


**IMAGES OF SPINE CARE**

## A multilobulated, pan-columnar cervical spine lesion causing myelopathy

A 45-year-old man presented with history of progressive weakness of all four limbs. Magnetic resonance imaging (Fig. 1) showed a mildly enhancing, multilobulated lesion from the C5 to C7 levels arising from a partially destroyed C6 vertebra. It was extending into the pre- and paravertebral regions, displacing the trachea and oesophagus anteriorly. The discs were preserved. There was a significant epidural component with cord compression. Computed tomography (Fig. 2) demonstrated lytic changes in all the three spinal columns at C6 and widening of the neural foraminae bilaterally. The patient underwent radical debulking of the lesion, C5 and C6 corpectomy, fusion, and plating followed by C3–T1 posterior fixation. He was referred for radiation therapy following a histopathologic diagnosis of a chordoma.

The occurrence of chordomas in the lower cervical spine is very rare. Radical debulking and postoperative radiotherapy are recommended for these insidious lesions. Total

spondylectomy combined with piecemeal excision is recommended for a better prognosis for multi-columnar lesions.

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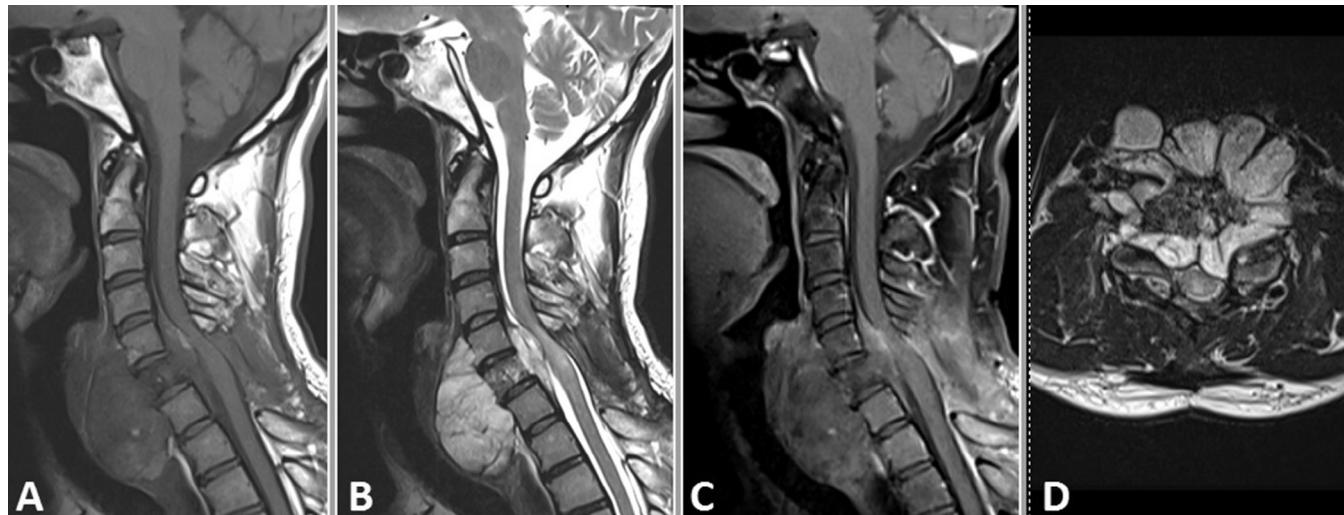


Fig. 1. MRI of the cervical spine: (A) Sagittal T1 sequence demonstrating an isointense lesion from C5 to C7 levels with hyperintense areas and epidural and prevertebral components. (B) The lesion is noted to be hyperintense on T2-weighted sequences. (C) Mild enhancement with contrast is noted on gadolinium-enhanced T1 sequences. (D) Axial T2 sequence demonstrating a multilobulated appearance of the lesion.

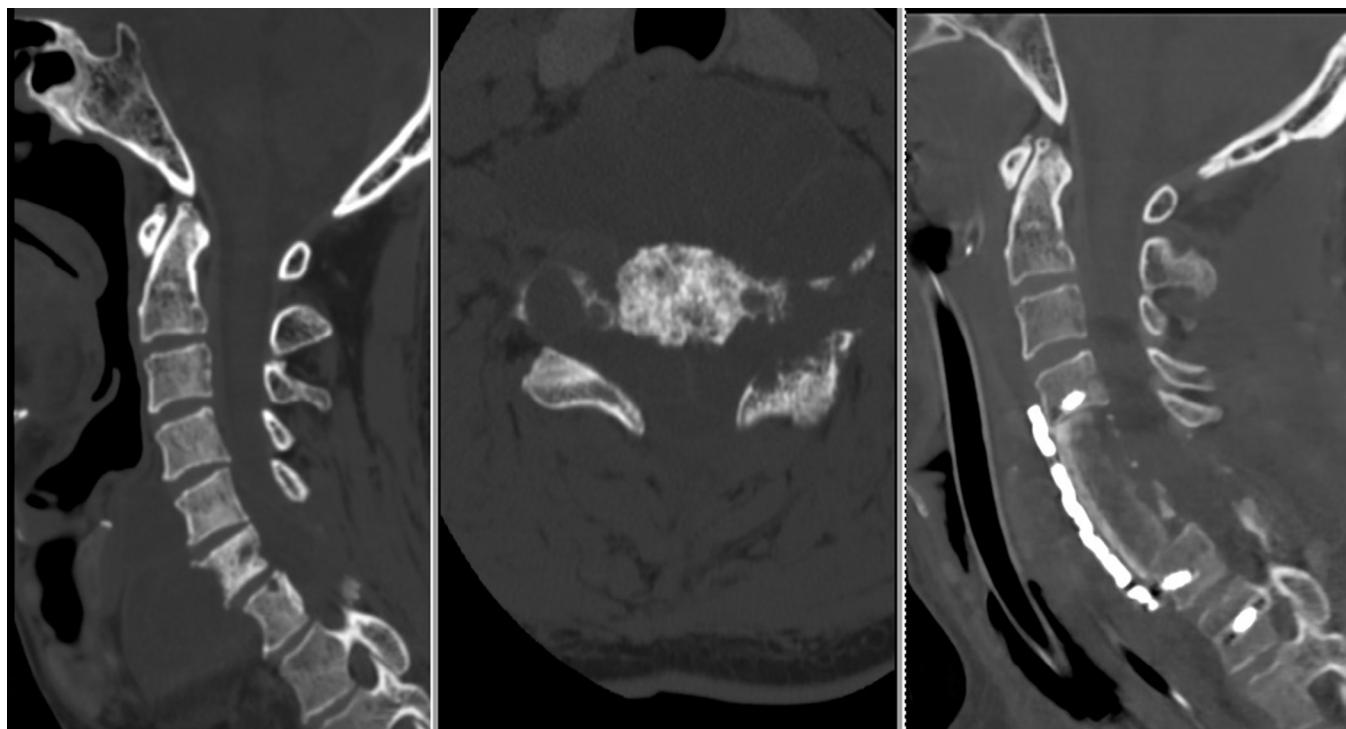


Fig. 2. CT of the cervical spine showing (Left) lytic changes in the C6 body and C6, C7 laminectomy defect; (Middle) multi-columnar involvement and bilateral foraminal widening. (Right) Postoperative CT showing an iliac bone graft in the C5, C6 corpectomy defect and a plate from C4 to C7.