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IMAGES OF SPINE CARE

Aggressive thoracic vertebral lesion with intraosseous and epidural components

A 51-year-old woman presented with history of low backache and progressive spastic paraparesis of 1 year's duration. Magnetic resonance imaging of the thoracic spine (Fig. 1) demonstrated an enhancing lesion in the T8 body that was hyperintense on T1 and T2 images and had prominent secondary trabeculations. These signal changes were seen extending into the lamina, pedicles, and the articular processes. There was an associated soft tissue component seen in the paravertebral and epidural region compressing the cord at this level. Computed tomography (Fig. 2A, B) images revealed a decreased T8 vertebral body height and multiple lucencies, coarse trabeculations, and a "polka-dot" appearance of the body. There was a breech in the posterior cortex of the body. Spinal angiogram (Fig. 2C) showed a tumor blush arising from the bilateral T8 segmental artery feeders. Following an endovascular embolization of the lesion, the patient underwent a T8 corpectomy, excision of the epidural component, and insertion of a cage and pedicle screws (Fig. 2D). Histopathology confirmed the lesion to be a vertebral hemangioma.

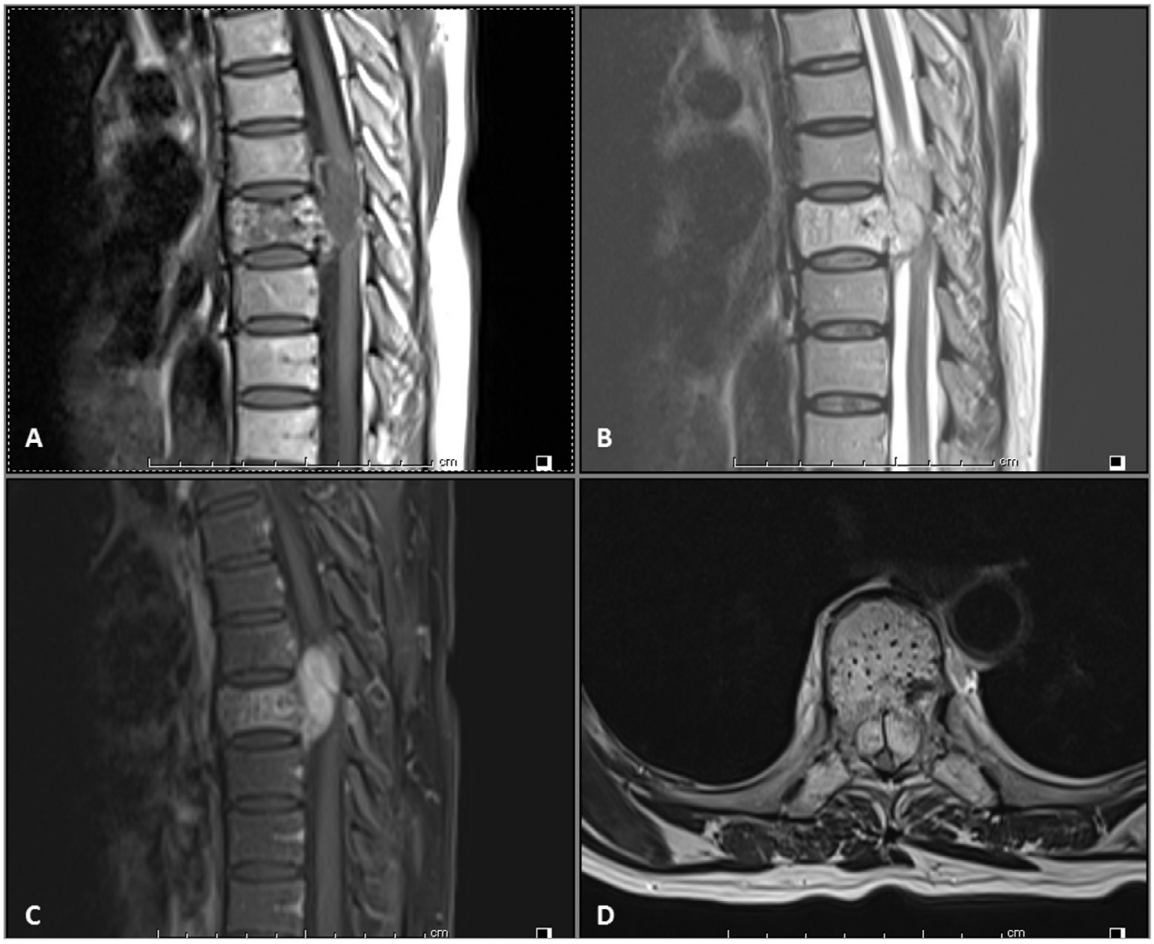

Fig. 1. MRI of the thoracic spine: (A) Sagittal T1 sequence demonstrating a heterogeneous lesion within the T8 body and a soft tissue component in the spinal canal. (B) The lesion is noted to be hyperintense on T2-weighted sequences. (C) Enhancement with contrast is noted on gadolinium-enhanced T1 sequences. (D) Axial T2 sequence demonstrating the posterior extent of the lesion.

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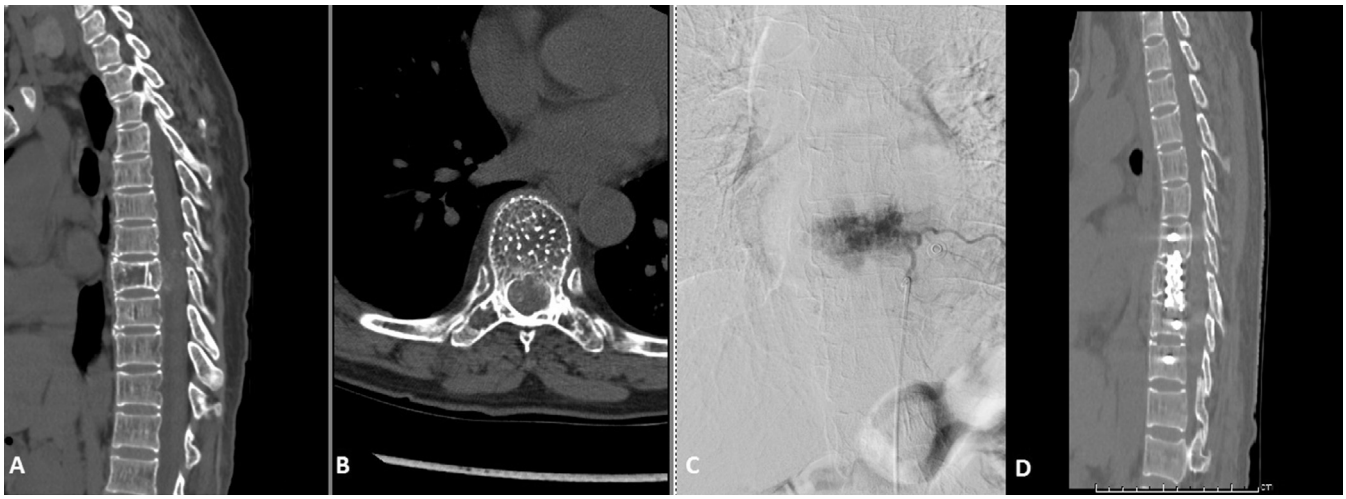

Fig. 2. CT thoracic spine showing (A) lytic change in the T8 body; (B) "polka-dot" appearance of the body and multiple lucencies; (C) spinal angiogram showing the tumour blush; and (D) postoperative CT showing the cage and pedicle screws in situ.

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