A 24-year-old man presented with a 6-month history of weakness of the right lower limb, without upper extremity weakness. Spinal cord CT/MRI showed an extensive intramedullary lesion from C7 to T4, with classical radiologic features of lipoma (Figure). There was no spinal dysraphism. Subtotal resection of the lesion was performed. The pathology confirmed the diagnosis of lipoma. Postoperatively, the patient’s motor function temporarily deteriorated. The symptoms improved after 2-month rehabilitation. Nondysraphic spinal intramedullary lipomas are extremely rare, constituting approximately <1% of all intraspinal tumors.1,2 MRI is the most sensitive imaging protocol; typical radiologic appearances can confirm diagnosis and avoid biopsy.

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The authors report no relevant disclosures. Go to Neurology.org/N for full disclosures.
### References


### Appendix (continued)

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<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haijuan Lv, MD</td>
<td>Department of Radiology, The Second Affiliated Hospital of Jiaxing University</td>
<td>Drafting/revision of the manuscript for content, including medical writing for content; Major role in the acquisition of data</td>
</tr>
<tr>
<td>Hongwei Zhao, MD</td>
<td>Department of Radiology, The Second Affiliated Hospital of Jiaxing University</td>
<td>Drafting/revision of the manuscript for content, including medical writing for content; Study concept or design</td>
</tr>
<tr>
<td>Cai Yu, MD</td>
<td>Department of Diagnostic and Interventional Radiology, University of Texas Health Science Center at Houston</td>
<td>Drafting/revision of the manuscript for content, including medical writing for content; Additional contributions: Improved the writings.</td>
</tr>
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</table>

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Haijuan Lv, Hongwei Zhao and Yu Cai
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