Case Report 74

Dennis K. Heaston, M.D., and Martin I. Gelman, M.D.*
Department of Radiology, University of Utah Medical Center, Salt Lake City, Utah, USA

Fig. 1A and B. Anteroposterior and lateral films of the lumbar spine show a destructive lesion involving the left half of the vertebral body (and pedicle) of L-4 with a left paravertebral mass. Erosion of the posterior surface of the vertebral body of L-4 is identified in the lateral film. Marked narrowing of the L3-4 disc cartilage is noted, particularly on the right. A mild scoliosis, convexity to the left, is present

* Presented by Dr. Martin I. Gelman at the 4th Annual Meeting of the International Skeletal Society in Amsterdam, The Netherlands, September 3rd and 4th, 1977

Address reprint requests to: Dennis K. Heaston, M.D., Department of Radiology, University of Utah Medical Center, Salt Lake City, UT 84132, USA
Fig. 2. Thoracolumbar arteriography demonstrates extensive neovascularity in the area of the lytic process of L-4, extending well into the left paraspinal soft tissues. The artery of Adamkiewicz was defined at the T-10 level.

Fig. 3A and B. These computed tomograms demonstrate permeative destruction of the 4th lumbar vertebral body and its posterior elements, with suggestive involvement of the spinal canal.

Fig. 4. An erect lateral film obtained during a lumbar myelogram shows a complete extradural obstruction at L-4-L-5 associated with an anterior extradural mass at the L3-4 level, just opposite the disk space.

History

This 59-year-old man presented for treatment of progressive low back pain. A lumbar vertebral biopsy had been performed at another hospital nine months previously. On the current admission neurological examination disclosed hypoesthesia of the anterior aspect of the right leg. Radiological examination included plain films of the lumbar spine, computed tomographic studies of the spine, a spinal arteriogram and a lumbar myelogram (see Figs. 1A and B, 2, 3A and B, and 4).

Surgical exploration was performed.