

50-year-old female presenting with back pain, worse at night and while laying down

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MR T1



MR T1 + Gad



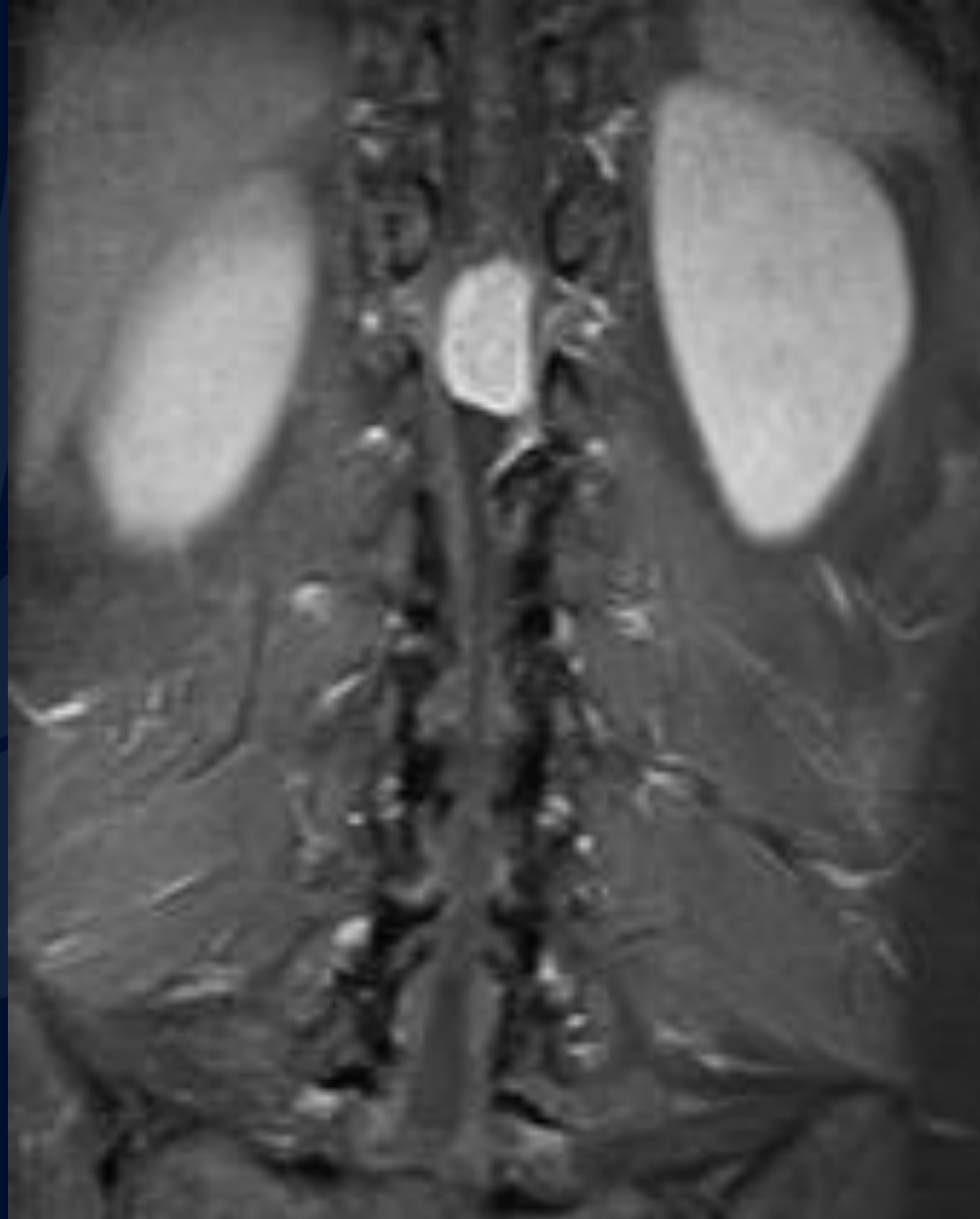
MR T2



MR T1



MR T1 + Gad





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Myxopapillary Ependymoma

T1



T1 + Gad



T1 isointense mass
Enhances on post-contrast imaging

T1



T2



T1 isointense mass

T2 heterogeneous

MR T1 + Gad



Enhancing mass

MR T1



Mass causing
compression of
the cauda equina

Myxopapillary Ependymoma

Clinical Presentation: Most commonly, patients present with low back, leg, or sacral pain, and less commonly with leg weakness or sphincter dysfunction

Location: Classically in the region of the conus and filum terminale, where ependymal cells are present

Imaging:

- CT: Difficult to visualize on CT
 - If large, you can see spinal cord expansion, scalloping of vertebral bodies, and extension out of the neural foramina
- MRI: Preferred imaging modality
 - T1: Usually isointense, however hemorrhage or calcification can lead to regions of hyper- or hypo-intensity
 - Contrast shows homogenous enhancement of the lesion
 - T2: High-intensity signal

References

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