



Intramedullary contrast injection in the setting of a split spinal cord

A 40-year-old man with spina bifida, diastematomyelia, and a resected right hemicord epidermoid cyst presented for follow-up. Following computed tomography (CT) myelography—performed because of patient’s incompletely removed bladder stimulator—he reported left lower extremity pain. Imaging revealed a small focus of contrast within the left hemicord at L1–L2, suggestive of intramedullary injection (Figs. 1 and 2). The patient was treated conservatively with steroids and continues to recover. Diastematomyelia or split spinal cord is rare [1–3]. Magnetic resonance imaging is the imaging modality of choice; however computed tomography myelography may be used when magnetic resonance imaging is contraindicated [2,4]. Intramedullary contrast injection during myelography is uncommon. Subsequent neurologic deficits can develop shortly after injection

but are addressed with conservative management and resolve rapidly [5,6].

References

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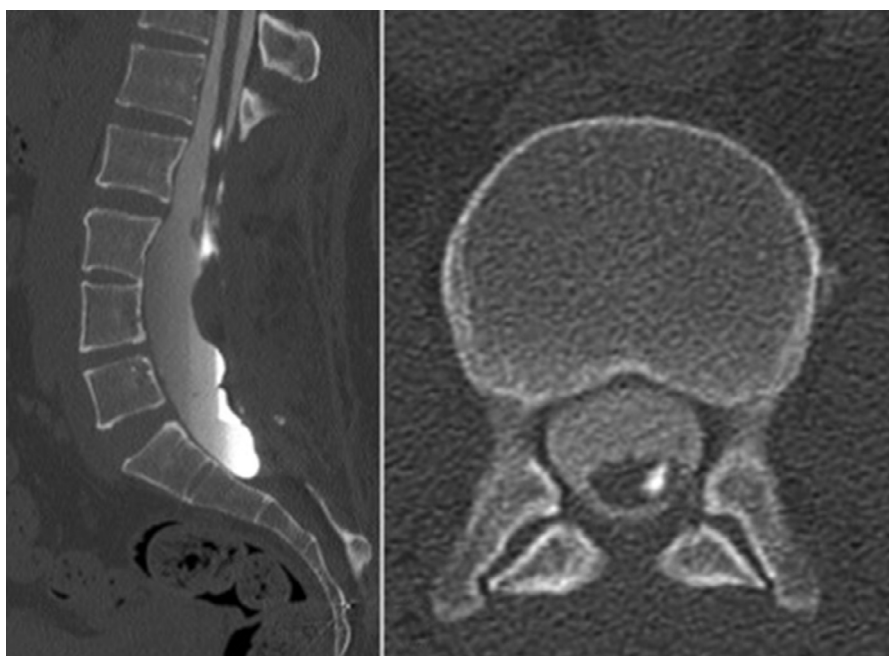


Fig. 1. (Left) Sagittal CT image of the lumbar spine revealing a low-lying cord, partially tethered to the overlying soft tissues posterior to L3. (Right) Axial image at L1–L2 level showing a small focus of contrast within the left hemicord.

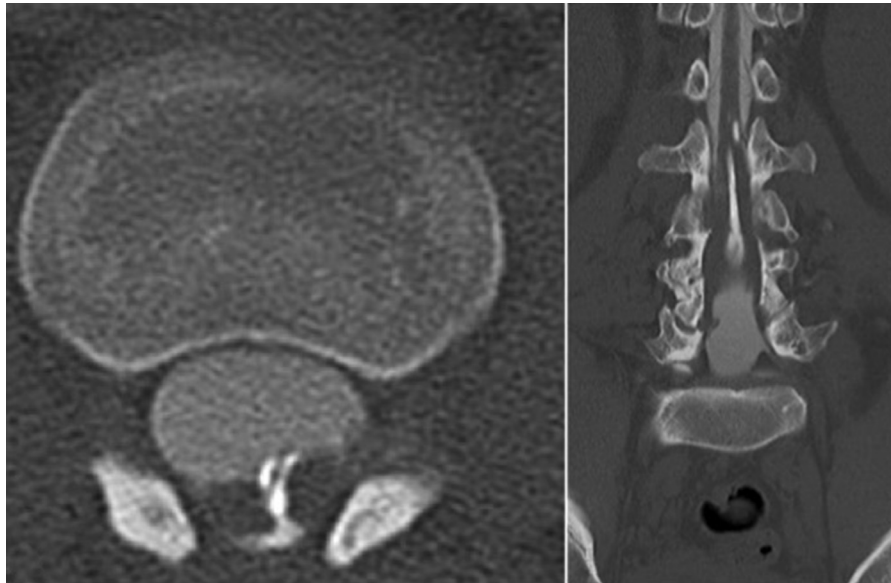


Fig. 2. Axial (Left) and coronal (Right) CT images showing dense contrast filling the space between the hemicords.

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