

A Case of the 10 days

Case 279

A forty eight-year-old female presented in our hospital for feeling numbness beginning from the plantar region from bilateral foot and expanding to bilateral lower extremity. Further, several days after when she took MRI, she gradually felt sluggish and heavy on lower extremity, inducing hard to walk (Figs 1, 2).

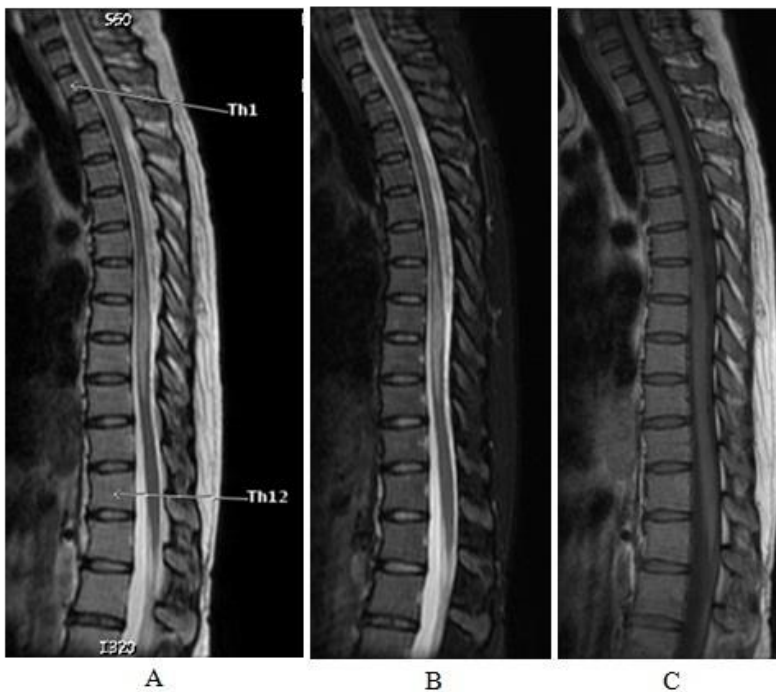


Fig. 1 Sagittal MRI T2WI (A) and MRI fat-suppression T2WI (B) of thoracic spine depict a lesion with high signal intensity in the swollen thoracic spinal cord from Th7 to Th10. Sagittal MRIT1WI (C) depict no detection of the lesion due to the same signal intensity as the surrounding normal spinal cord.

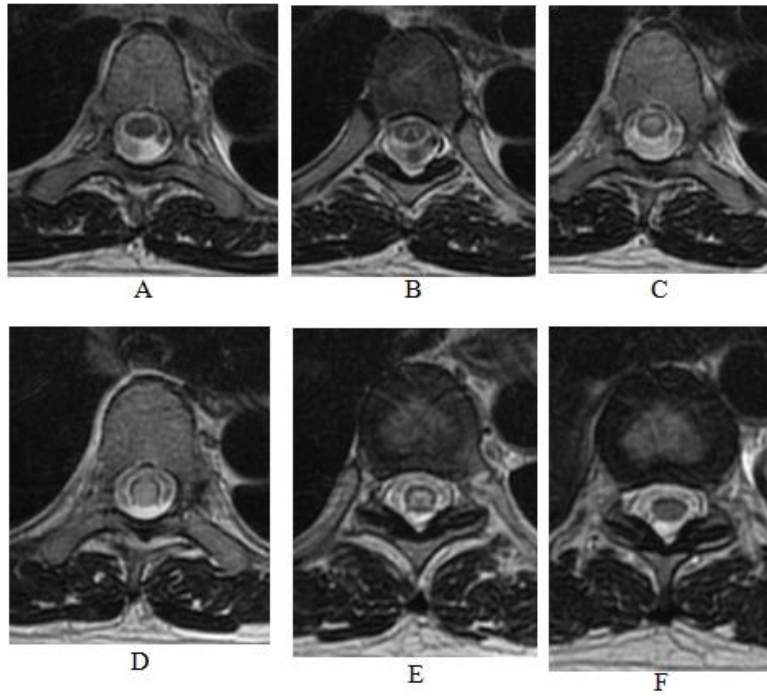


Fig. 2 Axial images of MRIT2WI (A-F) depict normal thoracic spinal cord (A, F) and a lesion inside thoracic spinal cord with high signal intensity (B-E).

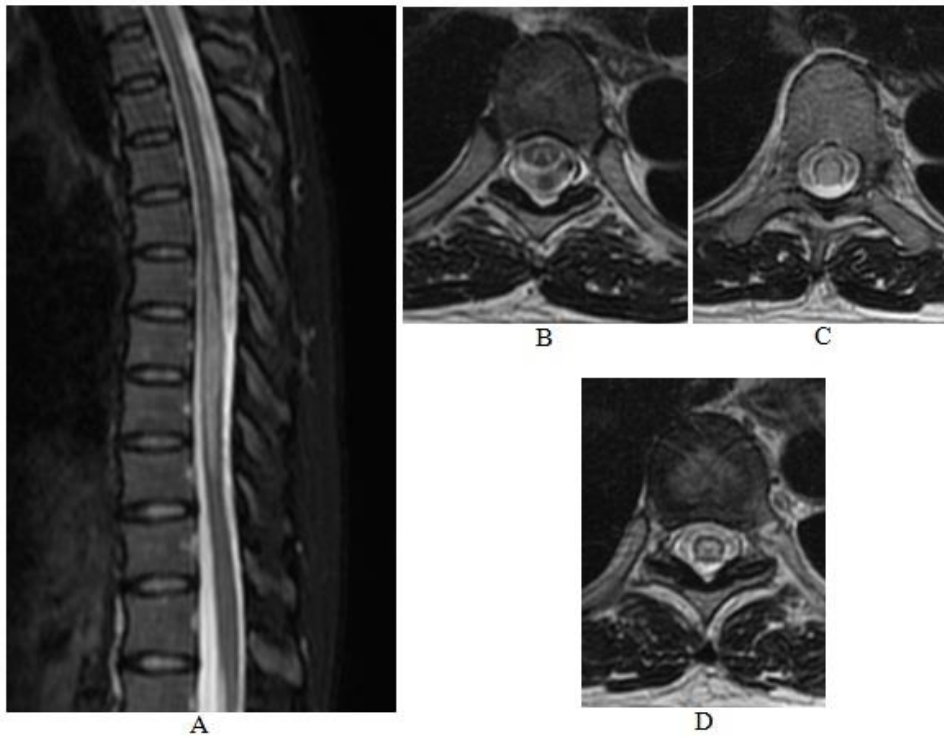


Fig. 3 Extracted figures on T2WI. Sagittal MRIT2WI (A) depict a lesion with high signal intensity in thoracic spinal cord, extending Th7 to Th10, indicative of more than 3 vertebrae. Axial MRIT2WI depict upper edge (B), body (C) and lower edge (D) of the lesion. The body lesion occupies almost entire spinal cord while the edge lesions occupy gray matter.

What is your imaging diagnosis ?

1. Spinal ependymoma
2. Neuromyelitis optica spectrum disorder
3. Meningioma
4. Neurinoma
5. Multiple sclerosis

answer

2022.10.7