Teaching NeuroImages: Not a typical spinal mass

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Figure 1 MRI of the spine

(A) Sagittal T1-weighted, (B) sagittal T2-weighted, (C) sagittal T1 with contrast, (D) axial T1-weighted, and (E) axial T1-weighted with contrast show the presence of an expansile, peripherally enhancing lesion at the level of T4-T5 with curvilinear areas of T2 hypointensity within the lesion and minimal surrounding edema, with no evidence of spinal malformations.

A 20-year-old woman presented with subacute progressive lower extremity weakness and spasticity. Examination findings were consistent with Brown-Sequard syndrome. Thoracic spine MRI/magnetic resonance angiography showed an intramedullary mass (figure 1). During gross total resection, the mass had a pearlescent appearance, while histopathologic examination was consistent with epidermoid cyst (figure 2).

Spinal epidermoid cysts comprise 0.5%–1% of all spinal tumors, with congenital epidermoid tumors manifesting between the second and fourth decades, rarely intramedullary.¹ Because of the signal intensity similar to that of CSF, they are often misdiagnosed as other cystic

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Figure 2 Images of the surgical specimen and histopathology

(A) Intraoperative image of the cyst. Hematoxylin & eosin staining under (B) low power (100×) and (C) high power (400×) demonstrates a cystic structure lined by stratified squamous epithelium with a visible granular layer and prominent laminated keratin.

tumors. Treatment is surgical excision with recurrence rate inversely proportional to resection magnitude.²

Author contributions

Study concept and design: Dr. Coon, T.D. Singh. Acquisition, analysis, or interpretation of images: T.D. Singh, Dr. Swanson, Dr. Burrows, Dr. Clarke, Dr. Shah, F. Ali, and Dr. Coon. Drafting of the manuscript: T.D. Singh, Dr. Coon. Study supervision: Dr. Coon. Critical revision of the manuscript: T.D. Singh, Dr. Swanson, Dr. Burrows, Dr. Clarke, Dr. Shah, F. Ali, Dr. Coon.

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