



Ossified-calcified intradural and extradural thoracic spinal meningioma with neural foraminal extension

A 26-year-old woman presented with progressive back pain and paraparesis. Thoracic spine magnetic resonance imaging revealed an intradural-extradural D9–D11 mass that extended to the enlarged left neural foramens. The tumor showed heterogeneous low signal on the T2- and T1-weighted images, and intense enhancement on postcontrast images. The compressed spinal cord revealed T2-hyperintensity caused by myelopathy (Figs. 1–3).

The plain computed tomography scan demonstrated a heavily ossified-calcified tumor (Fig. 4). Total tumor resection was performed, and the pathologic diagnosis was meningothelial meningioma WHO grade 1 with psammoma bodies.

Ossified-calcified intradural and extradural thoracic spinal meningioma is extremely rare [1–3], and together with foraminal extension is yet to be reported. Awareness of the imaging findings of this rare presentation is essential to overcoming diagnostic and therapeutic difficulties.

References

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Fig. 1. Sagittal T2-weighted MR images showed a low-signal intensity mass with cord compression (arrows). The compressed spinal cord revealed T2-weighted hyperintensity caused by myelopathy (arrowheads).

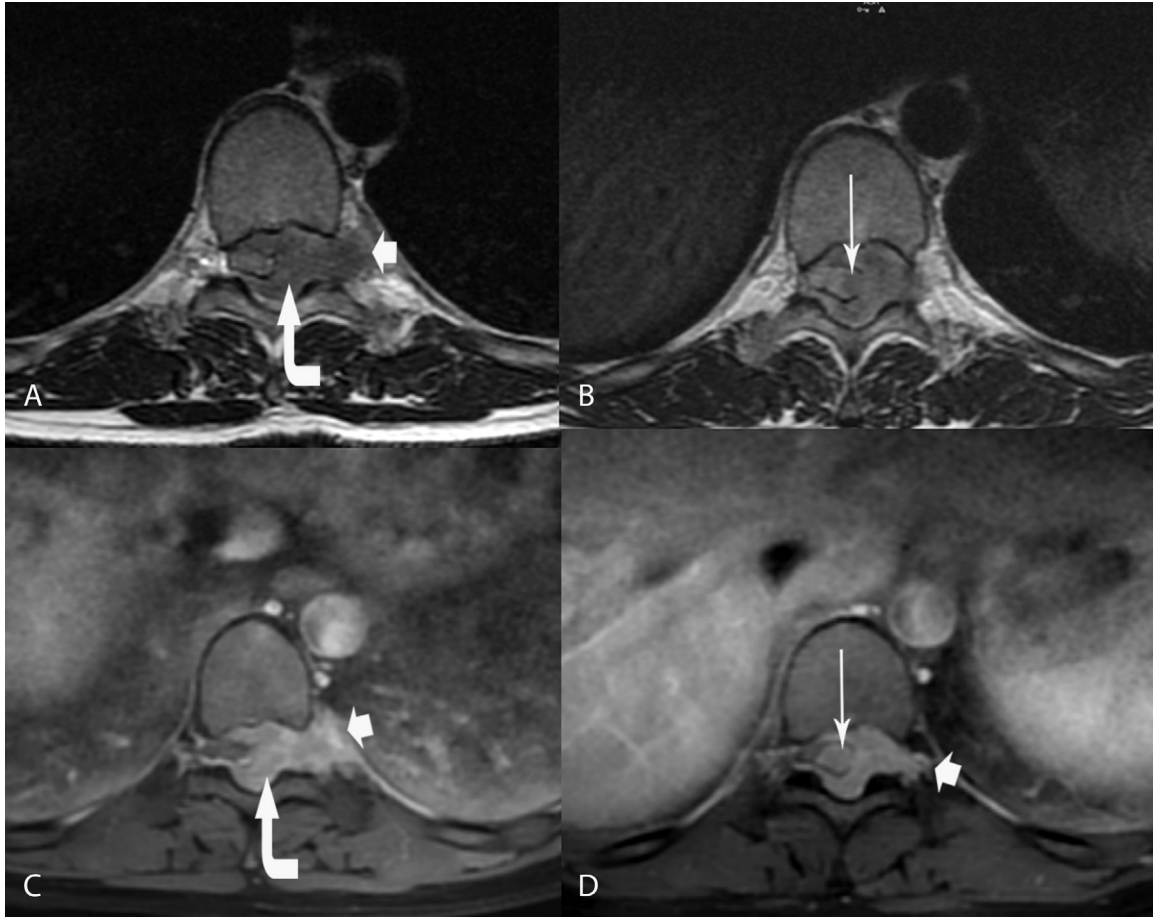


Fig. 2. Axial unenhanced T1-weighted images (A, B) showed heterogeneous low-signal intensity mass with intense enhancement on postcontrast images (C, D). The mass was located at intradural (thin arrows) and extradural (curved arrows) spaces with neural foraminal extension (thick arrows).

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FDA device/drug status: Not applicable.

Author disclosures: **MKD**: Nothing to disclose. **OY**: Nothing to disclose. **ZOT**: Nothing to disclose. **AA**: Nothing to disclose. **BY**: Nothing to disclose. **DK**: Nothing to disclose.

The authors declare that they have no conflict of interest.



Fig. 3. The mass showed an almost homogeneous intense enhancement on postcontrast sagittal T1-weighted MR images (arrows).



Fig. 4. Axial (Left, Middle) and coronal reformatted (Right) computed tomography scans showed ossifications (thin arrows) and calcifications (thick arrows) of the tumor with neural foraminal extension.