

Isolated spinal sarcoidosis

A 15-year-old man was admitted with complaints of strength loss below both knees and inability to walk for the past 2 weeks. Physical examination revealed hyperactive deep tendon reflexes of lower extremities, clonus, and decreased muscle strength (3/5). The patient was referred for brain and spinal magnetic resonance imaging (MRI). Brain MRI was normal, whereas the spinal MRI revealed an intraspinal extradural solid mass lesion at the level of T6–T8 vertebrae of the size 13×26×42 mm. The lesion was hyperintense on T2-weighted image and enhanced vividly except the center part after contrast medium injection (Figs. 1 and 2). The spinal cord was pushed forward and compressed by the lesion, and the neural foramina were obliterated at the levels of T6–T7 and T7–T8 (Fig. 3). T6–T8 laminectomy and excision of the mass was performed. The histopathologic examination showed noncaseating granulomas and the diagnosis of sarcoidosis was made. There was no evidence of systemic involvement. With 3 months of corticosteroid therapy after operation, the patient recovered rapidly.

Gonca Koc, MD^a

Selim Doganay, MD^a

Ayşe Kacar Bayram, MD^b

Mehmet S. Dogan, MD^a

Sureyya B. Gorkem, MD^a

Abdulkhakim Coskun, MD^a

^aDepartment of Pediatric Radiology

Faculty of Medicine

Erciyes University, Melikgazi

38039 Kayseri, Turkey

^bDepartment of Pediatric Neurology

Faculty of Medicine

Erciyes University, Melikgazi

38039 Kayseri, Turkey

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AKB: Nothing to disclose. **MSD**: Nothing to disclose. **SBG**: Nothing to disclose. **AC**: Nothing to disclose.

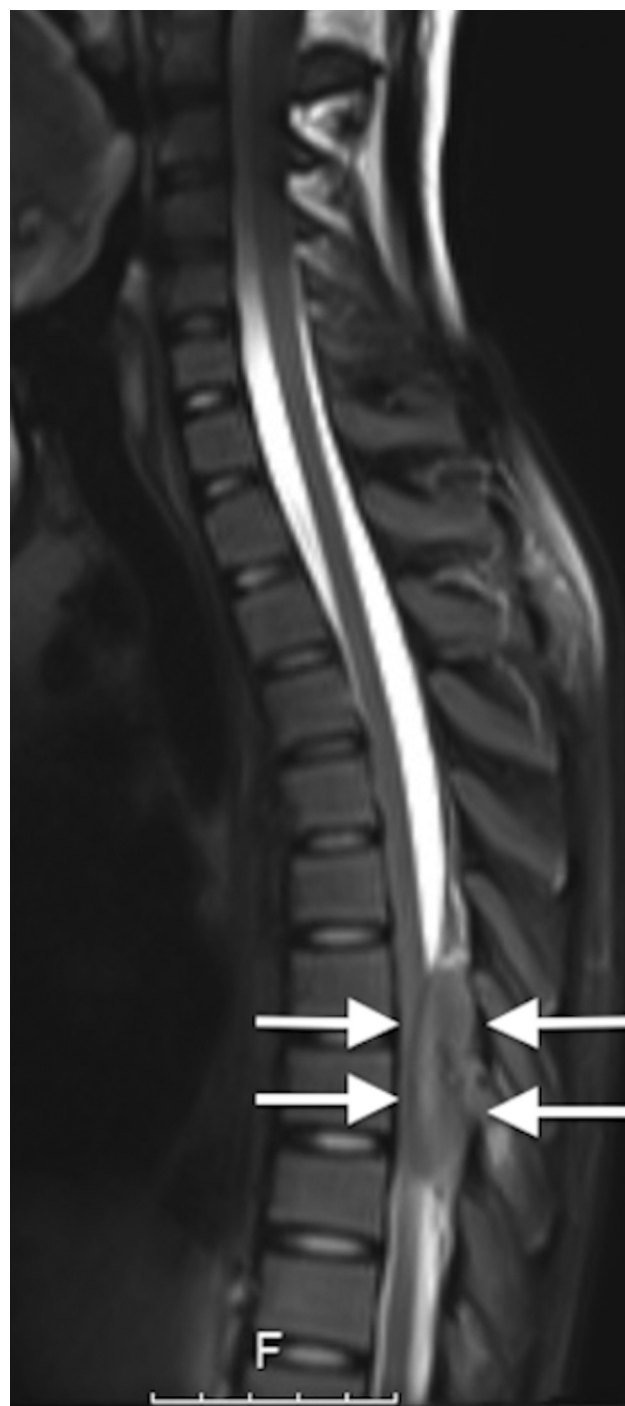


Fig. 1. Sagittal T2-weighted magnetic resonance (MR) image, revealing hyperintense mass lesion with cord compression (arrows).



Fig. 2. On sagittal T1-weighted MR image, the lesion enhances vividly except the central part following contrast medium injection (arrows).

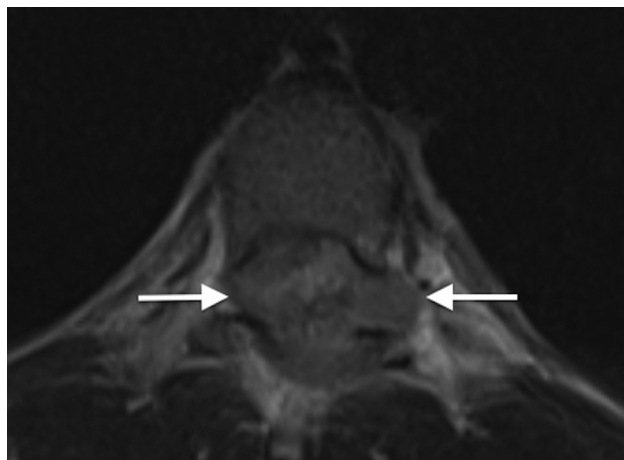


Fig. 3. Axial T2-weighted MR image demonstrates the obliteration of neural foramina at the level of T6–T7 by the sarcoidosis lesion (white arrows).