A 31-year-old woman complained of right sciatica for 2 months followed one month later by gait disturbance and weakness of right lower extremity. Magnetic Resonance Imaging (MRI) revealed an extradural mass extending from L4 to S1/S2 interspace. It appeared hypo-intense on T1-weighted and T2-weighted images and contrast enhancement after injection of gadolinium (Figure 1A, B and C). Axial MR images revealed a mass extension to the right neural foramen at the L5–S1 which is enlarged (Fig1D, E). The patient underwent laminectomy of L4 to S1, A highly vascular lesion was seen in the epidural space, extending from L4 root axilla down to the S1 root, could be excised totally. There was no visible bone involvement. Histopathological study revealed high cellularity small round cells with high nuclear cytoplasmic ratio (Figure 2). Immunohistochemically, the tumor cells were positive for CD99. A diagnosis of Primary Extraosseous Ewing Sarcoma (EES) was favored and confirmed by molecular cytogenetic analysis. After completing adjuvant chemoradiotherapy, the patient is symptom free.

EES is a rare neoplasm that is difficult to diagnose. It can cause spinal cord and cauda equina compression [1]. Complete tumor resection with adequate chemoradiotherapy is considered as the optimal therapeutic [2].

References
