



2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM



POSTERIOR MEDIASTINAL SCHWANNOMA

BY

DR SANATH KUMAR S (SENIOR RESIDENT)

DEPT OF RADIODIAGNOSIS.

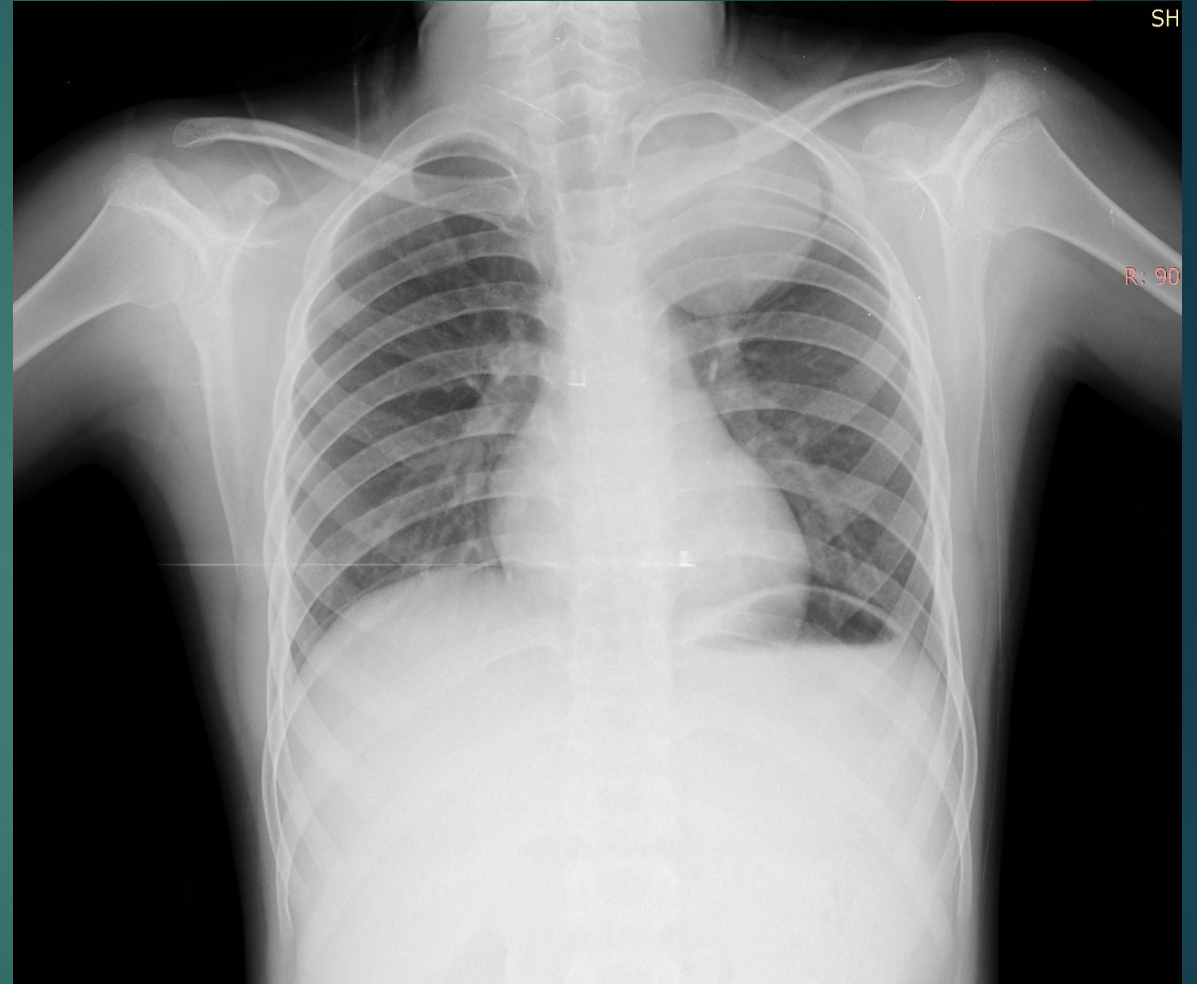
SUBBAIAH MEDICAL COLLEGE, SHIMOGA.

HISTORY:

- 10 Year old male patient presented with history of paraplegia since 1 month. On physical examination UMN type of paralysis found with loss of vibration and pain sensation left side.
- No h/o trauma/fever/ weight loss

FRONTAL CHEST RADIOGRAPH

Frontal chest radiograph shows a well defined homogenous opacity in left upper zone, making obtuse angle with lung, no air bronchograms or vascular markings seen within the lesion and its borders are well made out (cervicothoracic sign seen) -mediastinal mass. Bilateral lung fields and cardiac silhouette are normal.



LATERAL CHEST RADIOGRAPH

To localize where within the mediastinum
Lateral x-ray shows the lesion is in posterior
mediastinum

DDS

NEUROGENIC TUMOURS

- SCHWANNOMA
- NEUROFIBROMA

ENTERIC DUPLICATION CYST

LYMPHADENOPATHY

PARASPINAL ABSCESS

ANEURYSM



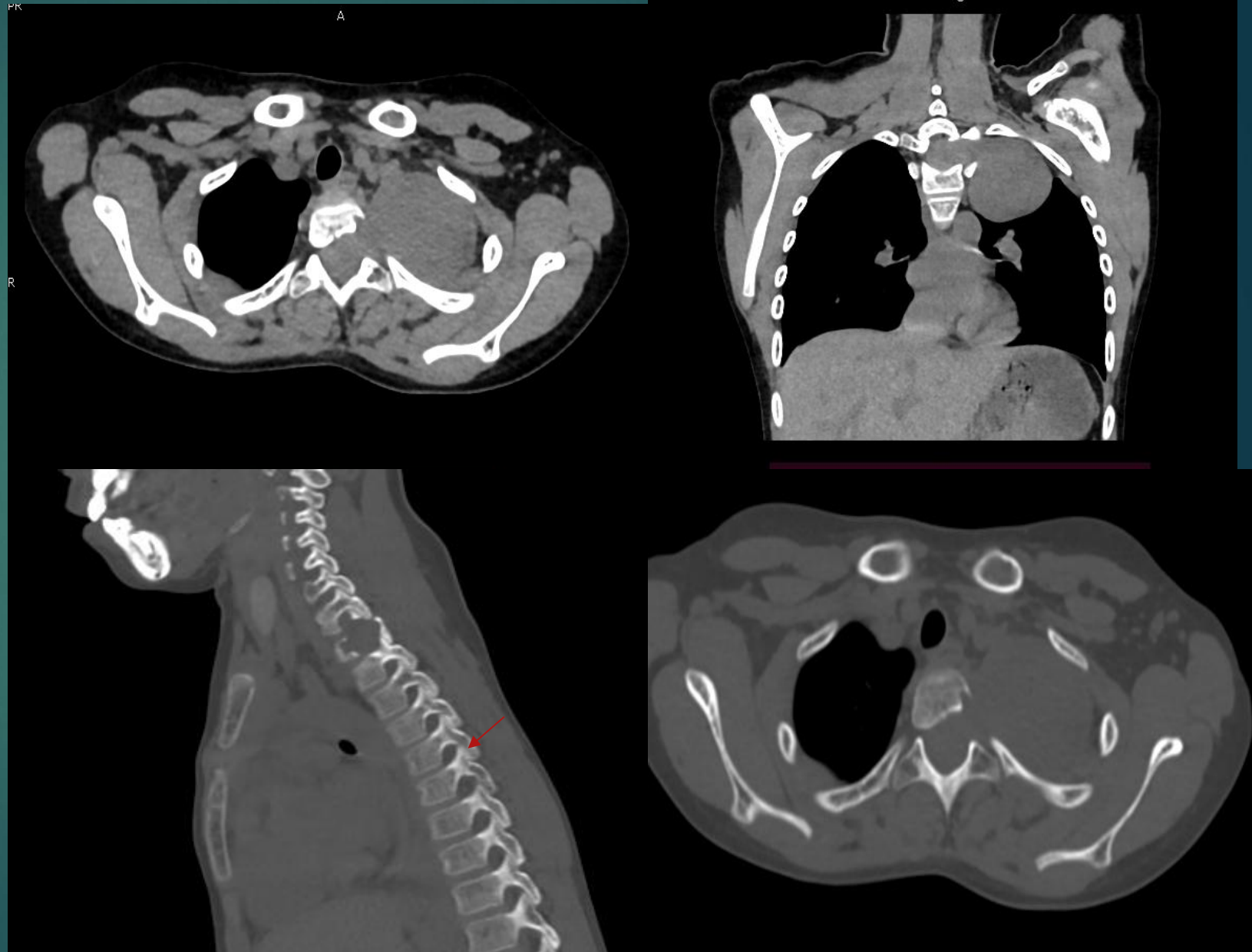
PLAIN CT:

CT revealed a left paraspinal posterior mediastinal soft tissue density bilobed (Dumbbell shaped) tumour extending from neural foramina of D2 vertebra.

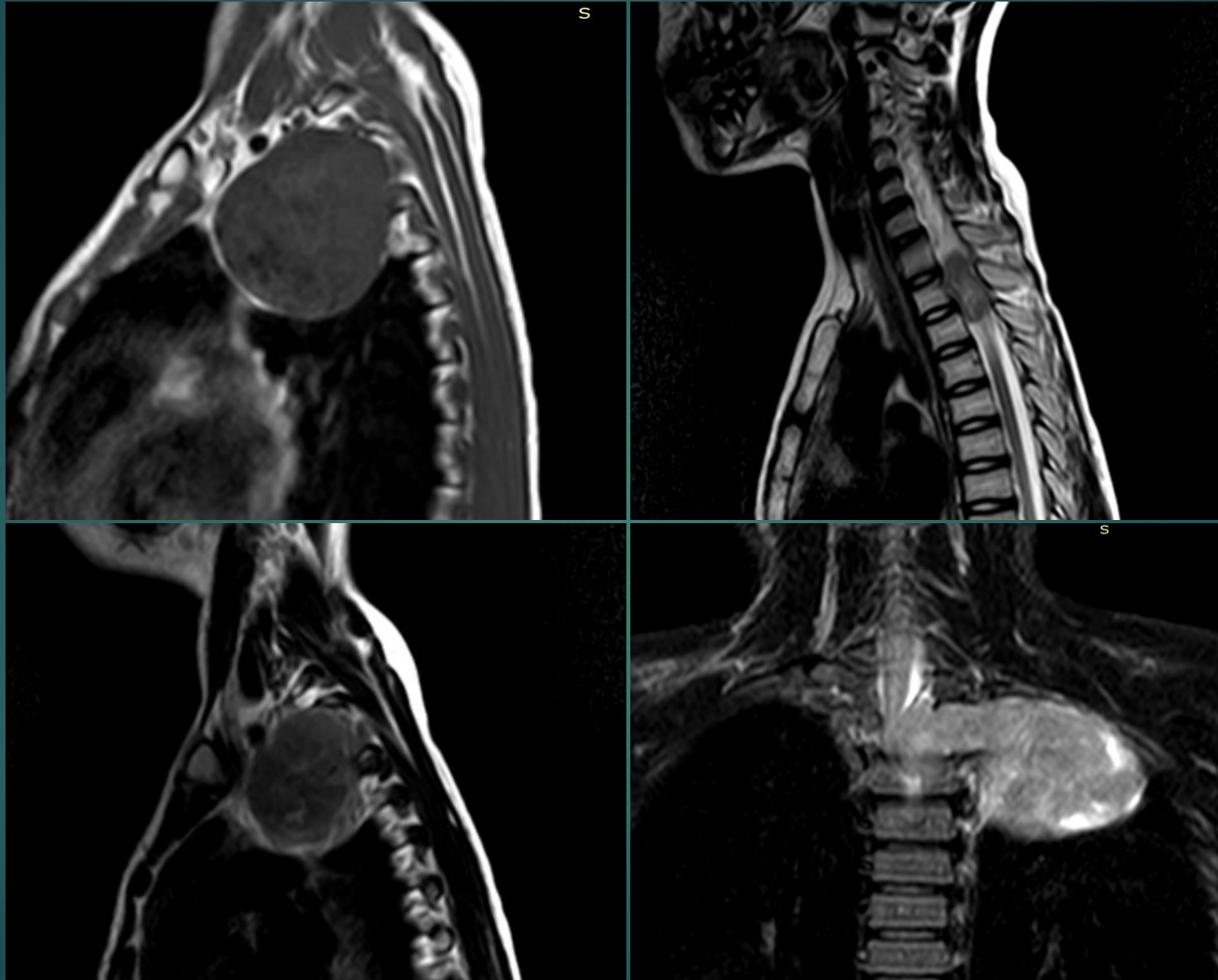
Erosion and widening of neural foramina of D2 noted on left side.

No evidence of calcifications within the lesion. Marginal erosion of adjacent vertebral body noted.

NEUROGENIC TUMOR



MRI (Sagittal T1 and T2)



DIAGNOSIS:

- Sagittal T1 and T2 w images shows a large bi-lobulated intradural extramedullary mass lesion measuring 7.2x3.8 (TR x AP) at D2,D3 vertebral levels on left side with large extradural component in left Paraspinal region extending from the intradural lesion through left sided neural foramen. Posteriorly fat plane with pleura is effaced and medially fat plane with esophagus and aortic arch is maintained.
- Nerve sheath tumor – Likely Schwannoma

THANK YOU