46-year-old male presents with back pain

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Filum terminale fibrolipoma
Elongated T1 hyperintense lesion c/w fat within filum terminale (yellow arrows)

Conus is normal in position (orange arrow)

L4-L5 disc herniation (white arrow).

Probable cause of back pain
Filum terminale fibrolipoma

- Benign, congenital, asymptomatic fat within otherwise normal-appearing filum terminale
- Incidental finding found in 4-6% of autopsy patients
  - No significant epidemiological differences
- Key is to assess if conus is normal in position.
- If normal, the fatty lesion is assumed to be asymptomatic.
- If low, suspect cord tethering.
Filum terminale fibrolipoma

• Follows fat signal/density on CT and MRI
  – Linear, stripe-like hypoattenuation on CT or high signal on T1 MR
    • Does not enhance
      – T1FS to define hyperintensity
• May occur anywhere conus to sacrum
• DDx: intraspinal lipoma, dorsal dermal sinus, epidermoid/dermoid cyst, subarachnoid hemorrhage, tumor with paramagnetic effects (e.g. melanoma, melanotic meningioma)
References
