

Accepted Manuscript

Spinal intramedullary metastasis as the first manifestation of lung cancer

Alaaddin Nayman, MD, Seda Özbek, Osman Temizöz, Fikret Kanat, Ali Sami Kıvrak

PII: S1529-9430(15)00468-4

DOI: [10.1016/j.spinee.2015.05.003](https://doi.org/10.1016/j.spinee.2015.05.003)

Reference: SPINEE 56325

To appear in: *The Spine Journal*

Received Date: 25 April 2015

Revised Date: 30 April 2015

Accepted Date: 7 May 2015

Please cite this article as: Nayman A, Özbek S, Temizöz O, Kanat F, Kıvrak AS, Spinal intramedullary metastasis as the first manifestation of lung cancer, *The Spine Journal* (2015), doi: 10.1016/j.spinee.2015.05.003.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.



Spinal intramedullary metastasis as the first manifestation of lung cancer

Alaaddin Nayman¹, Seda Özbek¹, Osman Temizöz¹, Fikret Kanat², Ali Sami Kıvrak¹

¹Selcuk University Faculty of Medicine, Department of Radiology, Konya, Turkey

²Selcuk University Faculty of Medicine, Department of Chest Diseases, Konya, Turkey

Corresponding Author:

Alaaddin Nayman, MD

Selcuk University, Faculty of Medicine

Department of Radiology, 42080

Konya-Turkey

e-mail: naymanalaaddin@hotmail.com

Tel :+ 90 332 241 15 50

Fax: :+ 90 332 241 60 65

Spinal intramedullary metastasis as the first manifestation of lung cancer

60 year-old woman admitted to our hospital with a complaint of back pain, lower limb sensory disturbance, and urinary difficulties of acute onset and rapidly progressive course. Magnetic resonance imaging (MRI) of the thoracic spine revealed an intramedullary spinal cord lesion located at thoracic 11-12 level with enhancement and edema above and below the lesion (**Fig. 1**). Incidentally a large mass in the upper lobe of the right lung was seen on thoracic MRI (**Fig.2**). There is no suggesting disease in other organs in further radiological evaluations. Transbronchial needle aspiration proved lung adenocarcinoma.

Figure Legends

Fig. 1. MR images of intramedullary spinal cord lesion. Sagittal T2-weighted image (A) of the thoracic spine shows intrinsic cord hyperintensity extending from T7 through T12. Sagittal precontrast (B) and postcontrast (C) T1-weighted images demonstrate a solitary intramedullary lesion at T11-12 level with homogeneous contrast enhancement.

Fig. 2. Sagittal T1-weighted contrast enhanced MR image of the thoracic spine showed a large mass (short arrows) in the upper lobe of the right lung.



