



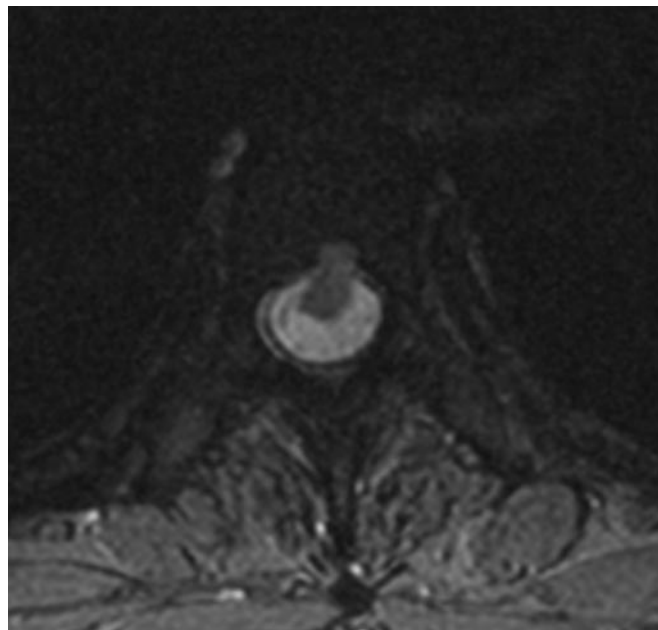
*Figure 1. Sagittal constructive interference in steady-state MRI reveals characteristic anterior deviation of the thoracic cord at T3/T4 level.*

## Spontaneous thoracic spinal cord herniation

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A 69-year-old woman presented with insidiously progressive and disabling pain in the right leg. There was no history of

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*Figure 2. Axial T2\*-weighted MRI exquisitely demonstrates the anterior displacement of the cord with dilation of the posterior CSF space. No cord signal abnormality is seen.*

trauma or surgery. An examination revealed features suggestive of thoracic level Brown-Sequard syndrome. MRI showed focal anterior deviation of the thoracic cord at T3/T4 level consistent with cord herniation (figures 1 and 2).

Transdural spinal cord herniation is rare and may be spontaneous, post-traumatic, or post-surgical in etiology. The most common site is the thoracic spine where there is spontaneous ventral herniation.<sup>1,2</sup> Clinical manifestations include Brown-Sequard syndrome (the most common), myelopathy, radiculopathy, or rarely isolated pyramidal signs. Typical imaging features on CT myelogram and MRI include a rotated or displaced cord with dilated CSF space in the opposite direction of the cord displacement. There may also be an associated arachnoid/pseudoarachnoid cyst.<sup>1,2</sup>

1. Ewald C, Kuhne D, Hassler WE. Progressive spontaneous herniation of the thoracic spinal cord: case report. *Neurosurgery* 2000;46:493–495; discussion 495–496.
2. Watters MR, Stears JC, Osborn AG, et al. Transdural spinal cord herniation: imaging and clinical spectra. *AJNR Am J Neuroradiol* 1998;19:1337–1344.

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