INTRODUCTION
Spinal ependymal tumours are about 40-60% of spinal cord tumour. Most commonly the myxopapillary subtype of ependymomas occur in thoracolumbar region and 90% of tumour occur in conus medullaris. It is a benign and most commonly an encapsulated tumour. Extrapial ependymomas are rare and mostly occur in subcutaneous tissue of sacrococcygeal or presacral region. The sign and symptoms are non-specific with pain in lower back. Some patients may present with headache, pain, numbness. 8-20% of it occur in childhood. Adult age group from 18-29 years also affected by this tumour. This tumour has good prognosis. The key microscopic feature of this tumour is mucinous degeneration of the papillary tumour vascular stromal core lined by cuboidal cells. Surgical excision of the tumour is mostly done. If it is adhere to cauda equina or conus medullaris then adjuvant radiotherapy can be done. On review of literature this tumour is rare in Asian only one such case was reported in Asian female. As such not definite relation with race is known. Our patient was a 23 year old Asian male diagnosed as case of subcutaneous Myxopapillary ependymoma sacral region histologically with clinical diagnosis of lipoma.

CASE REPORT
A 23 years old male presented with history of swelling below sacral region that was clinically diagnosed as lipoma and excised. On gross examination, multiple four small well circumscribed nodules along with skin, measured 2.0x1.0x1.0cm, 2.5x2.0x1.0cm, 3.0x2.5x1.5cm and 3.5x3.0x2.5cm. A piece of skin focally was attached to the nodules measuring 3.0x2.8x0.2cm. On cutting the nodules were grayish white with a few small myxoid areas. Representative sections were submitted. On microscopic examination of H&E sections showed hyalinized tissue containing aggregates of papillary structures. The papillae were made by basophilic mucinous material lined by cuboidal epithelial cells. The histological features are consistent with subcutaneous myxopapillary ependymoma. Section of skin reveals no pathology.
DISCUSSION

Ependymoma are rare in extraspinal regions.\textsuperscript{14} Our patient is also a case subcutaneous myxopapillary ependymoma sacral area. Extradural sacrococcygeal subcutaneous ependymoma are rare representation. The first case in literature was reported by Mallory in 1902.\textsuperscript{15} The ependymoma is classified into three subtypes, i.e. Myxopapillary, papillary and subependymoma type.\textsuperscript{16} Majority of subcutaneous ependymoma are myxopapillary in histology.\textsuperscript{17} 50% cases have been reported in posterior sacral or subcutaneous region.\textsuperscript{18} As they are localized in sacral region, which leads to a common misleading diagnosis of pilonidal sinus or other tumours like lipoma, teratoma, chordoma, myxoid chondrosarcoma, metastatic mucoid carcinoma and metastatic carcinoid other.\textsuperscript{6}
The clinical diagnosis of our patient was lipoma. Myxopapillary ependymoma is differentiated from other tumours by positive GFAP and S-100. The follow up is recommended after local excision as this tumour has potential for recurrence or it may metastasise. So surveillance is important.

**CONCLUSION**

We are reporting a rare case of young Asian male showing histological features of sacroccocygeal subcutaneous myxopapillary ependymoma with clinical diagnosis of lipoma. So Myxopapillary ependymoma should be considered in the differentials of sacral area swelling although rare.

**REFERENCES**


