Intradural tumours

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These are rare. They may be intramedullary (within the substance of the spinal cord) or extramedullary (outside the cord). Most are extramedullary and benign; the commonest are meningiomas and neurofibromas. Meningiomas are usually benign and arise from the meninges. They are generally slow growing and often warrant radiological surv eillance. If the lesion is large and impinges on the spinal cord or nerve roots, steroids and early surgery may be indicated. Neurofibromas are benign tumours that arise from the nerve sheath. There are three major types of neurofibroma: cutaneous, spinal and plexiform. In 90% of cases they present as solitar y lesions, with the remainder presenting in patients with neurofibromatosis type 1 (NF-1), an autosomal dominant genetically inherited disease. NF-1 occurs in 1 in 3000 births and has been referred to as peripheral neurofibromatosis or von Recklinghausen disease. Diagnosis of NF-1 is confirmed when an individual has two or more of the following: at least six café-au-lait macules >5 /uni00A0 mm diameter before puberty or six café-au-lait macules >15 /uni00A0 mm after puberty , two or more neurofibromas of any type or one plexiform neurofibroma, multiple freckles in the axillary or inguinal regions, a distinctive bone abnormality involving the eye socket or arm/leg bones, optic glioma in the brain, two or more Lisch nodules in the eye, and a parent, sibling or child with NF-1. Neurofibromatosis type 2 (NF-2) is a genetically determined disorder that a ff ects 1 /uni00A0 in 40 /uni00A0 000 individuals worldwide. A diagnosis of NF-2 is made when an individual has the following findings: schwannomas on both eighth cranial (vestibular) nerves or a parent, sibling or child with NF-2 plus one vestibular schwannoma in a person less than 30 years of age, or any two of the following: menin gioma, glioma, schwannoma, juvenile cataracts. Intradural tumours

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