Two Rare Spinal Conditions in Children

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The e-publishing section on Pediatric Spine in this issue of *The American Journal of Orthopedics* consists of two case reports of rarely seen conditions in children and adolescents. These case reports are, therefore, of great interest to those physicians who see children and/or adolescents with back and neck pain. However, the very rarity with which we see these problems in this age group can sometimes make us, as physicians, immune to recognizing their symptoms. Consequently, we fail to look for those uncommon conditions that these two papers address. Back and neck pain in children and adolescents should always make the treating physician wary and alert to all serious conditions that could need urgent and immediate attention.

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"L2 Chordoma in an 11-Year-Old Girl" by Bedi and colleagues is a very unusual case of an 11-year-old adolescent girl with abdominal symptoms. She was subsequently diagnosed by computed tomography (CT) scan and magnetic resonance imaging (MRI) with an L2 lytic lesion. Most commonly in the pediatric population, this would likely have been considered either an aneurysmal bone cyst, hemangioma, osteoblastoma, fibrous dysplasia, or other benign lesion. A search for malignancies, such as leukemia or other hematological causes, would also have been part of the differential. An infection would, furthermore, certainly have been high on the list of considerations. A malignant chordoma would probably not even have been on my list of possible causes. Nevertheless, an image-guided biopsy established the diagnosis: a very rare, malignant chordoma.

The treating surgeon should be commended for using the technique of en bloc vertebral excision through a posterior approach, avoiding the anterior approach with all of its problems, especially in a child with previous abdominal surgery. In addition, the surgeon used computer image guidance for precise pedicle-screw placement, which allowed for greater stability of the spine postoperatively. This tumor is notoriously slow-growing, and only more time will tell if a recurrence will be part of the child's future. All in all, this was a very difficult diagnosis to make, and once made was followed through with a marvelous choice of en bloc vertebral excision and guided fixation of the spine.

"Multilevel Pediatric Cervicothoracic Intervertebral Disc Calcifications" by Barrett and colleagues is a wonderful case report of a relatively rare condition of calcifications in the cervical disc spaces in a 6-year-old girl.

To my memory, I have never seen multiple-level intervertebral disc calcifications in the cervical spine of a child. The authors were astute to rule out inflammatory disorders, metabolic disorders, and epiphyseal dysplasias. Again, the authors stress the importance of taking seriously the symptoms of neck pain or any spine pain in a child and of finding its cause, if possible. I must congratulate the treating physicians, who realized that this was a benign, self-limiting disorder that would resolve in time and who did not resort to a hurried invasive investigation and treatment. ■

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Am J Orthop. 2008;37(7):E120.