Teaching NeuroImages: Spinal Neurosarcoidosis
An Eccentric Manifestation

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Figure 1 MRI C-Spine

(A) Sagittal T2 with patchy signal at C4-7. (B) T1 with contrast with C7 cord enhancement. (C) Axial T2 with subpial enhancement.

A 56-year-old woman with a history of remote T11 traumatic spinal transection and residual paraplegia presented with subacute left arm pain, weakness, and sensory loss. MRI spine showed C4-7 patchy T2 cord signal and an eccentric enhancing focus with subpial involvement (figure 1). CSF studies were unremarkable, including negative oligoclonal bands. An extensive immunologic and infectious evaluation for subacute myelitis was unrevealing. However, given the subpial and intramedullary involvement in the spine,1,2 a systemic search for sarcoidosis was initiated. Asymptomatic hilar lymphadenopathy was diagnosed with CT chest, and a subsequent lymph node biopsy confirmed the clinical suspicion (figure 2). She was diagnosed with probable neurosarcoidosis1,2 and started on immunosuppresion.

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D. French reports no disclosures relevant to the manuscript. F.A. Nascimento is a member of the Neurology Resident & Fellow Section Editorial Team. Y. Xu reports no disclosures relevant to the manuscript. S.R. Dunham reports no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

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References


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<tbody>
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<td>David French, MD</td>
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<td>Drafted the manuscript for intellectual content, and collected and analyzed the data</td>
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Figure 2 FNA of Pulmonary Lymph Node

(A) Diff-Quik smear with 3 granulomas (×40). (B) Granuloma (×400) (C) Epithelioid histiocytes from granuloma. (D) H&E cell block with noncaseating granuloma.
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