

# 49-year-old female presenting with low back pain and radiculopathy

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# MRI Sagittal T1



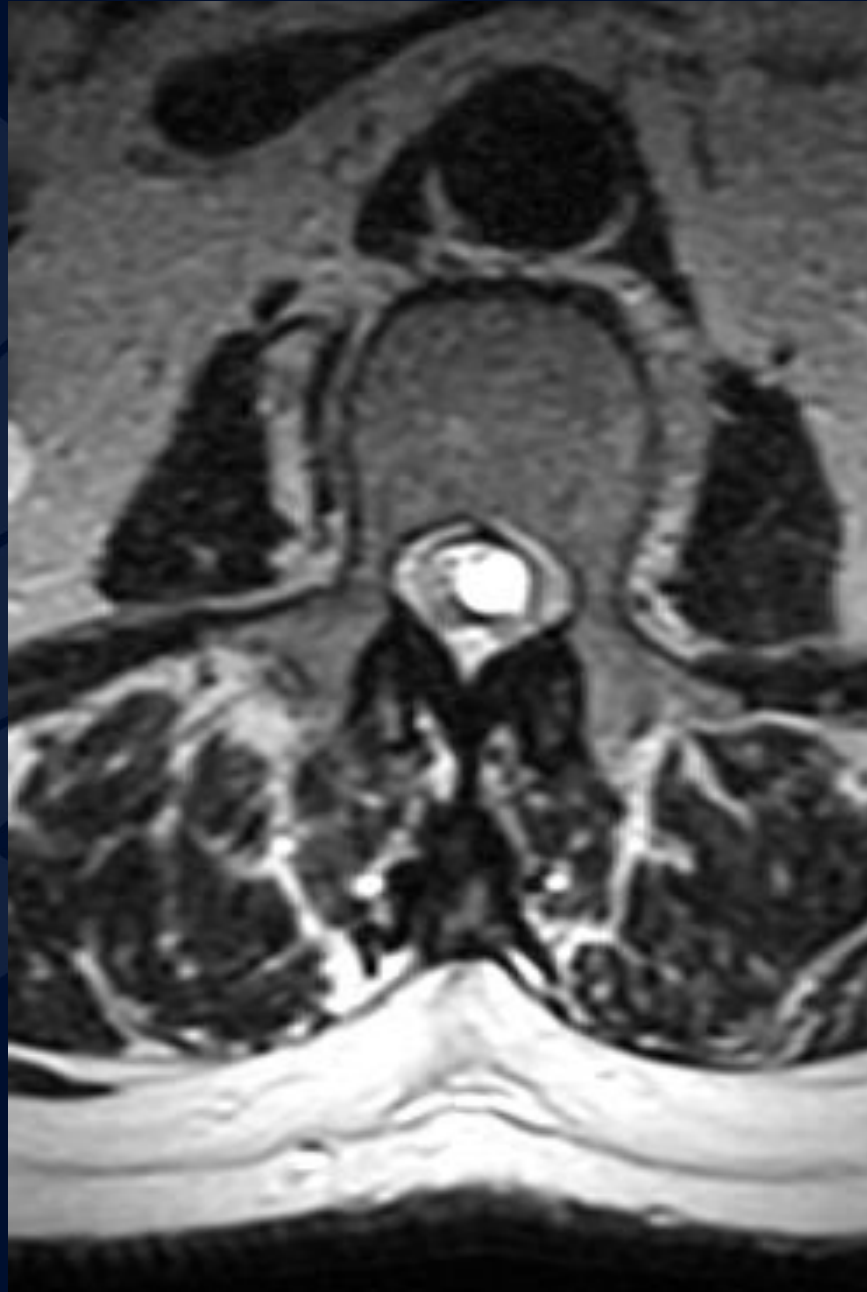
# MRI Sagittal T1 + Gad



# MRI Sagittal T2



# MRI Axial T2



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.

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# Spinal Schwannoma

# MRI Sagittal T1

Isointense lesion  
in the within the  
spinal canal





# MRI Sagittal T1 + Gad

Enhancing lesion  
within the spinal canal

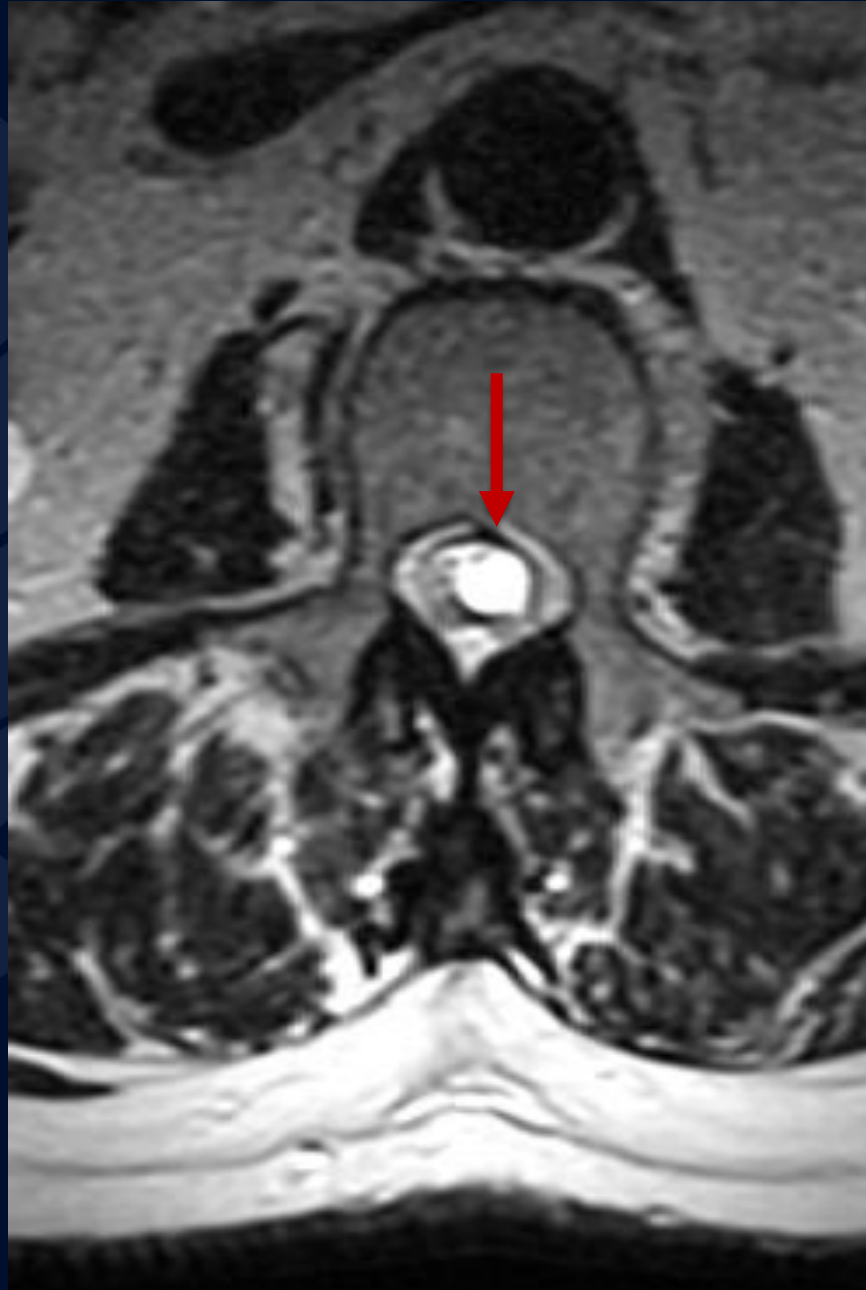


# MRI Sagittal T2

T2 hyperintense lesion in the within the spinal canal



## MRI Axial T2



T2 hyperintense  
lesion in the within  
the spinal canal

# Spinal Schwannoma

Spinal Schwannomas typically arise from the dorsal sensory nerve roots, most commonly causing pain and radiculopathy

- Effects males and females equally in their 50-70s
- Well defined lesions on imaging with no evidence of invasion
- Associated with Neurofibromatosis Type 2

## Differential

- Neurofibromatosis
- Meningioma
- Paraganglioma
- Myxopapillary Ependymoma
- Intradural Extramedullary Metastases

# Imaging Findings

## CT

- Low to intermediate attenuation
- Adjacent bone remodeling
- Intense contrast enhancement
  - Smaller tumors appear homogenous
  - Larger tumors appear heterogenous

## MRI

- T1
  - Most are isointense (75%) with some being hypointense (25%)
- T1 C+
  - Enhancement (100%)
- T2
  - Nearly always hyperintense (95%)
  - Hemosiderin rim (with larger lesions) can appear hypointense

# References

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