Teaching NeuroImages: Intraspinal Gouty Tophus

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Figure 1 Intraspinal Gouty Tophus

Magnetic resonance imaging (A and D, arrow) showed an intradural mass displacing the posterior spinal cord at the L3 level, leading to lumbar stenosis. Contrast-enhanced MRI (B and E, arrow) showed obvious marginal enhancement. CT (C and F, arrow) showed the mass was calcified and the nerve root was compressed.

A 49-year-old woman presented to the orthopedic department with a chief complaint of severe low back pain for 2 years, with no neurologic deficiency on physical examination. Laboratory

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Figure 2 The Pathology Slide

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investigations revealed no abnormalities. MRI (Figure 1, A and D) showed an intradural mass displacing the posterior spinal cord at the L3 level, leading to lumbar stenosis. Contrast-enhanced MRI (Figure 1, B and E) showed obvious marginal enhancement. CT (Figure 1, C and F) showed that the mass was calcified and the nerve root was compressed. The mass containing tophaceous deposits was removed surgically. As shown in the pathology slide (figure 2), the diagnosis was gouty tophus eventually, which is rarely presented in the spinal canal.^{1,2} The pain disappeared after the operation.

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Disclosure

The authors report no disclosures relevant to the manuscript. Go to [Neurology.org/N](https://www.neurology.org/N) for full disclosures.

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Name	Location	Contribution
Meng Si, MD	Qilu Hospital of Shandong University, Shandong University	Acquisition of data, original figure illustrations, draft of the manuscript, and primary clinical care of the patient
Menglin Cong, MD	Qilu Hospital of Shandong University, Shandong University	Acquisition of data, reviewed the clinical case, clinical care of the patient, and revision of the manuscript
Dandan Wang, BD	Jinan Center Hospital Affiliated to Shandong University, Shandong University	Acquisition of data, reviewed the clinical case, and clinical care of the patient
Hecheng Ma, MD	Qilu Hospital of Shandong University, Shandong University	Clinical care of the patient and revised and approved the manuscript for intellectual content

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