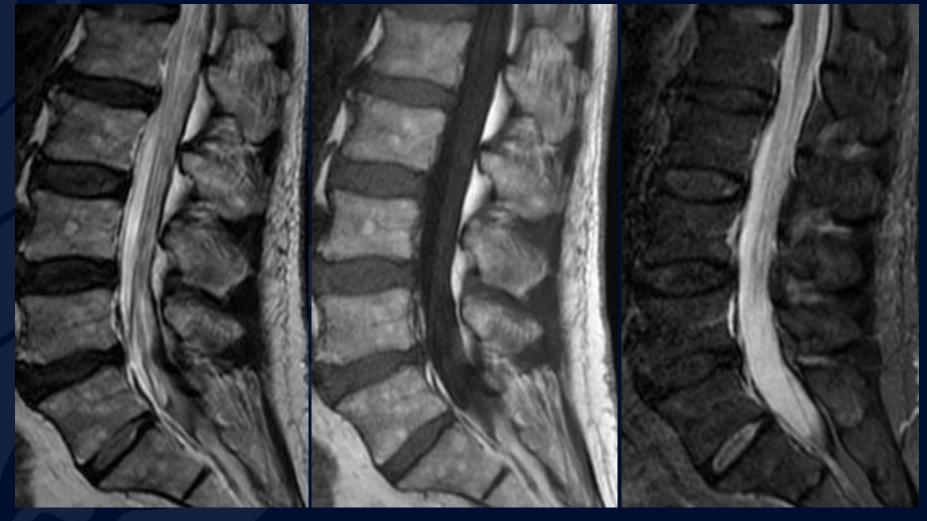
72 y/o male
with H/O Adenocarcinoma of the Lung
with New Saddle Anesthesia.
R/O Compression of Cord or Cauda Equina

Peter D. Lenchur, BA Leo Wolansky, MD

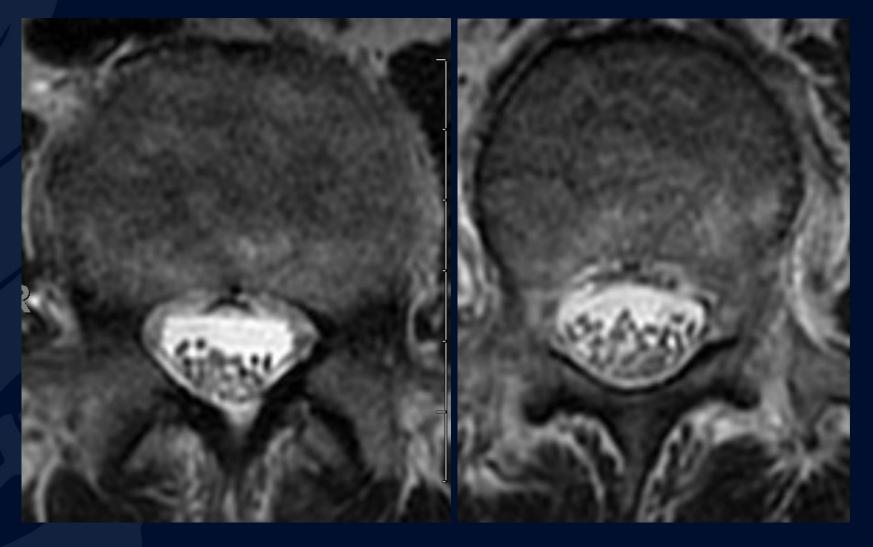




T2 T1

STIR

UCONN HEALTH RADIOLOGY



T2



What is the next study?



What is the next study?

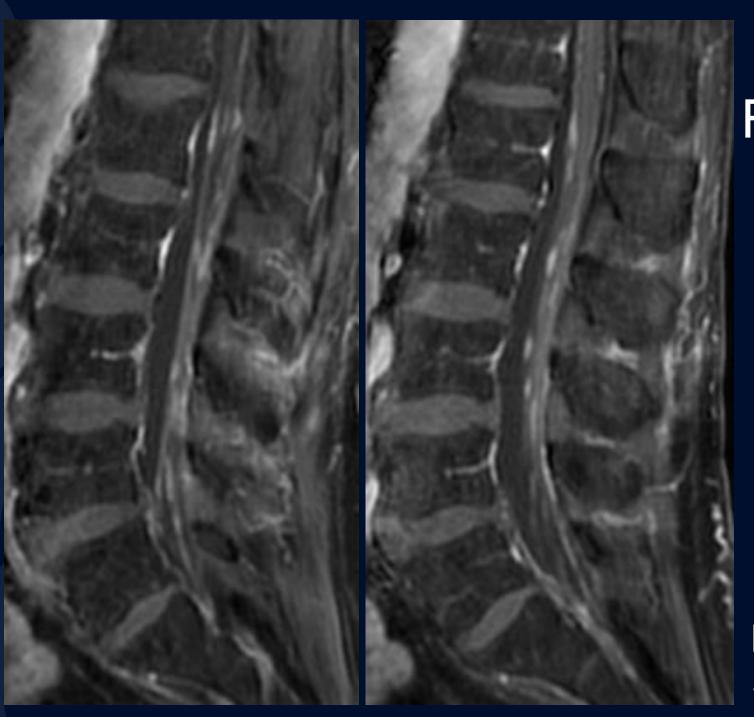
- A) Gd-MRI
- B) Lumbar Puncture for CSF
- C) CT
- D) CT-Myelography



What is the next study?

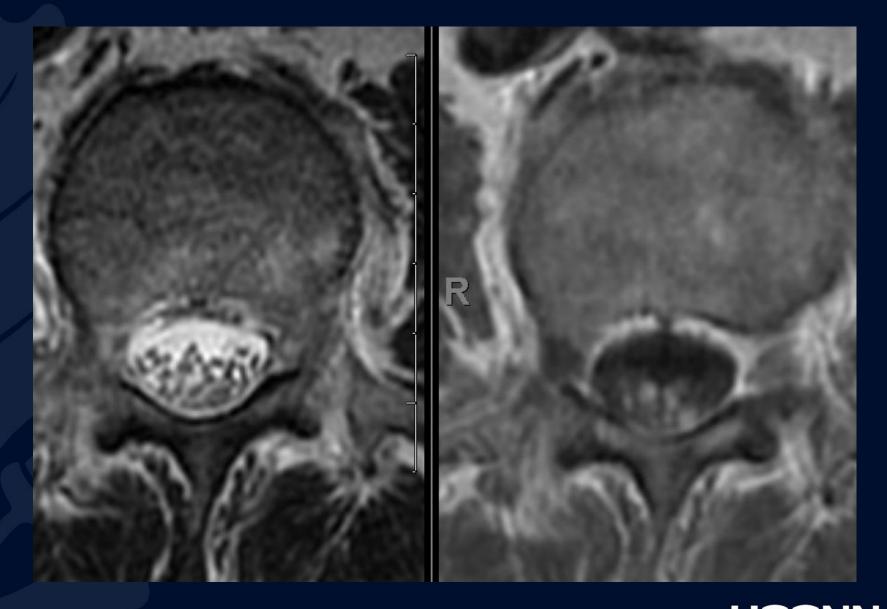
- A) Gd-MRI
- B) Lumbar Puncture for CSF
- C) CT
- D) CT-Myelography





Gd-T1 Fat-Sat

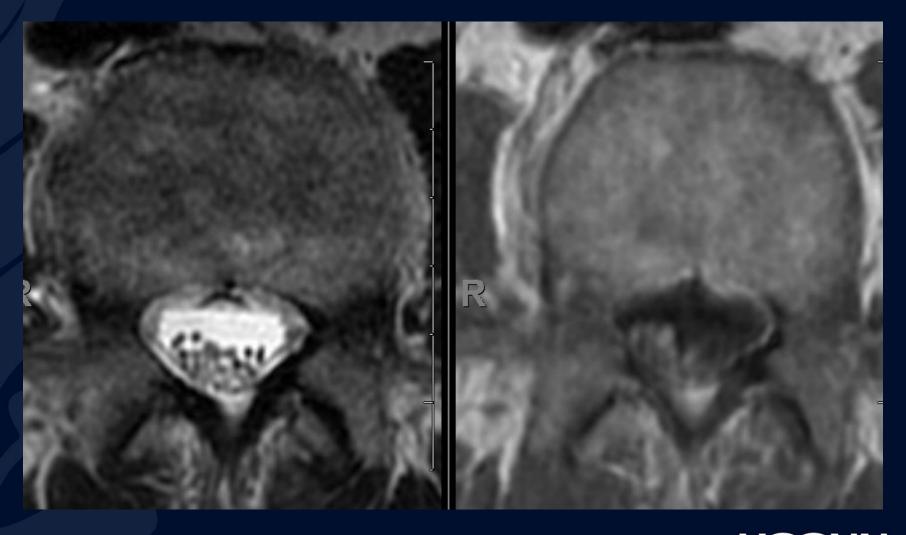




T2

Gd-T1





T2

Gd-T1







Spinal leptomeningeal metastases





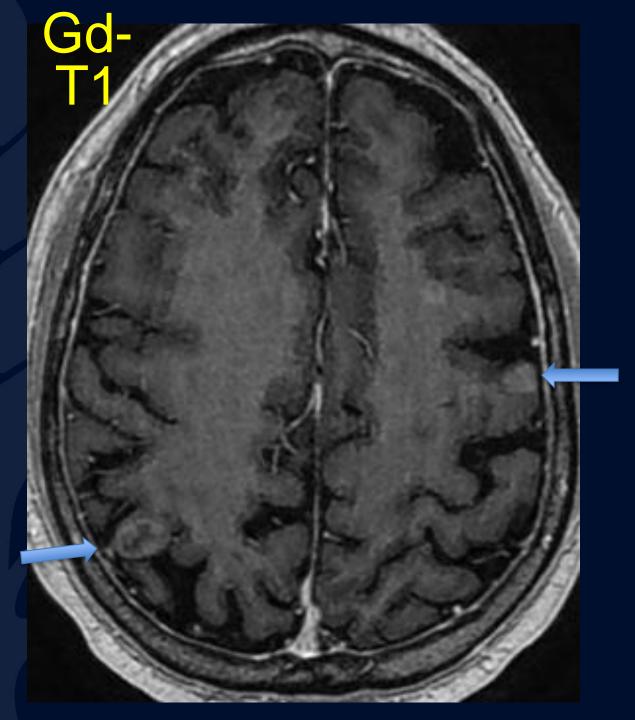
-Noncontrast examise is nearly normal-Subtle nodularity represents mets





Contrast demonstrates obvious nodular enhancing leptomeningeal mets (arrows)





MRI of the Brain revealed cerebral Metastases (arrows), which may have seeded the spinal CSF or arisen synchronously



Spinal Leptomeningeal Metastases Clinical Features

- Multifocal neurologic signs and symptoms are common and indicate multilevel involvement.
- The most common presenting symptoms include headache, nausea and vomiting, leg weakness, cerebellar dysfunction, altered mental status, diplopia, and facial weakness.



Spinal Leptomeningeal Metastases Imaging Features

- MRI may show linear or nodular enhancement along the surface of the spinal cord, cauda equina, or both.
- Contrast enhanced MRI is usually essential for the Dx.
- Occasionally, clumping of nerve roots at the cauda equina may suggest the diagnosis even on noncontrast scans.



References

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- Sze G, Soletsky S, Bronen R, Krol G. MR imaging of the cranial meninges with emphasis on contrast enhancement and meningeal carcinomatosis. American Journal of Neuroradiology September 1989, 10 (5) 965-975
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