Teaching NeuroImage: Idiopathic hypertrophic spinal pachymeningitis

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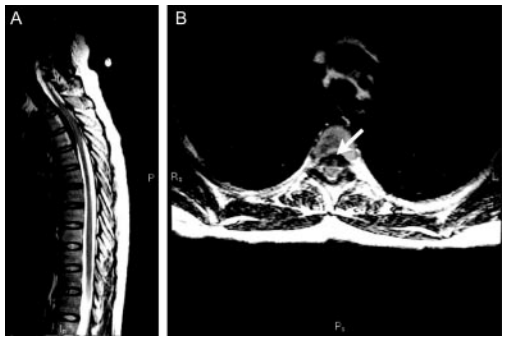
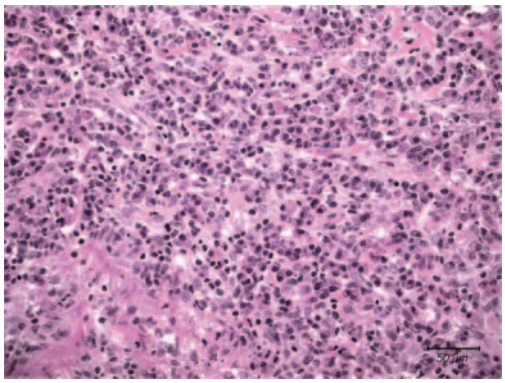
Figure 1 Sagittal and axial MRI T2-weighted images



(A) Sagittal MRI T2-weighted image showing a dural lesion of low signal intensity within the spinal canal at levels T2 to T5 extending anteriorly. (B) Axial MRI T2-weighted image at T3 and T4 level showing a dural mass (white arrow) in the anterior aspect of the spinal canal.

Figure 2 Hematoxylin and eosin stain of dural mass showing a chronic inflammatory infiltrate consisting of plasma cells and lymphocytes



There is also fibrosis and reactive fibroblasts throughout.

A 42-year-old woman had progressive numbness from both feet to mid chest for 2 weeks. Examination showed a sensory level at T8, no weakness, and brisk reflexes throughout.

MRI showed T2–T5 dural thickening (figure 1). Testing revealed an elevated sedimentation rate and normal chest x-ray, CSF analyses, and tests for rheumatologic diseases and infections. Dural biopsy showed an inflammatory infiltrate (figure 2).

Idiopathic hypertrophic pachymeningitis is a diagnosis of exclusion since it is associated with trauma, infection, and autoimmune diseases. Treatment consists of corticosteroids and steroid sparing agents.[1] It is usually found intracranially and rarely involves cervical and higher thoracic levels.[2]

REFERENCES

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