Bilateral papilledema associated with spinal schwannoma

Figure 1 Papilledema

Funduscopy shows severe bilateral papilledema surrounded by peripapillary hemorrhage. Visual acuity was 20/50 in both eyes.

A 61-year-old man presented with a 4-month history of progressive vision loss and paresthesia between the right L2-L4 dermatome. Funduscopy revealed severe bilateral papilledema (figure 1). Head CT showed mild hydrocephalus. CSF from a lumbar puncture at the L4-L5 level was xanthochromic with an elevated protein level (4,350 mg/dL). Lumbar spine MRI demonstrated a large intradural tumor at the L3-L4 level (figure 2), which was pathologically identified as schwannoma. Surgical removal resolved all symptoms. Papilledema is a rare complication induced by marked elevation of CSF protein, which may disturb CSF absorption and result in high intracranial pressure.^{1,2}

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T1-weighted gadolinium-enhanced lumbar spine MRI demonstrates a heterogeneous hyperintense mass located in the vertebral canal at the level of the L3-L4 vertebral bodies.

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