *Surg Neurol Int* 2018;9:198.
3. Cofano F, Marengo N, Pecoraro F, Penner F, Bertero L, Zenga F. Spinal epidural capillary hemangioma: Case report and review of the literature. *Br J Neurosurg* 2019;1-4. Doi: 10.1080/02688697.2018.1562034.
4. Doyle PM, Abou-Zeid A, Du Plessis D, Herwadkar A, Gnanalingham KK. Dumbbell-shaped intrathoracic-extradural haemangioma of the thoracic spine. *Br J Neurosurg* 2008;22:299-300.
5. Egu K, Kinata-Bambino S, Mounadi M, Rachid El Maaqili M, El Abbadi N. Lumbosacral epidural capillary hemangioma mimicking a dumbbell-shaped neurinoma: A case report and review of the literature. *Neurochirurgie* 2016;62:113-7.
6. García-Pallero MA, Torres CV, García-Navarrete E, Gordillo C, Delgado J, Penanes JR, *et al.* Dumbbell-shaped epidural capillary hemangioma presenting as a lung mass: Case report and review of the literature. *Spine (Phila Pa 1976)* 2015;40:E849-53.
7. Garg M, Singh D, Kumar V, Singh H, Batra VV, Sachdeva D. Epidural capillary hemangioma in the thoracic spine with neural foramina extension: A case report. *Ann Clin Case Rep* 2016;1:1109.
8. Gencpinar P, Açıkbaş SC, Nur BG, Karaali K, Arslan M, Gurer EI, *et al.* Epidural capillary hemangioma: A review of the literature. *Clin Neurol Neurosurg* 2014;126:99-102.
9. Rajeev MP, Waykule PY, Pavitharan VM, Nandeesh BN. Spinal epidural capillary hemangioma: A rare case report with a review of literature. *Surg Neurol Int* 2017;8:123.
10. Sankar MM, Kumar RS, Rajkumar S. A rare case of dumbbell-shaped spinal epidural capillary hemangioma. *J Spinal Surg* 2017;4:83-6.
11. Sudhir G, Jayabalan V, Manohar TH, Gadde S, Kumar V, Kailash K. Posttraumatic thoracic epidural capillary hemangioma-a rare case report. *Surg Neurol Int* 2020;11:179.
12. Xu H, Tong M, Liu J, Zhou G, Chen F. Purely spinal epidural capillary hemangiomas. *J Craniofac Surg* 2018;29:769-71.

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