

# Epidural Lipomatosis: An Indolent Cause of Spinal Stenosis. A Multicentric Review.

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## Introduction

Spinal epidural lipomatosis (SEL) is a rare spinal condition characterized by abnormal deposition of un-encapsulated fat in the epidural space. It can be classified as idiopathic or secondary (often related to long term corticosteroid treatment), and may show an indolent course with episodes of abrupt worsening. Neurological deficits or persistent back pain represent the only indications for surgery, thus most cases are managed conservatively.

## Methods

Herein we present a multicentric retrospective analysis of 14 SEL followed over a period of 5 years. Data from OutPatient Clinics (including VAS and SF12 questionnaires) and neuroradiological investigations were reviewed aiming to better define the clinical course of this pathological entity, along with its causative and prognostic factors.

## Results

SEL resulted associated with excess of steroid levels in >50% of our patients, either because of exogenous steroid administration (as in Systemic Lupus Erythematosus) or endogenous excess steroid secretion (as in Cushing's disease). 79% of patient had morbid obesity (BMI 30 or higher), whereas only 3 idiopathic cases were identified. 71% of patient presented with mild to moderate back pain, whereas no cases of neurological deficits were recorded during the observational period. The VAS grade resulted directly proportional to: 1) initial BMI, 2) the prescribed corticosteroid dose and 3) overall length of treatment. Nonetheless those factors did not seem to be correlated with the chances of improvement or time to recovery. In fact, a conservative approach, which included weight loss, progressive corticosteroid withdrawal and analgesic management led to improvement of VAS and SF12 in all cases but one.

## Conclusions

Our experience seems to suggest that the initial VAS grade is not related to the rate or degree of recovery; thus confirming that a conservative management can be considered as the mainstay of treatment in patients diagnosed with

## Learning Objectives

By the conclusion of this session, participants should be able to:

- 1) describe the risk factors for SEL
- 2) understand its clinical course
- 3) discuss in small groups its management options

## References