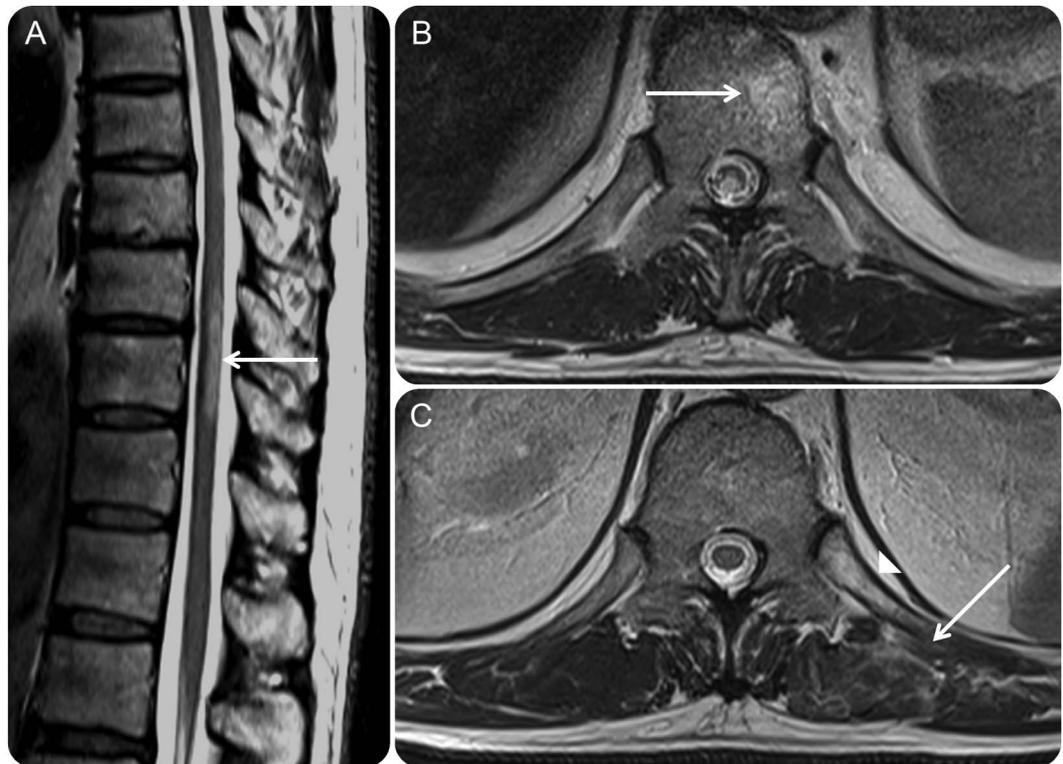


# Spinal cord, vertebral body, paraspinal muscle, and rib infarction

Tiny thrombus detected by CT

**Figure 1** MRI findings of spinal cord, vertebral body, paraspinal muscle, and rib infarction



MRI revealed a T2 abnormality in the posterior spinal artery region at the T9–10 vertebral level (A, arrow; B) with a left-sided T10 vertebral body lesion (B, arrow). Moreover, left paraspinal muscle and rib infarctions were observed at T11 (C, arrow and arrowhead, respectively).

A 60-year-old man presented with severe pain in his left back. He had mild weakness and impaired vibratory sense in his bilateral lower limbs and hypoalgesia below T10 level. MRI revealed spinal cord infarction (SCI) with ischemia of the vertebral body, paraspinal muscle, and rib (figure 1). Moreover, CT detected a tiny thrombus, which appeared to be the embolic source and disappeared after antithrombotic treatment (figure 2). Paraspinal muscle ischemia, the suspected cause of his pain, is a rare complication of SCI<sup>1</sup>; furthermore, rib ischemia is unreported. Finally, recent CT may delineate a tiny but responsible thrombus during SCI diagnosis.

*Makoto Kobayashi, MD*

From the Department of Neurology, Asahi General Hospital, Japan.

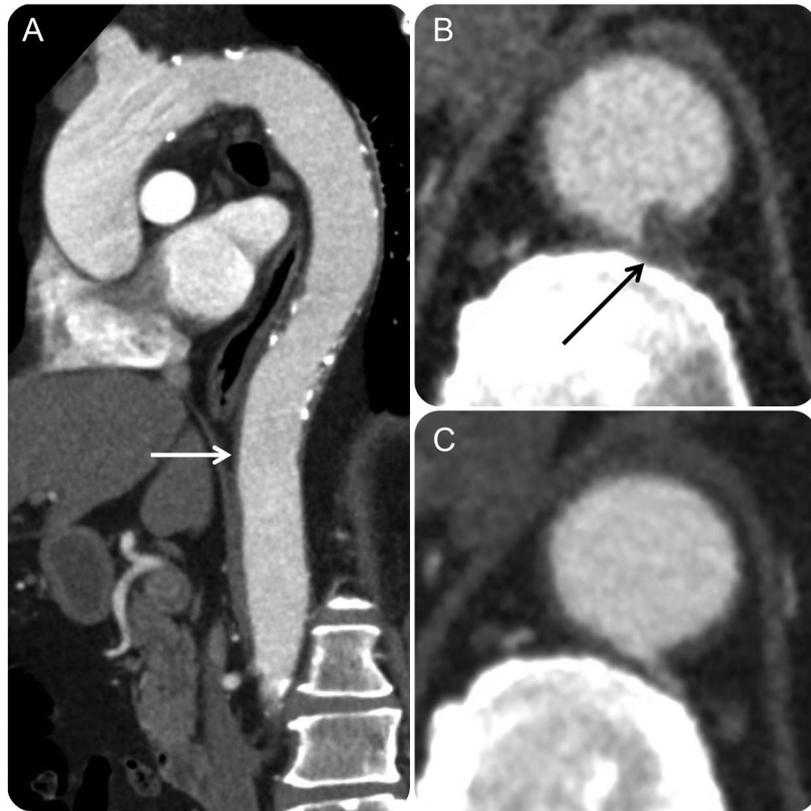
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*Correspondence to Dr. Kobayashi:* [ma-ko@pg7.so-net.ne.jp](mailto:ma-ko@pg7.so-net.ne.jp)

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**Figure 2** CT findings related to a tiny but responsible thrombus



CT (Aquilion ONE) with contrast enhancement showed extensive calcified plaques along the aortic wall (A); furthermore, on the axial slice indicated by an arrow in panel A, a tiny thrombus was detected at the orifice of the left T10 segmental artery (B, arrow), which disappeared after treatment (C).

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Makoto Kobayashi

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