Case Report 113

Nadi S. Hibri, M.D. and Georges Y. El-Koury, M.D.
Department of Radiology, The University of Iowa Medical Center, Iowa City, Iowa, USA

History

A 35-year old man presented with progressive difficulties of gait and sensory problems in the lower extremities of approximately one year duration. On physical examination, weakness, hyperreflexia and sustained clonus in both lower extremities were demonstrated.

An operation in the area of T6 was performed after radiological studies (including computed tomography and myelography) were obtained.

Fig. 1A and B. Anteroposterior and lateral laminograms through the area of T6 show a lytic lesion with a distinct cortical margin involving the vertebral body of T6 in its mid portion in the sagittal plane and in its anterior two-thirds in the lateral view. The zone of transition is narrow and no mineralized matrix is identified.
Fig. 2A and B. Representative posteroanterior and lateral views after 3 ccs. of Pantopaque has been introduced from above via a C₁-C₂ puncture demonstrate a complete block at the level of the inferior border of T₆. The spinal canal and its contents are displaced to the right and somewhat posteriorly. The left pedicle of T₆ is now observed to be obliterated and the right pedicle is thinned.

Fig. 3. A posteroanterior view after 3 cc. of Pantopaque has been introduced from below via a lumbar puncture again illustrates a complete block at the level of the inferior border of T₆. The spinal canal is displaced to the right as noted in Figure 2A.

Fig. 4. A computed tomographic scan at the level of T₆ illustrates graphically the lytic lesion in the vertebral body of T₆. The cortex posteriorly is observed to be destroyed.