

34-year-old male with progressive lower extremity weakness

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MR T1



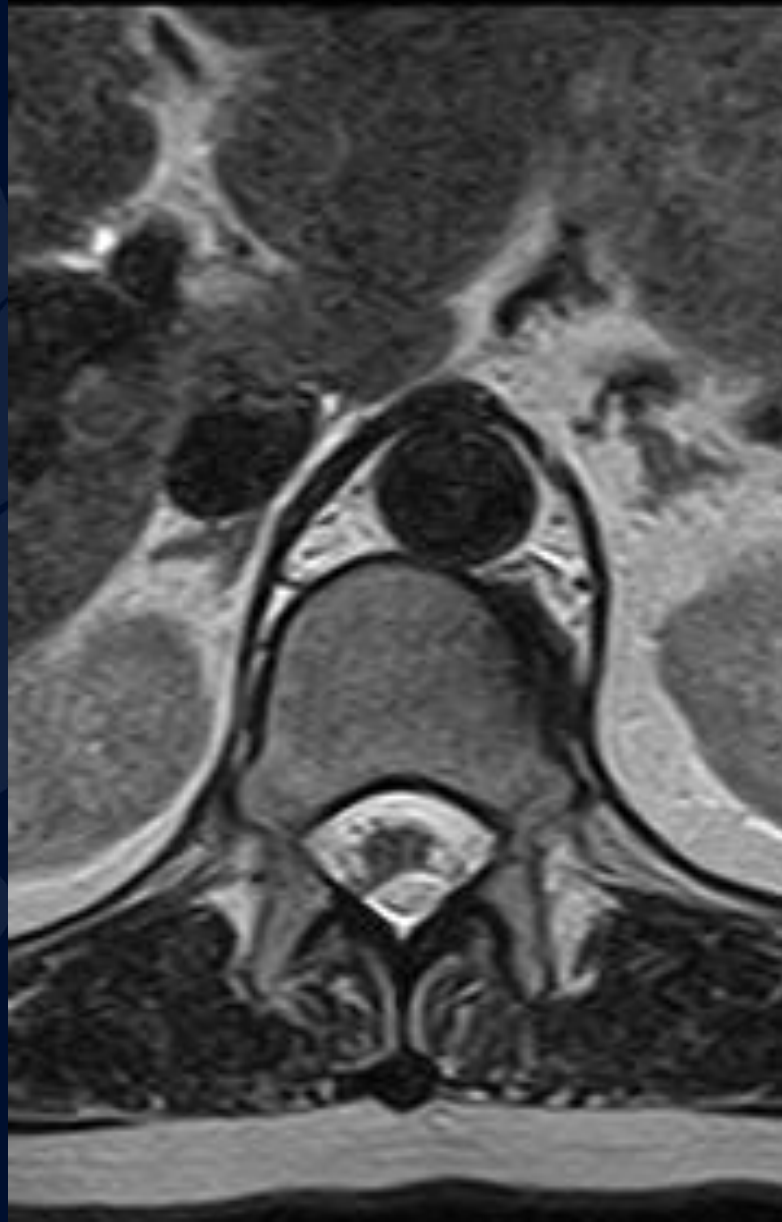
MR T2



MR STIR



MR T2





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Lipoma of the Conus

T1



T2



Lipoma along the dorsal surface of the conus at the level of T11-12

T1

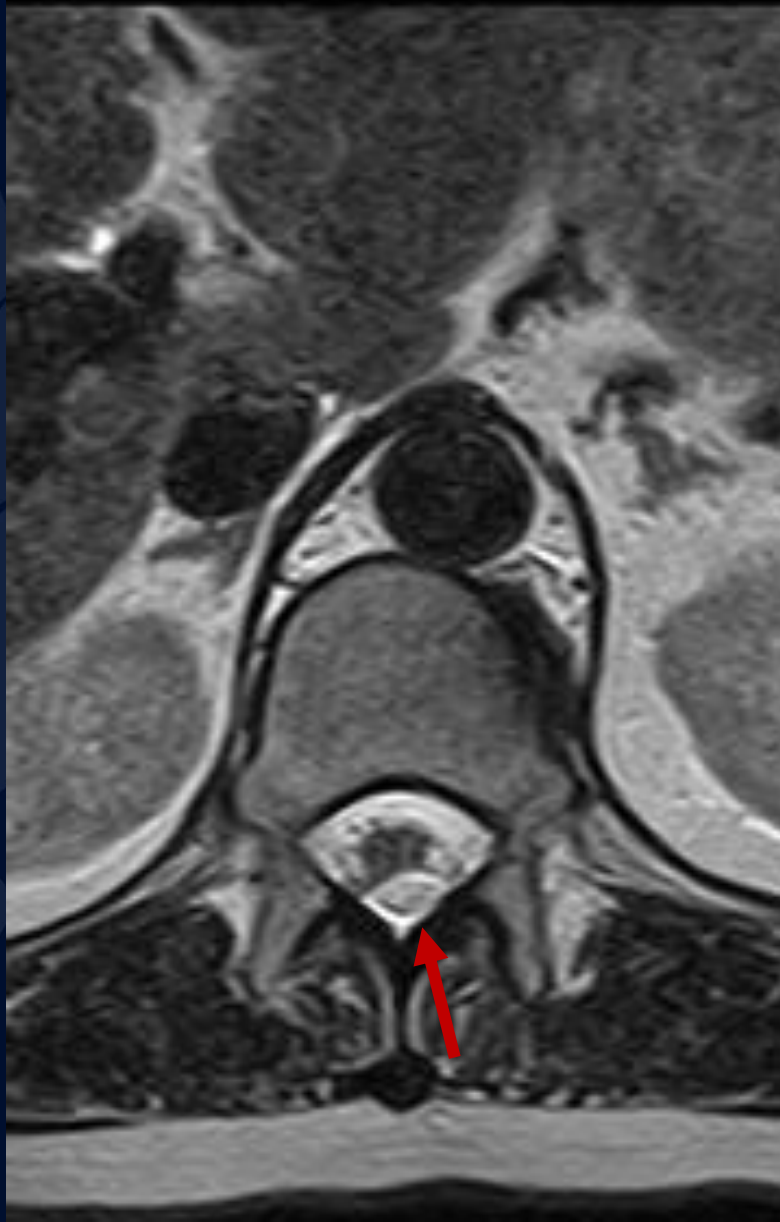


STIR



Lipoma along the dorsal surface of the conus at the level of T11-12, with loss of signal on STIR (fat)

MR T2



Lipoma with
hyperintense rim
noted on the dorsal
surface of the conus

Lipoma of the Conus

Clinical Presentation: Often asymptomatic, though compression of the spinal cord can cause low back pain, radicular pain in the buttocks and legs, lower extremity weakness, and urinary incontinence

Clinical Pearl: Lipomas consist of normal fat and, although the pathophysiology of these lesions is poorly understood, they are not considered neoplastic

Differential Diagnosis:

- Lipomyelomeningocele
- Spinal Dermoid Cyst

Lipoma of the Conus

Imaging Findings

CT

- Classically homogenous with low attenuation

MRI

- T1: Hyperintense with no post-contrast enhancement
- T2: Hyperintense
- Fat-Suppressed: Hypointense

References

Gupta A, Bansal K, Kalidindi KKV, Bhargava A, Verma A. Intradural Conus Medullaris Lipoma With Neurological Deficit: A Rare Occurrence. *Cureus*. 2021 Mar 23;13(3):e14053. doi: 10.7759/cureus.14053. PMID: 33898137; PMCID: PMC8059682.

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