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IMAGES OF SPINE CARE

Multiple posttraumatic cervical pseudomeningoceles

A 4-year-old girl presented with weakness and wasting of the left upper limb following a traction injury 3 months back. Magnetic resonance imaging (MRI) of her spine (Fig. 1) demonstrated multiple, discrete, non-enhancing cystic lesions suggestive of pseudomeningoceles along the dorsal and ventral nerve root sleeves on the left side from the C3 to C7 vertebral levels. The spinal cord was displaced to the right side at some levels by the intraspinal components of these lesions (Fig. 2). There was no evidence of altered signal intensity within the cord. There was no fracture or instability of the vertebral column. There was significant atrophy of the shoulder muscles, trapezius, and the paraspinal muscles on the left side (Fig. 2A). Electromyographic evaluation demonstrated denervation from C5 to T1, with no sensory involvement. The

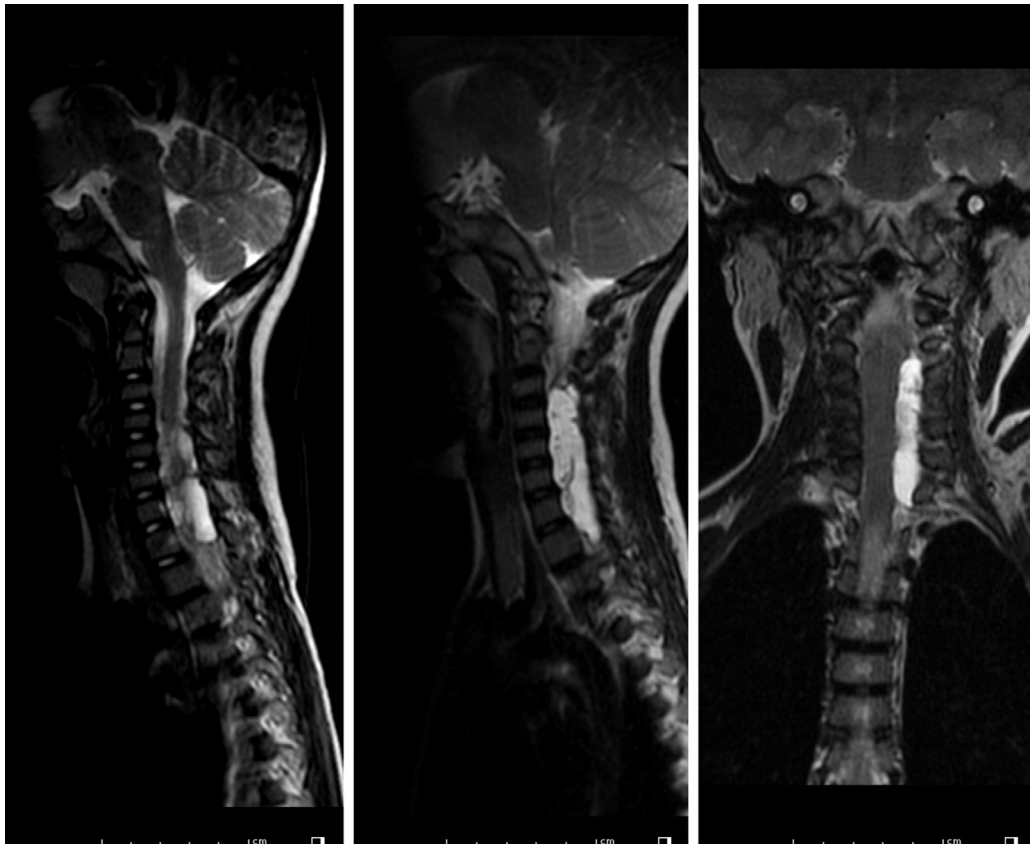

Fig. 1. MRI of the cervical spine: (Left) midsagittal T2 section demonstrating hyperintense, cystic lesions in the lower cervical region; (Middle) parasagittal T2 section; and (Right) coronal T2 section demonstrating multiple cystic lesions from the C3 to C7 levels on the left side. Mild displacement of the cord is noted in Right.

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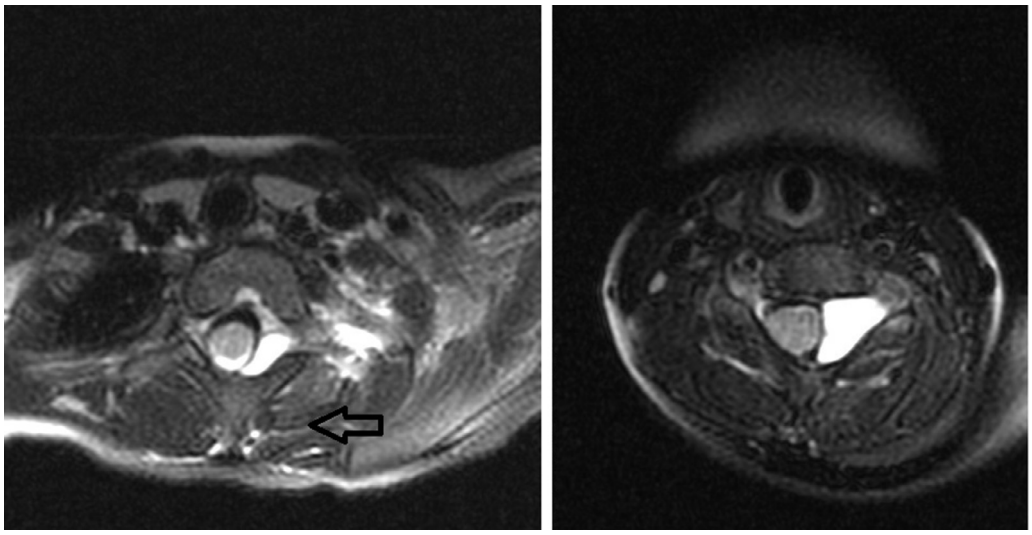

Fig. 2. Axial T2 MRI showing (Left) an intraspinal component of the pseudomeningocele and atrophy of the paraspinal muscles on the left side (arrow); (Right) intraspinal and foraminal components of the pseudomeningocele and cord indentation at this level.

diagnosis was consistent with that of an extensive preganglionic brachial plexus injury, with the formation of posttraumatic pseudomeningoceles caused by avulsion of multiple roots from the spinal cord. She was referred to another center for nerve transfers.

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