

**49-year-old female who reports a 2-year history of upper thoracic midline pain that was significantly worsened since a few months ago. Patient experienced loss of sensation bilaterally below her nipples extending into her legs.**

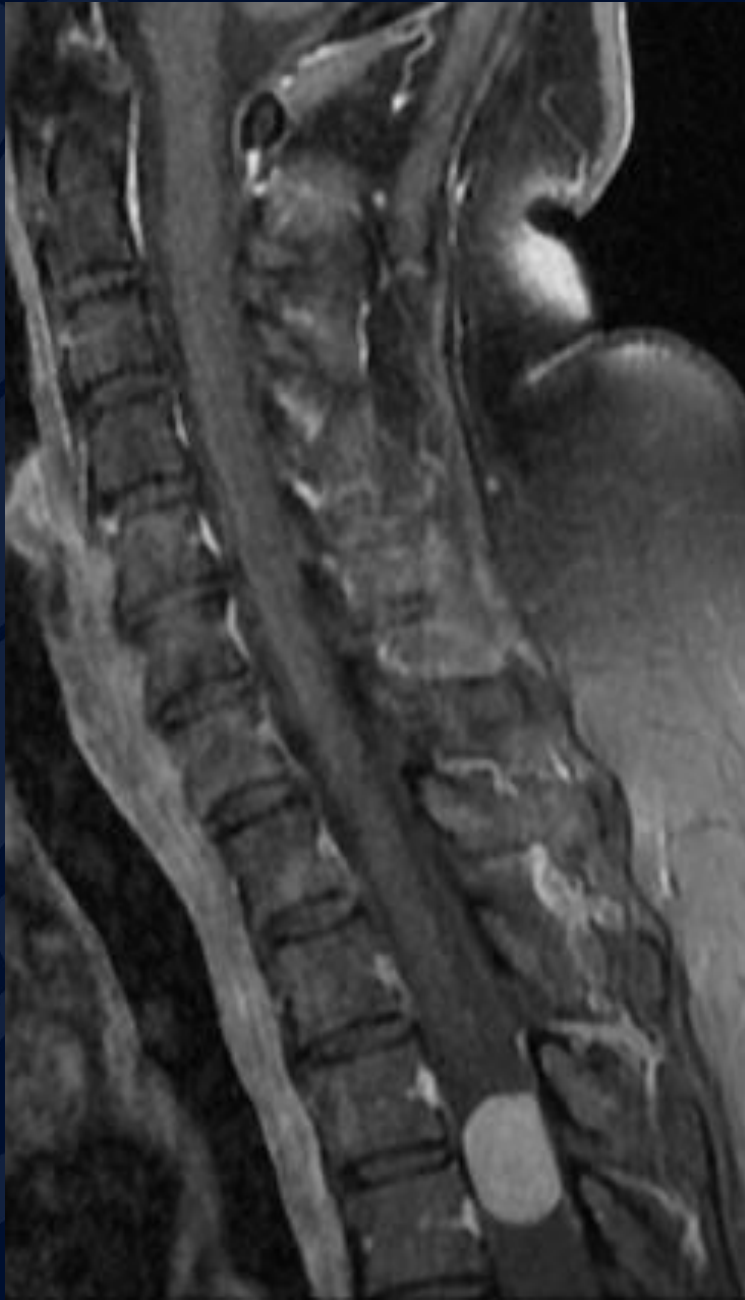
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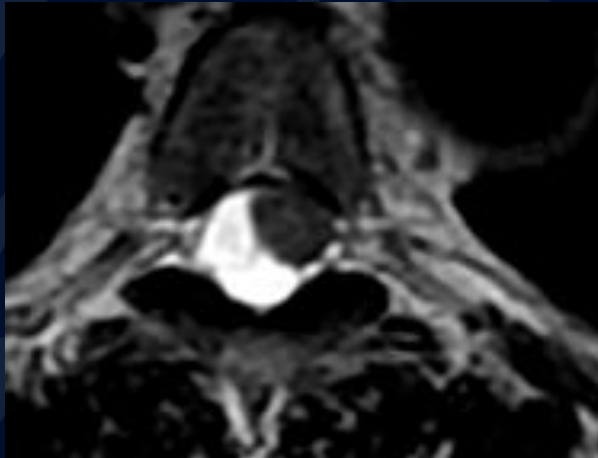
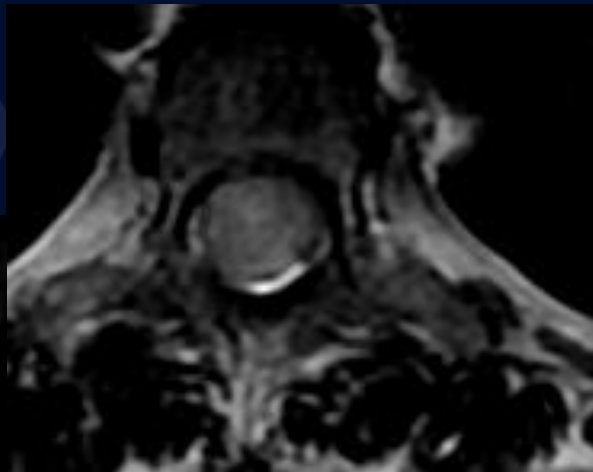
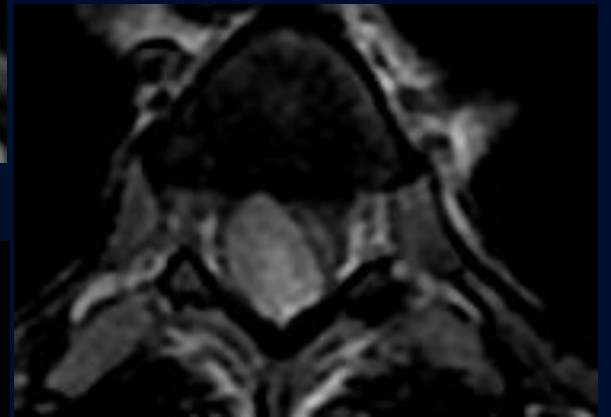
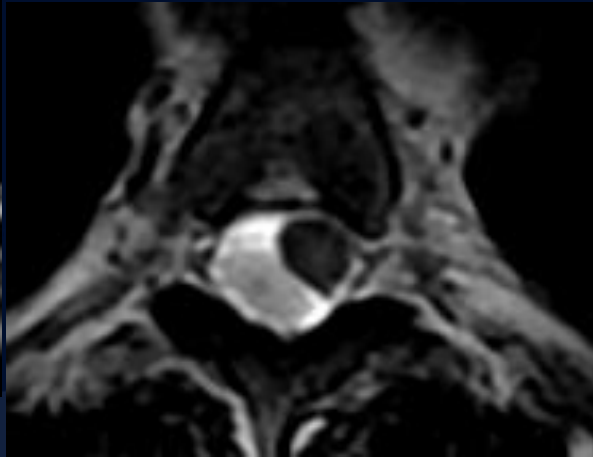
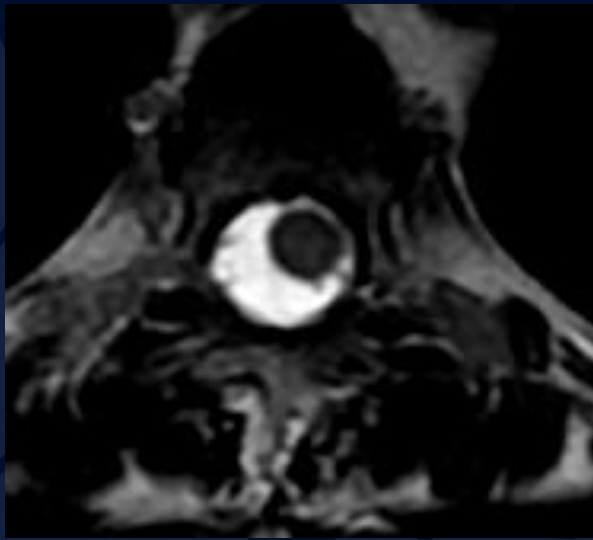
T2 Sagittal



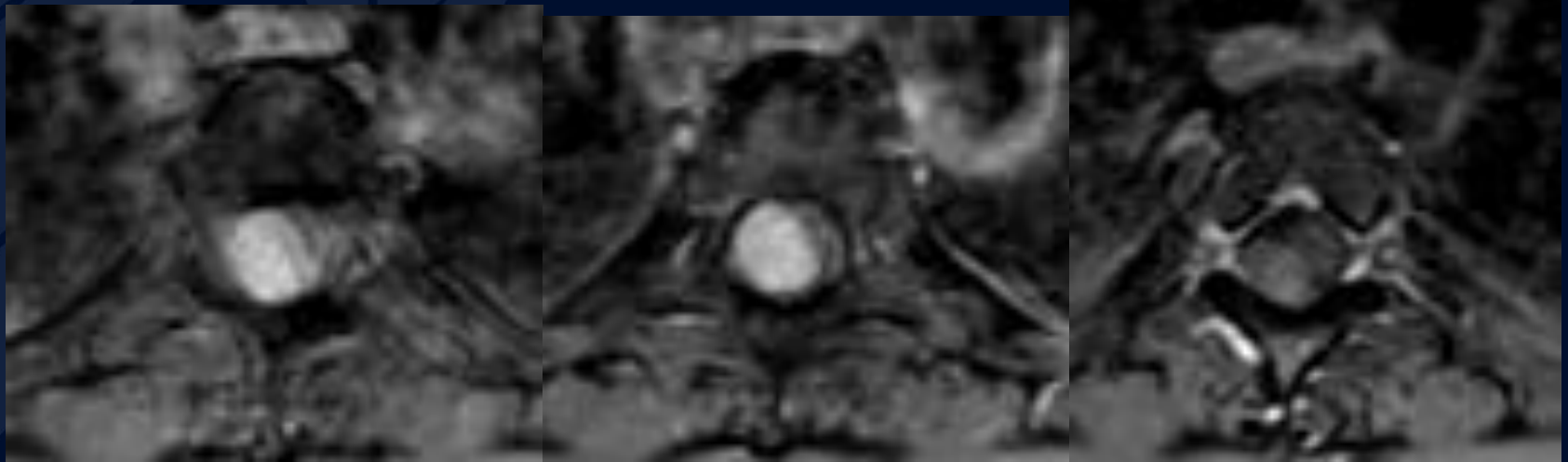
STIR Sagittal



Gd-T1 Sagittal



T2 Axial



Gd-T1 Axial



A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide, partially overlapping the title text.

# Thoracic Spinal Meningioma





**MRI T2, sagittal:**  
Mild homogenous hyperintense, broad-based, well-defined, dural attachment at T3-T4 level compressing adjacent spinal cord.

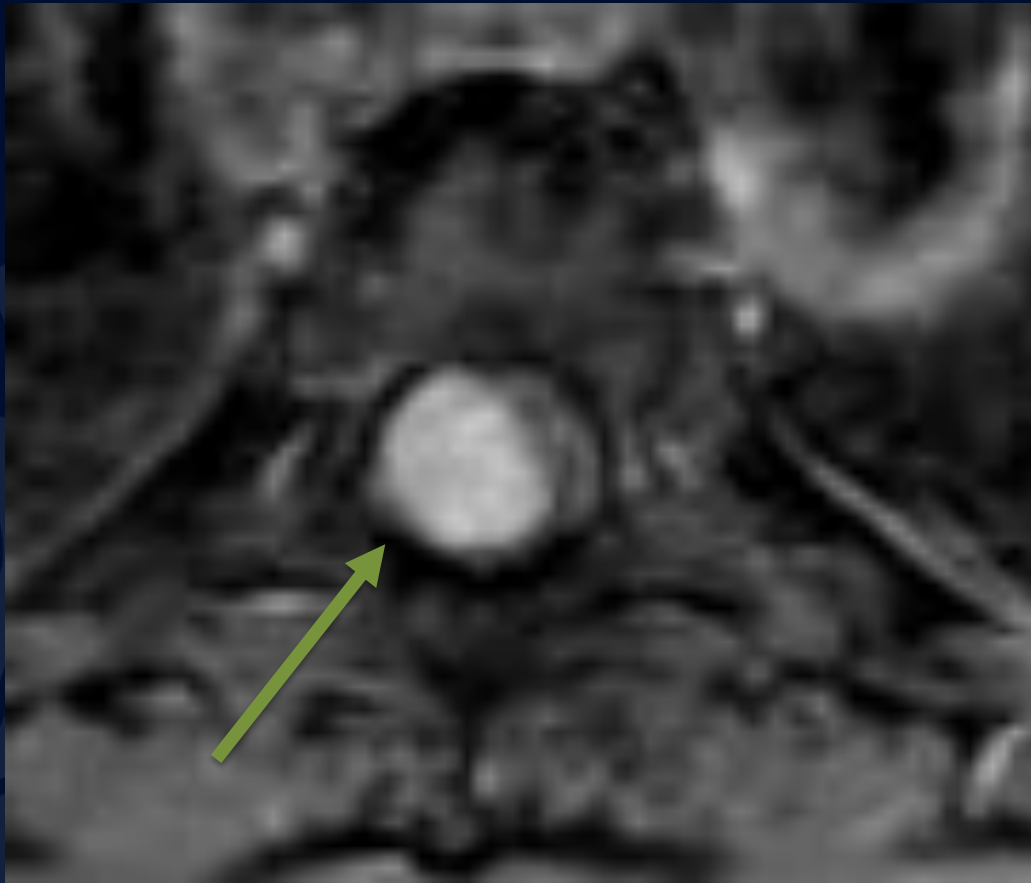


### **MRI STIR, sagittal:**

Hyperintense, broad-based, dural attachment abutting the spinal cord at T3-T4 level, with some hyperintense signal changes in the cord suggesting edematous changes within the spinal cord.

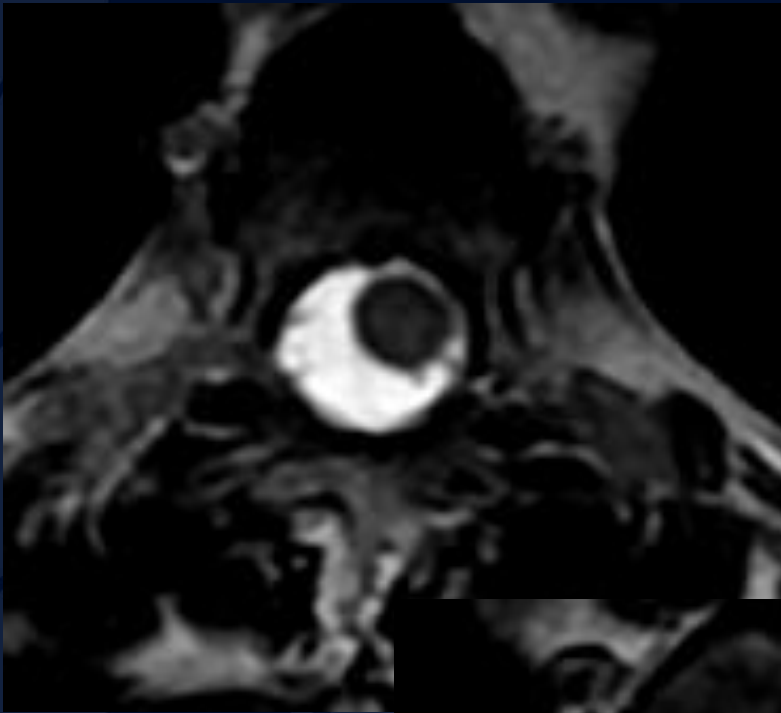


**MRI gadolinium-T1, post-contrast, sagittal:** Homogenous, broad based, post-contrast enhancing dural attachment at T3-T4 level resulting significant compression of adjacent spinal cord.



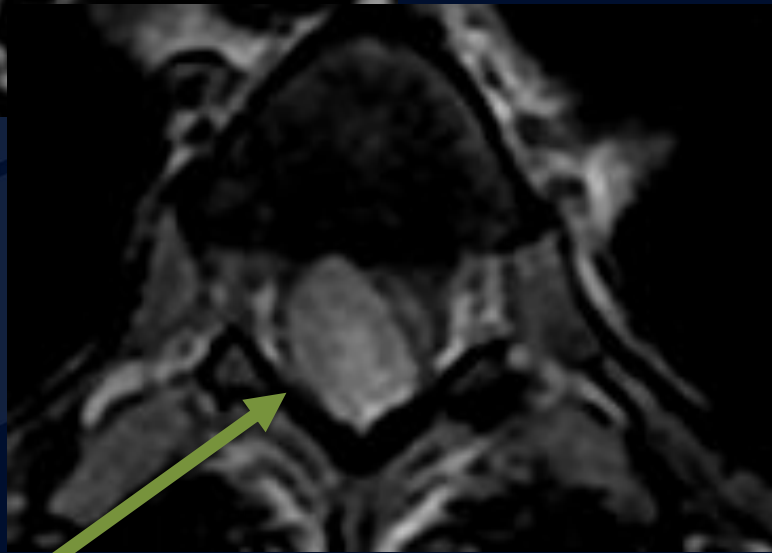
**MRI T1, axial:**

Homogenous, post-contrast enhancing, broad-based, well-defined, dural attachment at T3-T4 level causing significant compression of adjacent spinal cord.



**MRI T2, axial:**

Broad-based lesion causes complete occlusion of the subarachnoid space, resulting in a lack of CSF signal.



# Thoracic Spinal Meningioma

- Spinal meningioma is the second most common intradural extramedullary spinal neoplasm after schwannoma.
- Accounts for ~25% of spinal canal tumor.
- Four times more common in women than men.
- Typically occur between ages of 40 and 70.

# Imaging Findings

- The most common location is the thoracic spine (80%), followed by the cervical spine (15%).
- Spinal meningioma rarely occurs in the lumbosacral spine (5%).
- More likely located lateral to the spinal cord (60-70%).
- Most meningiomas are solitary lesions (98%).
- “Ginkgo leaf sign.”
- Well-defined borders, broad-based dural attachment.
- Relatively homogenous enhancement.

# Spinal Tumor Categories





# References

- Dubey, P., et al. Radiology, a core review. Philadelphia: Wolters Kluwer. 2018.
- Harbaugh, R.E., Shaffrey, C., Couldwell, W.T., Berger, M.S. Neurosurgery Knowledge Update, a comprehensive review. New York, Thieme, 2015.
- <https://radiopaedia.org>
- Shen, E., Bulsara, K., Baldwin, M.T., Wolansky, L. Thoracic Spinal Meningioma. Radiology Online, 2021.