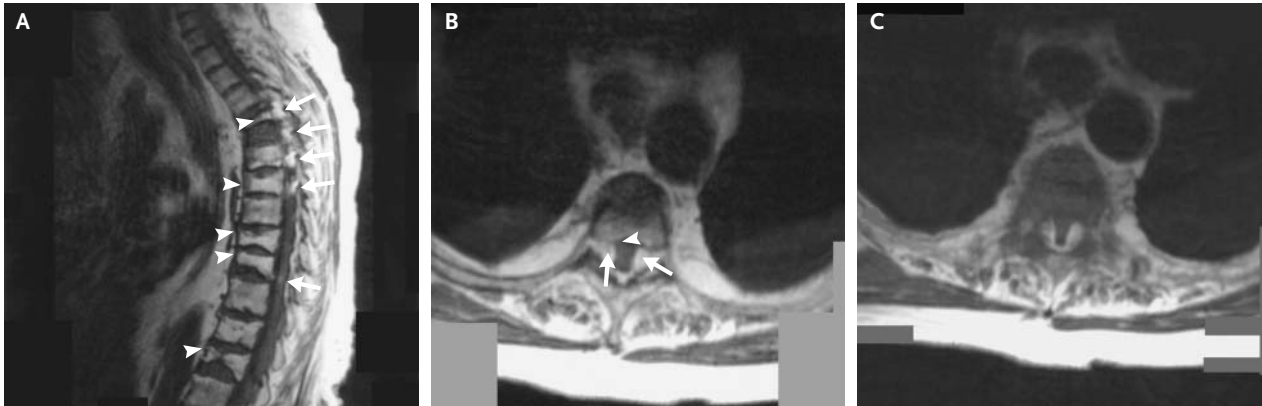


IMAGES IN CLINICAL MEDICINE

Epidural Lipomatosis Causing Spinal Cord Compression



Moahad Saeed Dar, M.D.
Shadi Daoud, M.D.

Cleveland Clinic Foundation
Cleveland, OH 44195

A 68-YEAR-OLD WOMAN WITH CORTICOSTEROID-DEPENDENT CHRONIC obstructive pulmonary disease was admitted to the hospital for worsening respiratory symptoms and for new-onset weakness in both legs. Physical examination revealed poor air entry and rales throughout both lung fields, as well as decreased sensation to a pinprick in the right leg, no sensation in the left leg, and paralysis of both legs. A T₁-weighted sagittal magnetic resonance imaging (MRI) scan of the spine (Panel A) revealed multiple compression fractures of the thoracic and lumbar vertebrae (arrowheads) and spinal epidural lipomatosis (arrows). A T₁-weighted axial MRI scan (Panel B) confirmed the presence of spinal cord compression (arrowhead) secondary to epidural lipomatosis (arrows). The lipomatosis was most pronounced from T4 to T10 (Panel C). Neurosurgical correction of the cord compression was considered, but the patient's severe chronic obstructive pulmonary disease precluded surgery. The patient died shortly thereafter.

Spinal epidural lipomatosis can develop spontaneously or as a result of Cushing's disease or long-term corticosteroid use. Localization to and compression of the spinal cord at the thoracic level are typical of this disease. MRI is the diagnostic procedure of choice. The usual treatment is immediate laminectomy with the removal of epidural fat and a decrease in the corticosteroid dose.

Copyright © 2003 Massachusetts Medical Society.