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Thoracic Paraspinal Desmoid Type Fibromatosis

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1 Thoracic Paraspinal Desmoid Type Fibromatosis

2 A-53-year-old female admitted to our hospital with the complaints of lower back pain and
3 nonmobile, palpable mass in the middle of posterior low thoracic region. Patient's history
4 revealed 12 months history of mass with slow growing. Magnetic resonance imaging of the
5 thoracic spine demonstrated a well defined mass between T9 and L1 vertebrae levels originating
6 from trapezius muscle in the neighborhood of thoracal spinous processes. Lesion was
7 heterogeneous hyperintense on T2-weighted images and hypointense on T1-weighted images. On
8 fat-suppressed T2- weighted images lesion showed heterogeneous hyperintense signal intensity.
9 After gadolinium administration heterogeneous strong enhancement of the mass was observed. A
10 fine-needle aspiration biopsy was performed and pathologically, the tumor was diagnosed as
11 desmoid type fibromatosis. After surgical treatment, the patient was relieved from the pain in the
12 lower back. Desmoid type fibromatosis is a benign fibroblastic tumor and the primary treatment
13 of the desmoid type fibromatosis is a wide resection with negative resection margin [1]. Imaging
14 has a vital role in the diagnosis and presurgical planning.

15 Reference

16 **1.** Furlan JC, Valiante T, Dickson B, Kiehl TR Paraspinal desmoid-type fibromatosis as a cause
17 of low back pain. *The spine journal* 2013;13(12):1958.

18 Figure Legends

19 **Fig. 1** The lesion (arrowheads) was hypointense on T1-weighted sagittal image (A), moderate
20 heterogeneous hyperintense on T2-weighted sagittal image(B), hyperintense on fat-suppressed
21 T2-weighted sagittal image(C). After gadolinium administration well enhancement of the lesion
22 (arrowheads) was observed (D).

1 **Fig. 2** On axial T1-weighted (A) and T2-weighted (B) images, lesion (arrowheads) was adjacent
2 to spinous processes (arrow).



