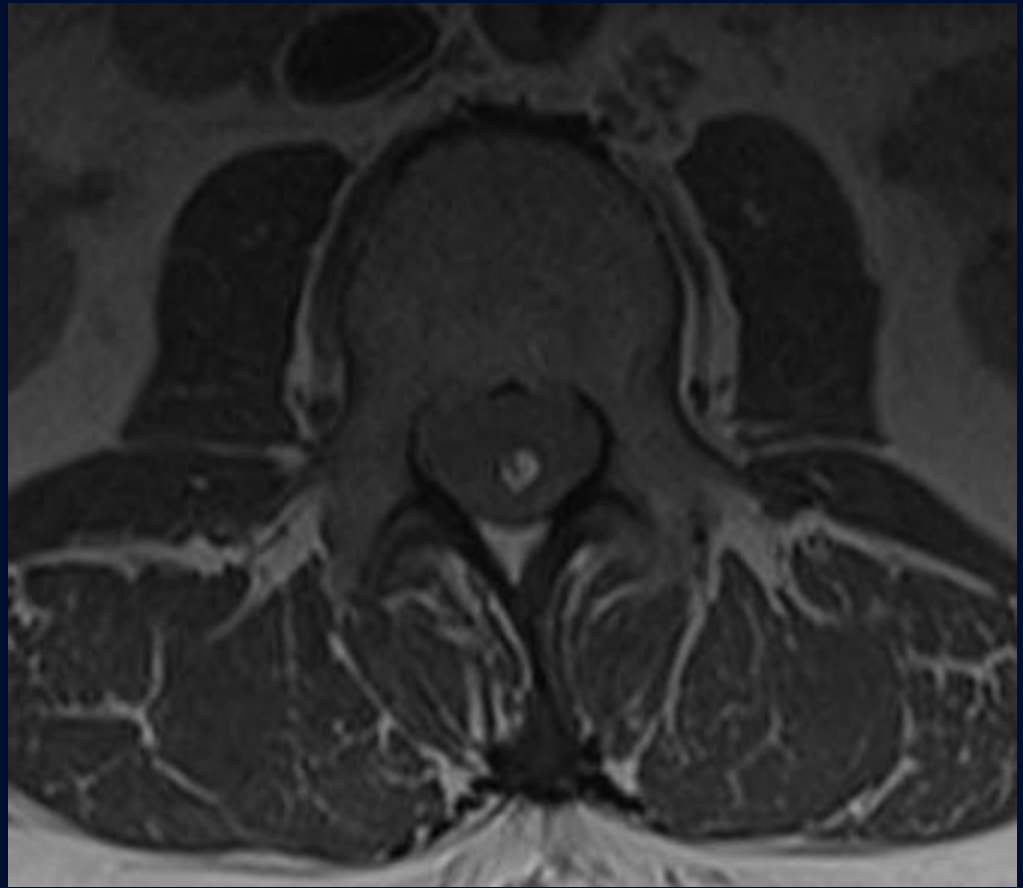


46-year-old male presents with back pain

John J. DeBevits IV, MD

Leo Wolansky, MD

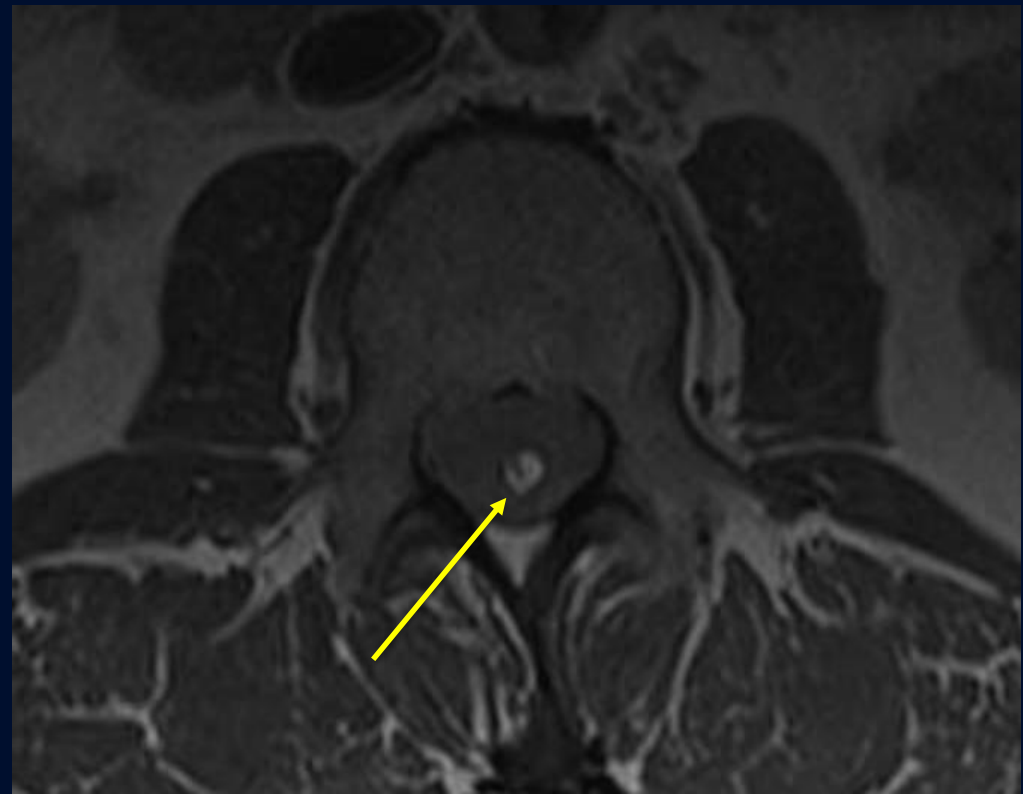
11



A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. It features detailed vein patterns and a lobed edge.

?

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

1. Bui CJ et al: Tethered cord syndrome in children: a review
2. Bulsara KR et al: The value of magnetic resonance imaging in the evaluation of fatty filum terminale. Neurosurgery. 54(2):375-0; discussion 379-80, 2004.