

MICOD -02/09/2023

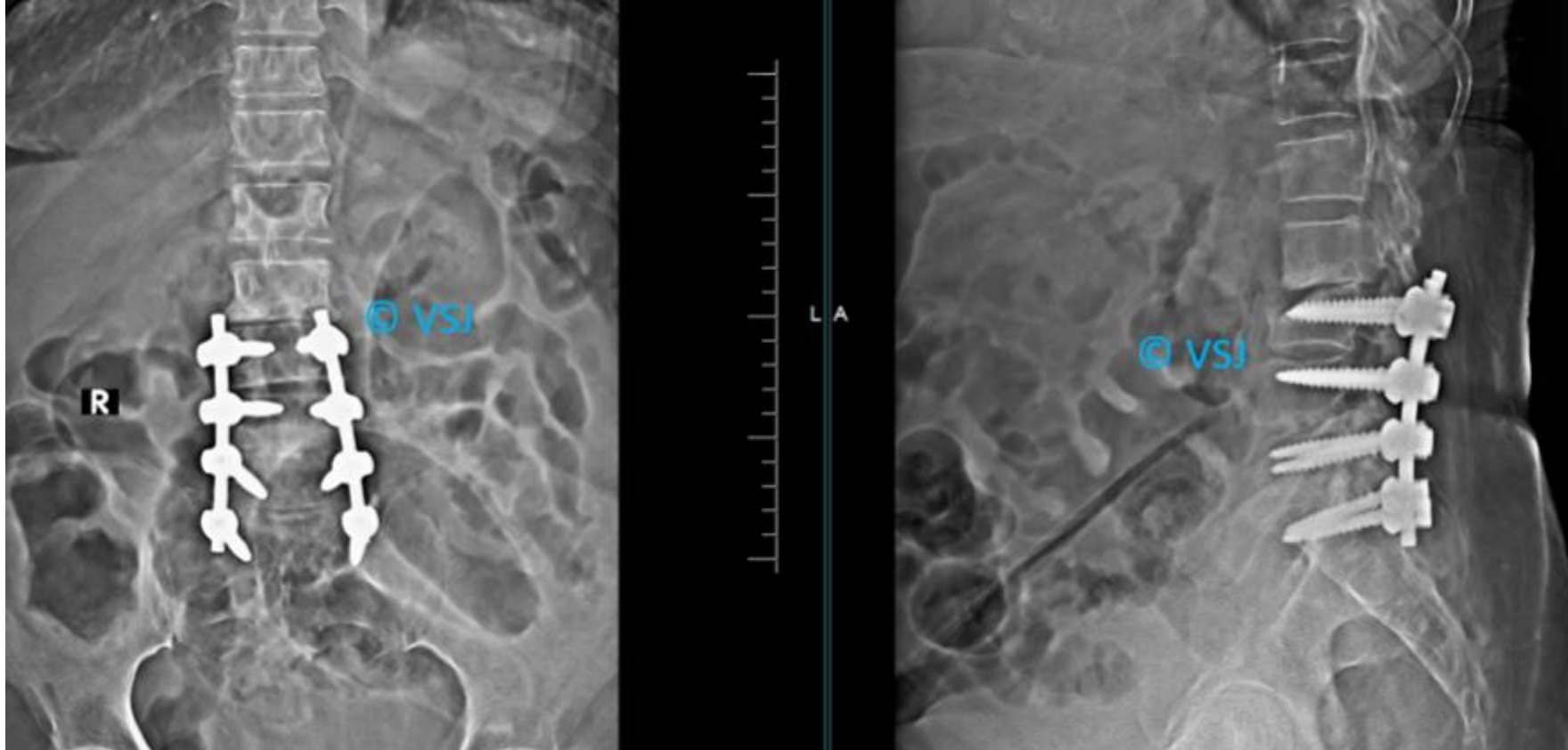
Case contributor – Dr.Vardhan Joshi

# MI-COD

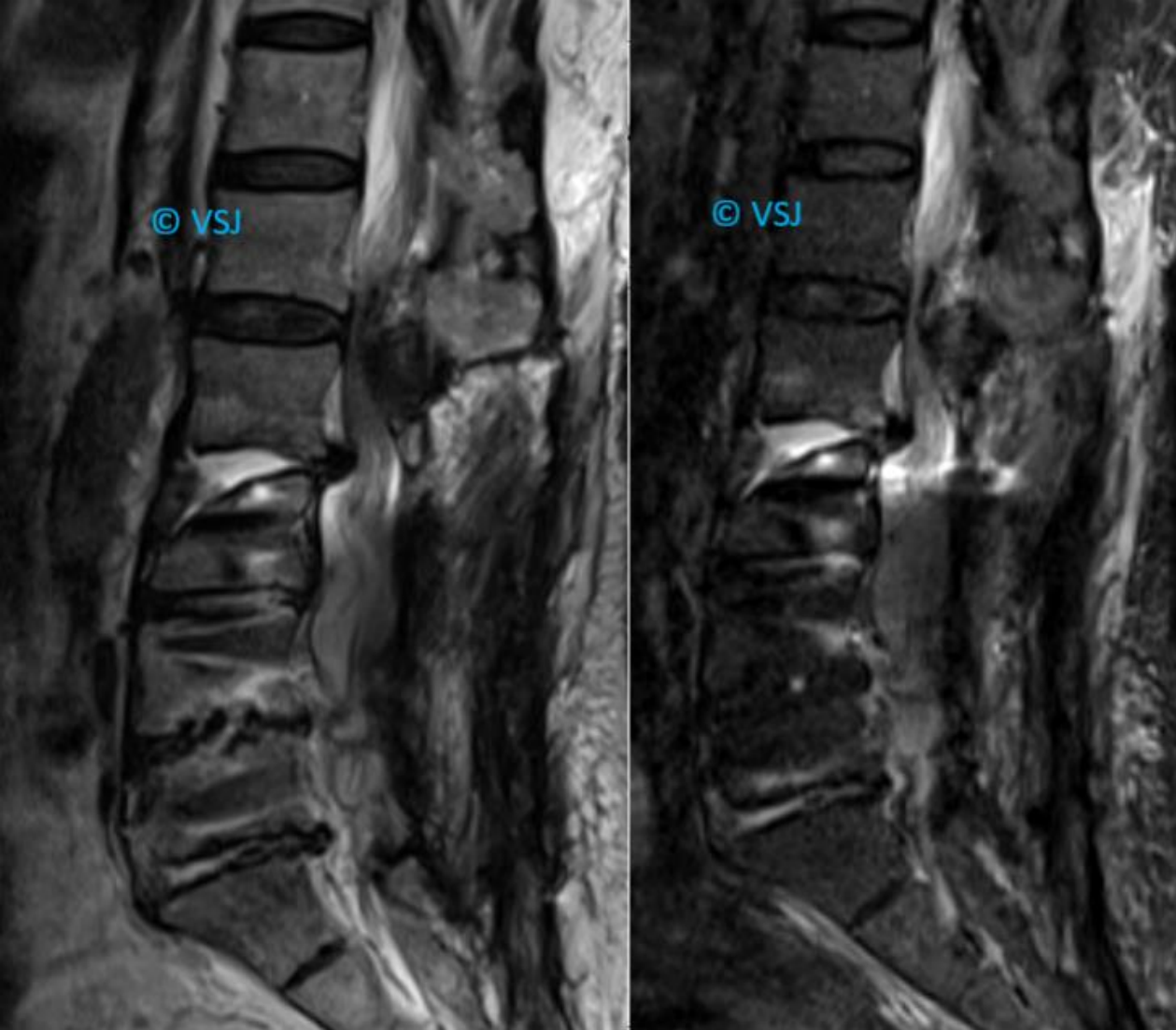
MSS INDIA- Case Of the Day



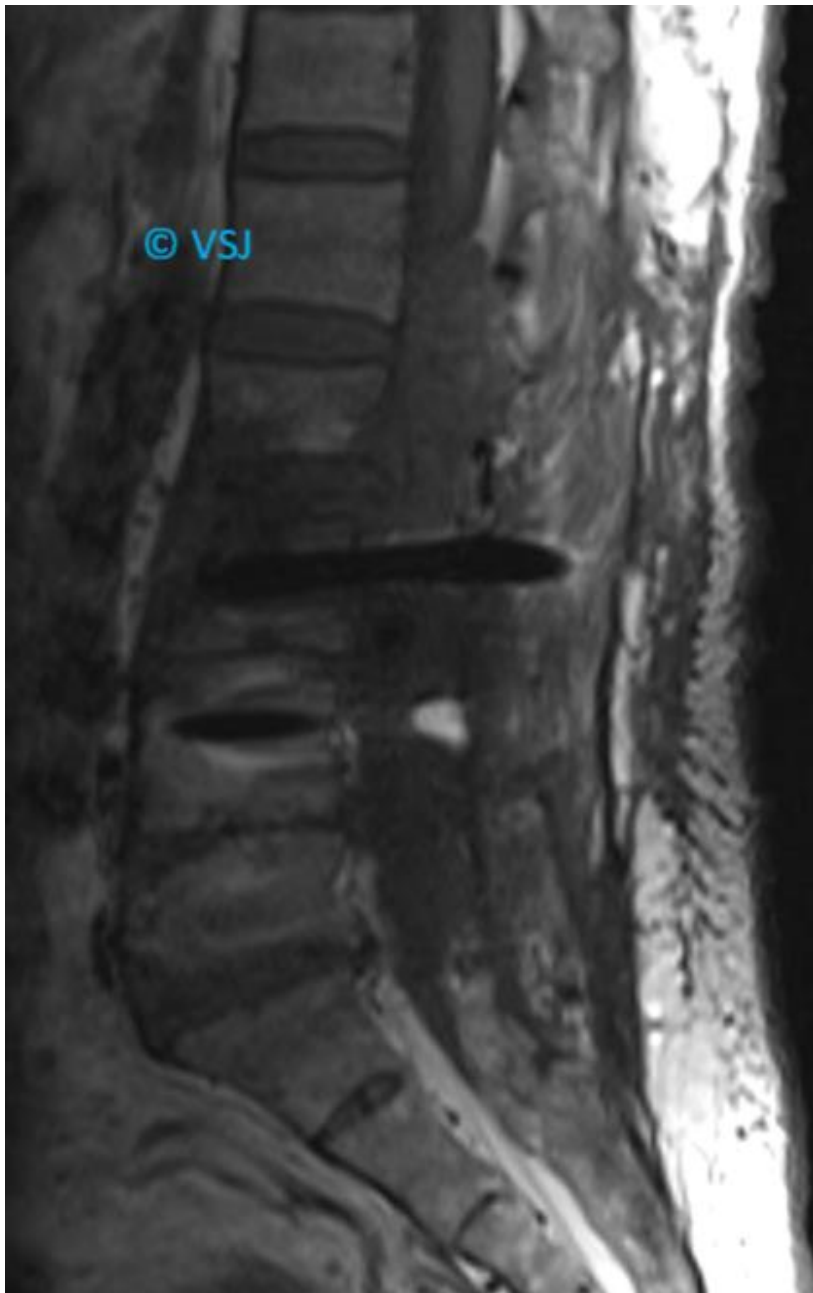
79 yrs old lady, Operated 1yrs ago, presented with gradual worsening of pain with lower limb weakness, no fever.



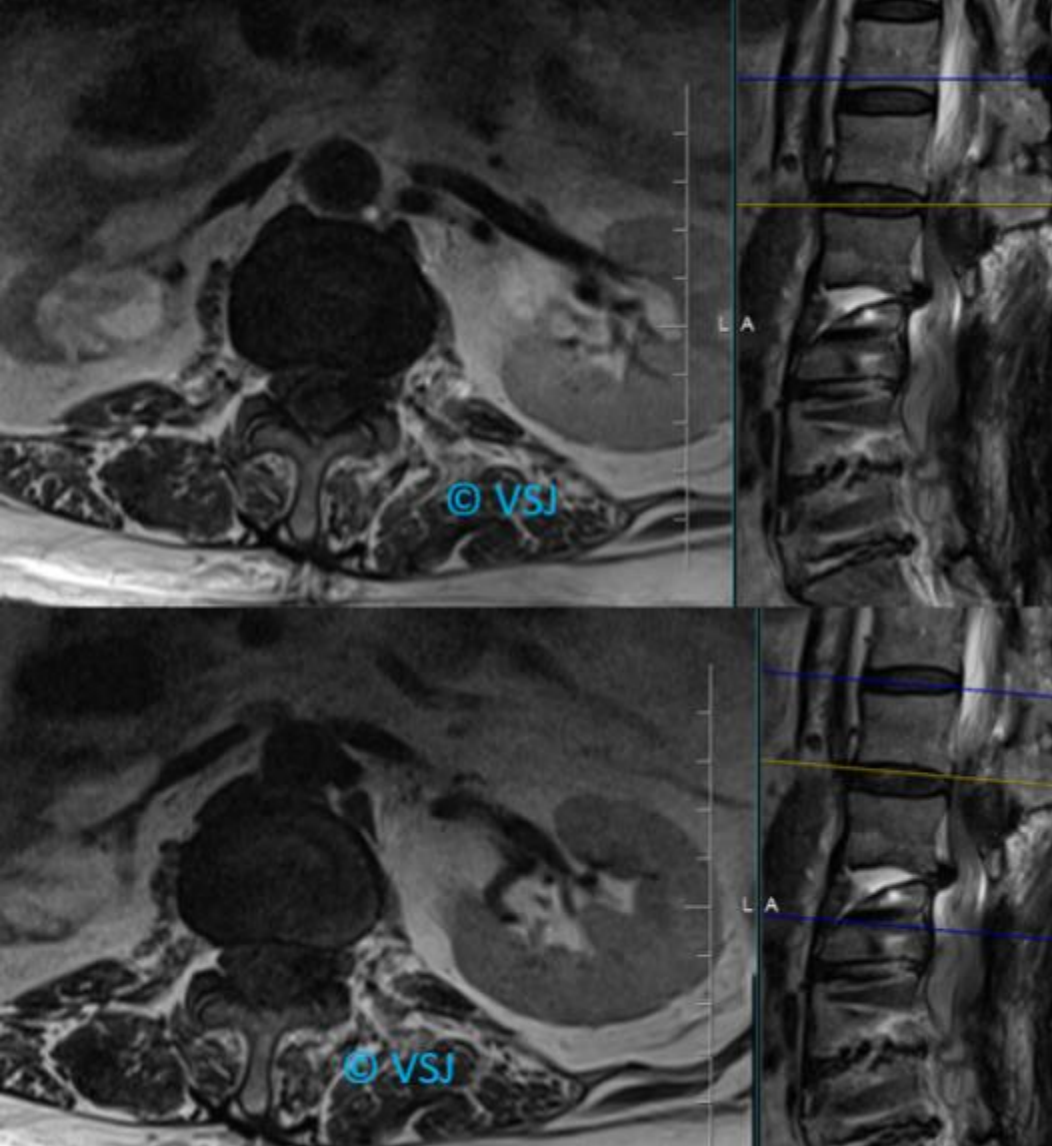
Plain radiograph AP and lat showing post operative screws and rods with mild compression of L3 vertebral body.



- T2WI and STIR sagittal images reveal
- Susceptibility artefacts due to screws
  - No vertebral malalignment
  - Reduction in height of L3/4 to L5/S1 discs due to discectomy
  - T2 hyperintense fluid in L2/3 disc space
  - Large extradural lesion on the posterior aspect of thecal sac at L1/2 level with severe compression of thecal sac and nerve roots of cauda equina

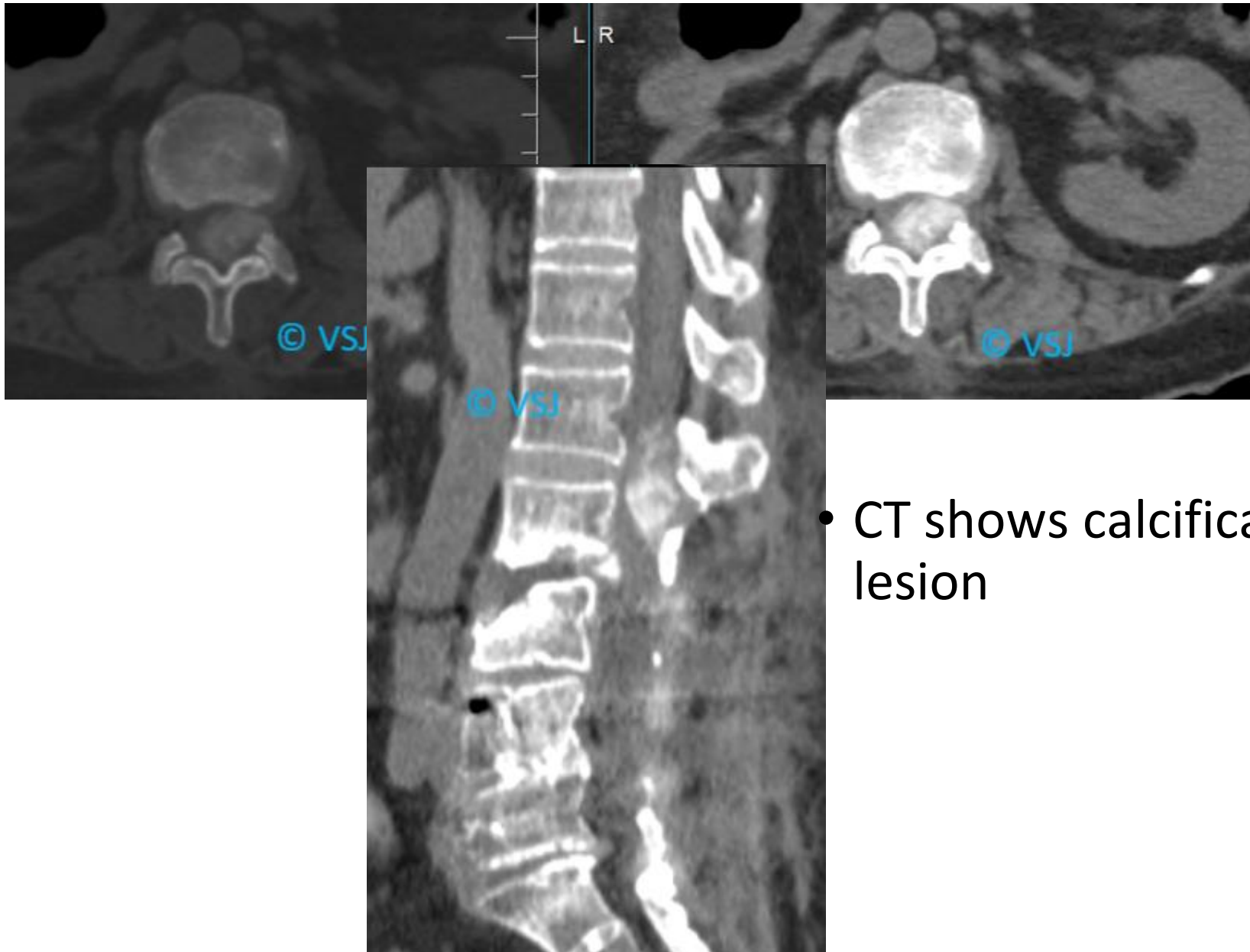


- T1WI showing isointensity within the lesion with marrow hypointensity along the vertebral endplates.



- T2WI reveal heterogenous predominantly hypointense lesion posterior to the thecal sac with compression of cauda equina. Right kidney severely atrophic.

Treating team of surgeons and physicians was not comfortable with contrast study due to deranged creatinine and comorbidities

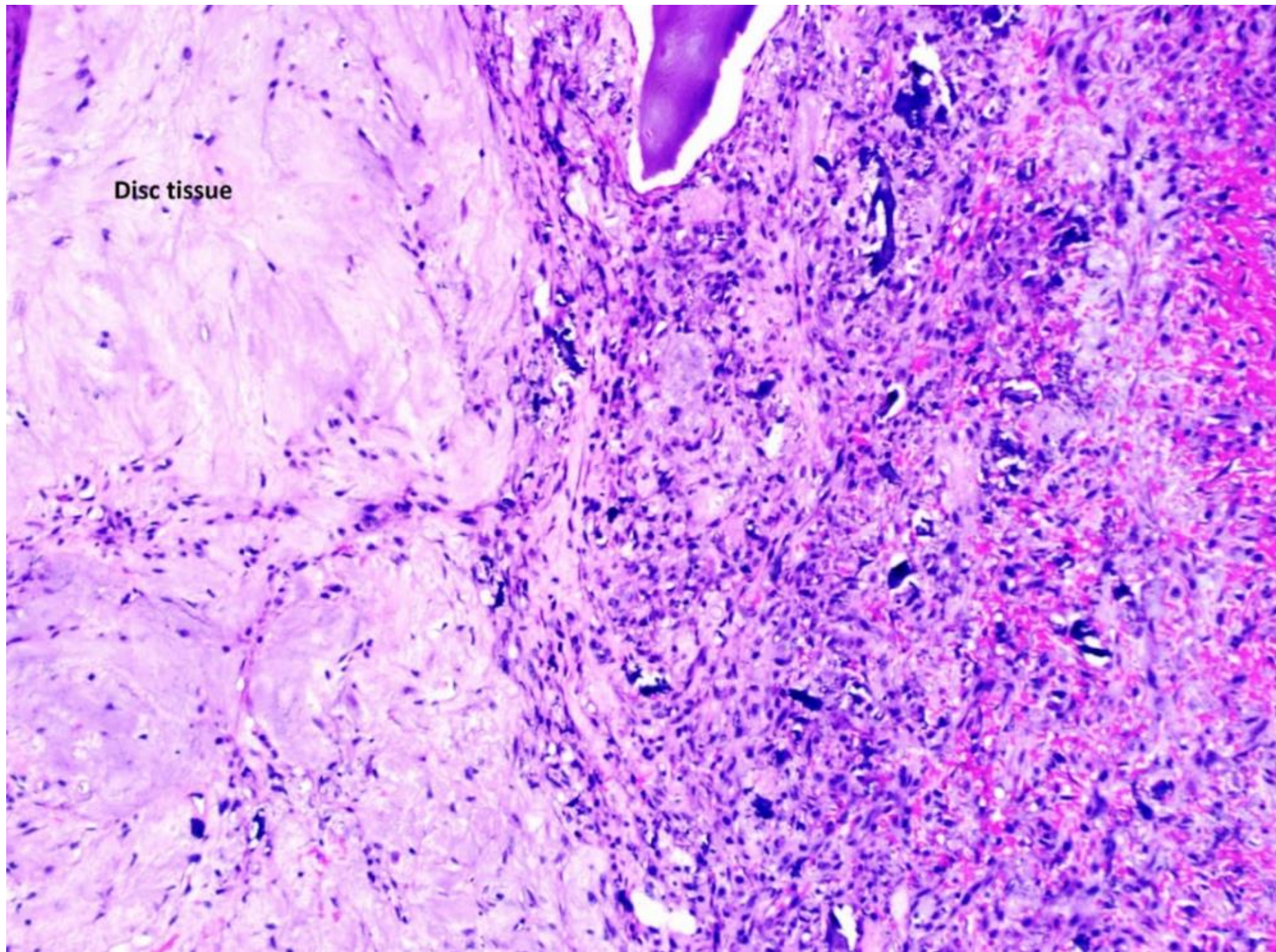


- CT shows calcification within the lesion



- Intra operative photograph with mass like sequestered disc material ( oval pinkish) compressing on dura ( shining whitish silver)

Disc tissue





**Diagnosis:** Sequestered disc material with calcification.

- Calcification in extruded and sequestered disc is a common finding.
- Dural-based meningiomas can mimic imaging appearances.
- Contrast study would be ideal to differentiate ( peripheral in disc material. However may not always show the typical appearance in chronic disc material mixed with fibrosis).
- End plate marrow changes and fluid in disc spaces should not be interpreted as infection hurriedly. These can be seen in post post-operative period for almost 6 months to 1 year.