Musculoskeletal Imaging [1], MRI [2]

A diffuse central amorphous hyperintensity of the cervical cord extended from the superior endplate of the T6 vertebra to the superior endplate of the T1 vertebra with diffuse cord enlargement.

Clinical History
A 44-year-old woman complained of neck and left arm pain with bilateral hand numbness.

Findings
A diffuse central amorphous hyperintensity of the cervical cord extended from the superior endplate of the T6 vertebra to the superior endplate of the T1 vertebra with diffuse cord enlargement. The cord was slightly hypointense on the sagittal T1 image (Figure 1), becoming amorphously hyperintense on the T2 sagittal image (Figure 2). Cord expansion had effaced the circumferential cerebrospinal fluid cleft. There was no demonstrated syrinx cavity. No hemorrhagic characteristics to this lesion were found, and there was no increased vascular flow or areas of susceptibility artifact. Repeat imaging with gadolinium was requested for further assessment of this lesion.

Differential Diagnosis
Differential diagnosis included an intramedullary neoplasm, idiopathic transverse myelitis, and cord infarction or cord ischemia versus multiple sclerosis.

Addendum
After additional imaging with sagittal and axial T1 contrast-enhanced MR, we noted circumferential peripheral enhancement of the cervical cord from C6 to T1. Patchy parenchymal enhancement of the posterior column of the cervical cord was evident at the C6-C7 level. The pattern of enhancement is against the diagnosis of an intramedullary neoplasm, a cord infarction, or a tumefactive MS plaque. Clinical consultation revealed additional history of sarcoidosis. The MRI manifestations of the cervical cord were consistent with neurosarcoidosis. An MRI of the brain, with and without gadolinium augmentation, was recommended for further evaluation of possible intracranial neurosarcoidosis. Case submitted by Franklin and Seidelman, Subspecialty Radiology

Disclosures:

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