A 31-year-old man presented with a 3-year history of progressive weakness and paresthesias of both legs. Spinal MRI revealed a 10-cm intraspinal tumor at T1-T5 with syringomyelia on both ends (figure, A–C). Surgery successfully resected the intramedullary tumor grossly (figure, D and E). Pathology suggested the diagnosis of solitary fibrous tumor (figure, F–P). Intramedullary solitary fibrous tumors are rare, with approximately 17 cases reported and none longer than 2 vertebrae.1

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