



Primary tumor of thoracic vertebra: chondrosarcoma

A 46-year-old man who had a prior history of lung mass operation presented with back pain. On suspicion of recurrence physician performed thorax and mediastinal magnetic resonance imaging with contrast. A lobulated mass with cystic necrotic components on the T9 left paravertebral space that extended into the spinal column through the left neural foramen (Figs. 1 and 2) was found. Postcontrast images showed the heterogeneous capsular enhancement. There was also a pleural-based mass on the left lung lower lobe superior segment. [^{18}F]-fluorodeoxyglucose positron emission tomography-computed tomography was performed to investigate metastasis. On positron emission tomography images, hypermetabolic focus (standardized uptake value max: 3.80) was seen in the left lung concordant with magnetic resonance imaging. Furthermore, the mass at the vertebral corpus and transverse process could be seen as increased fluorodeoxyglucose uptake (standardized uptake value max: 6.17) (Fig. 3). The patient underwent neurologic examination and the result was normal. He was operated and T9 corpectomy and T8–T10 posterior fixation-fusion

were performed. Pathologically, the tumor was diagnosed as low-grade chondrosarcoma.

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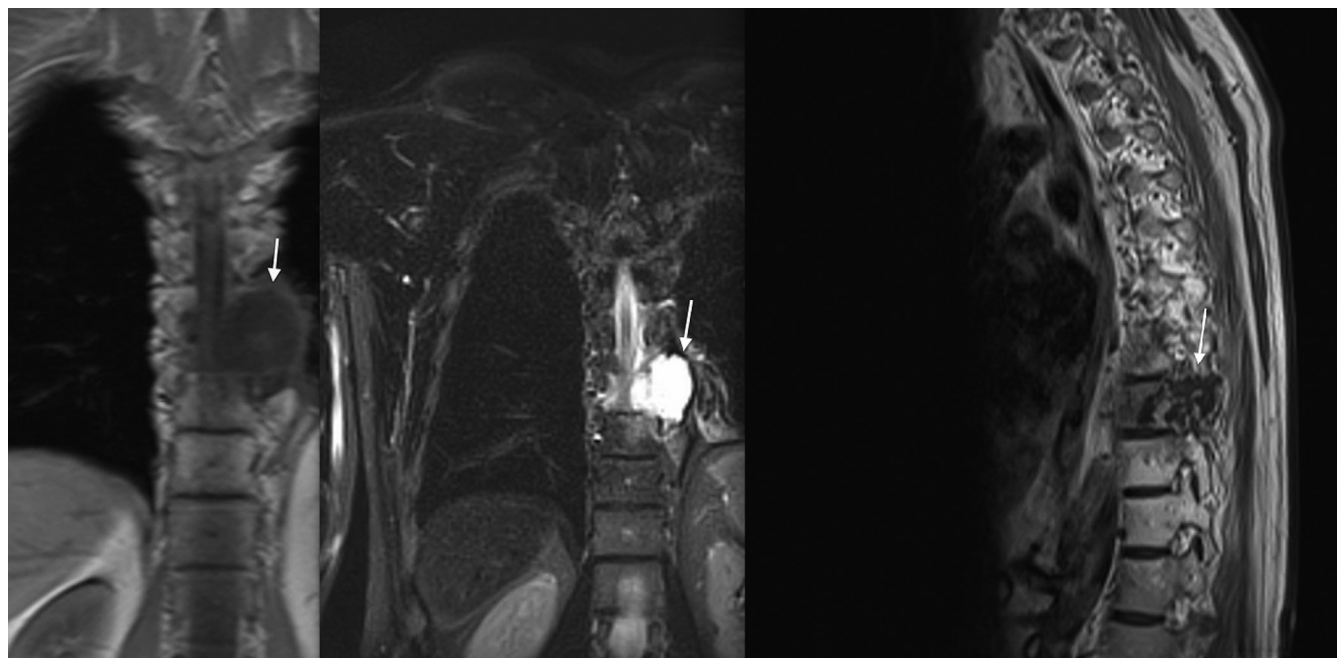


Fig. 1. Coronal T1-weighted (Left) hypointense and T2-weighted (Middle) hyperintense images show the cystic-necrotic lobulated mass lesion at the level of the T9 paravertebral space. Also, the postcontrast T1-weighted sagittal image (Right) showed rim enhancement.

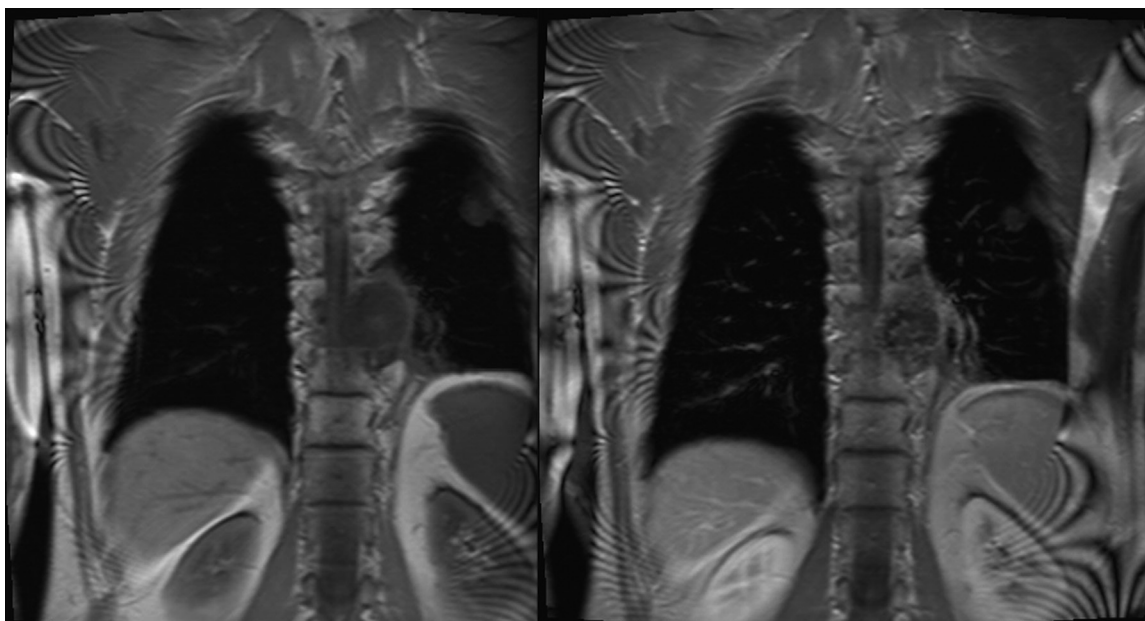


Fig. 2. Coronal precontrast (Left) and postcontrast (Right) T1-weighted MR images show the heterogenous contrast-enhanced mass lesion.

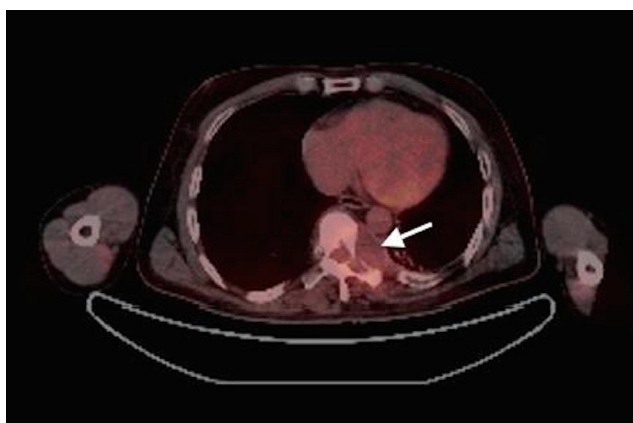


Fig. 3. PET-CT images show the destructive mass lesion at the left vertebral transverse process and corpus vertebrae with a calculated SUV max value of 6.17.