A man with 25 years of mild left neck, arm, and leg paresthesias had initial MRI in 1996 identifying a left C3-4 dorsal horn cavernous hemangioma. In 1997, hemorrhage (C3-7) and resection induced left arm proprioceptive loss and clumsiness. Three months after surgical resection, left upper-body pain recurred; 2 years later, disabling colocalizing itch recurred.1 In 2012, ultra-high-resolution 7T MRI (figure) localized hemosiderin to specific dorsal horn laminae and detected rostral (C1-3) hypersignal invisible on conventional MRIs, most likely representing wallerian degeneration.2 These new imaging findings demonstrate the benefit of high-field spinal cord MRI and generate the hypothesis that his late-onset central itch might be related to delayed white matter degeneration.

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