

## Epithelioid Hemangioendothelioma of the Lumbar Spine

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A 25-year-old man was referred for irradiation of a vertebral Epithelioid hemangioendothelioma (EHE) with a 6-month history of non systematized lombo-sciatic pain. There was no history of direct or indirect trauma or overexertion. At presentation the patient had severe back pain and difficulty walking. A neurological examination revealed percussion pain over the lumbar spine and cauda equina syndrome with perineal sensory symptoms and weakness of the muscles of the lower legs. The computed tomography (CT) revealed a radiolucent lesion of the L3 vertebral body which destroyed the cortex and extending into adjacent soft tissues (**Figure 1**). A lumbar magnetic resonance imaging confirmed the presence and the extent of the lesion accompanied by compressive epiduritis (**Figure 2**). To decompress the spinal cord, a laminectomy of the L3 vertebra with L2-L4 osteosynthesis was performed. A bone biopsy confirmed the diagnosis of an EHE after immunohistochemistry assays. Four weeks later and after three session of physiotherapy, distal flaccid paraplegia was permanent. The patient was then addressed to our department for definitive RT of her bone lesion. The total prescribed dose was 45 Gy in 25 fractions (1.8 Gy per fraction, once daily, 5 days a week). Actually, the patient is currently being treated.

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**Figure 1** showing a radiolucent lesion of the L3 vertebral body.



**Figure 2** MRI confirmed bony destruction of the L3 vertebral body accompanied by compressive epiduritis.