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Multiple spinal myxopapillary ependymomas presented with back pain

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A 48-year-old male, presented to our clinic with severe back pain of a few months' duration. The pain was worse at night and gradually increased in severity. Previously, he had received analgesic and myorelaxan medications but there had been no significant improvement. There was no pain in any other joint and there was no history of systemic disease or trauma associated back region. A T2-weighted magnetic resonance imaging (MRI) of the cervical and thoracolumbar spine showed multiple well-defined extramedullary lesions (Fig. 1A-C). Contrast-enhanced T1-weighted spinal MRI also revealed enhancing masses (Fig. 2A-C). On excisional biopsy was performed. Cytology revealed a highly cellular neoplasm composed of small clusters of pleomorphic large squamoid cells with abundant pink cytoplasm. Given the histopathological findings, the lesion was determined to be a myxopapillary ependymoma. The patient was recommended to receive radiotherapy.

Figure legends

Fig. 1A, B and C: T2-weighted MRI of cervicothoracolumbar spine shows multiple intradural/extramedullary lesions.

Fig. 2A, B and C: T1-weighted MRI of cervicothoracolumbar spine with contrast shows enhanced lesions after gadolinium. The lumbar lesion expands the spinal canal and produces significant remodeling (scalloping) of the posterior vertebral bodies.



