



## Incidental dural ectasia associated with scoliosis

A 35-year-old woman presented with coryzal symptoms, in the context of her son having pneumonia, and was found to have a right-sided chest lesion on chest X-ray (Fig. 1). Computer tomography of her chest and a subsequent magnetic resonance imaging of her brain and full spine were then performed to further characterize the chest lesion (Figs. 2 and 3). The imaging findings revealed a large right-sided thoracic meningocele extending through foramina T8 and T9, T9 and T10, and T10 and T11 thoracic levels, associated with extensive dural ectasia (from T6 level to conus) and scoliosis.

On further questioning, she revealed that she had been having mild back pain for the last 15–20 years, and had started recently to experience some ill-defined bilateral lower limb sciatica. Neurologic examination revealed hyperreflexia in all four limbs. There was no hyper flexible joint and no neuro-cutaneous stigmata of neurofibromatosis, which dural ectasia is often associated with [1–3].

## References

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- [3] Woon CYL. Dural ectasia: a manifestation of type 1 neurofibromatosis. *CMAJ* 2010;182:1448.

Chien Yew Kow, MBBS  
Jin Wee Tee, MD, MBBS, BMedSc  
Rondhir Jithoo, MBChB, FRACS  
*Department of Neurosurgery*  
*Alfred Hospital*  
*55 Commercial Road*  
*Melbourne 3004, Victoria, Australia*

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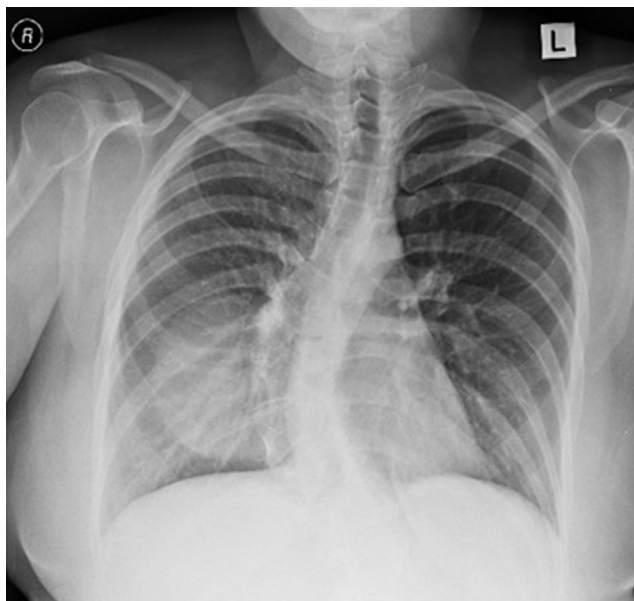


Fig. 1. Chest X-ray showing a large well-circumscribed right lung lesion with associated scoliosis.

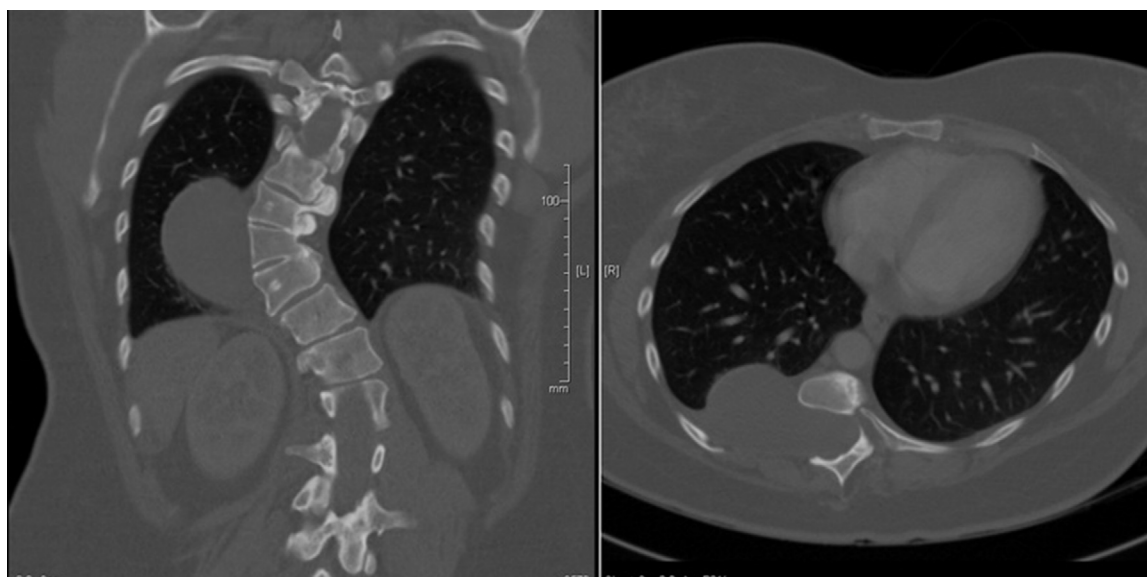


Fig. 2. Coronal and axial views of CT chest (bony window) showing a large right paravertebral lesion measuring 8.3×4.5×7.9 cm, which appears to be arising from the spine, as evidenced by displacement of right extrapleural fat. Associated scoliosis once again noted.

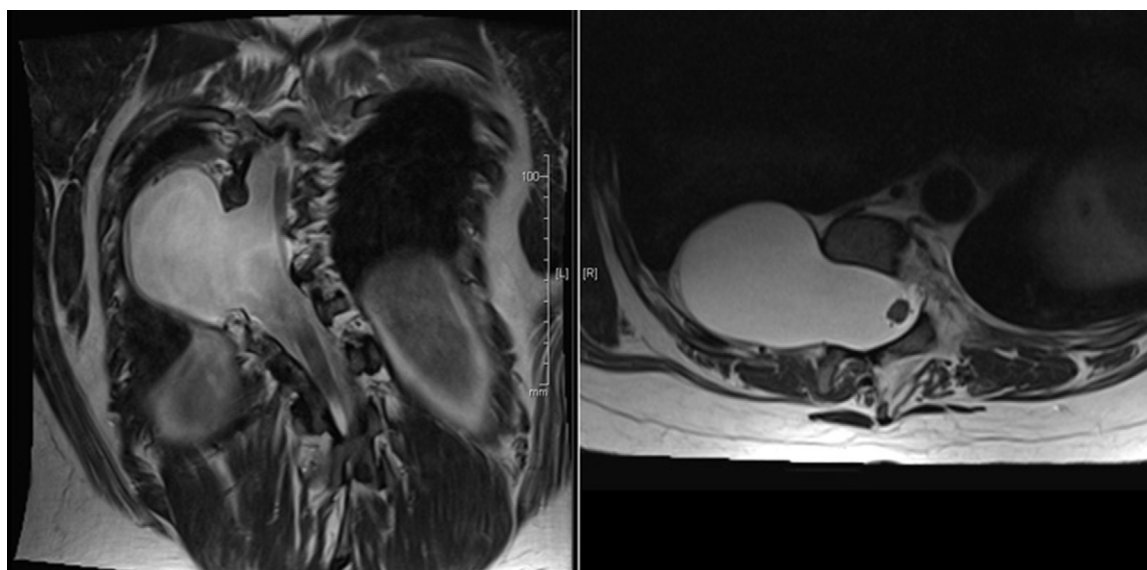


Fig. 3. Coronal and axial views of MRI thoracic spine T2 sequence showing large meningocele-associated dural ectasia with cord displacement.