

Subacute compressive myelopathy secondary to extramedullary hematopoiesis

Mielopatia subaguda compressiva secundária a hematopoiese extramedular

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A 25-year-old man presented with subacute onset paraparesis with sphincter disturbance. His past medical history unveiled β -thalassemia intermedia (compound heterozygote IVS 1-5) and hereditary persistence of fetal hemoglobin type 2. His neurological examination disclosed a complete spinal cord syndrome without clear thoracic sensory level. Spinal cord imaging showed severe thoracic

spinal stenosis secondary to paraspinal extramedullary hematopoiesis (Figure). Spinal cord compression is a leading cause of myelopathy in patients with multiple progressive paravertebral masses in chronic extramedullary hematopoiesis¹, described in hereditary hemoglobinopathies, lymphoproliferative disorders, myelofibrosis and polycythemia vera².

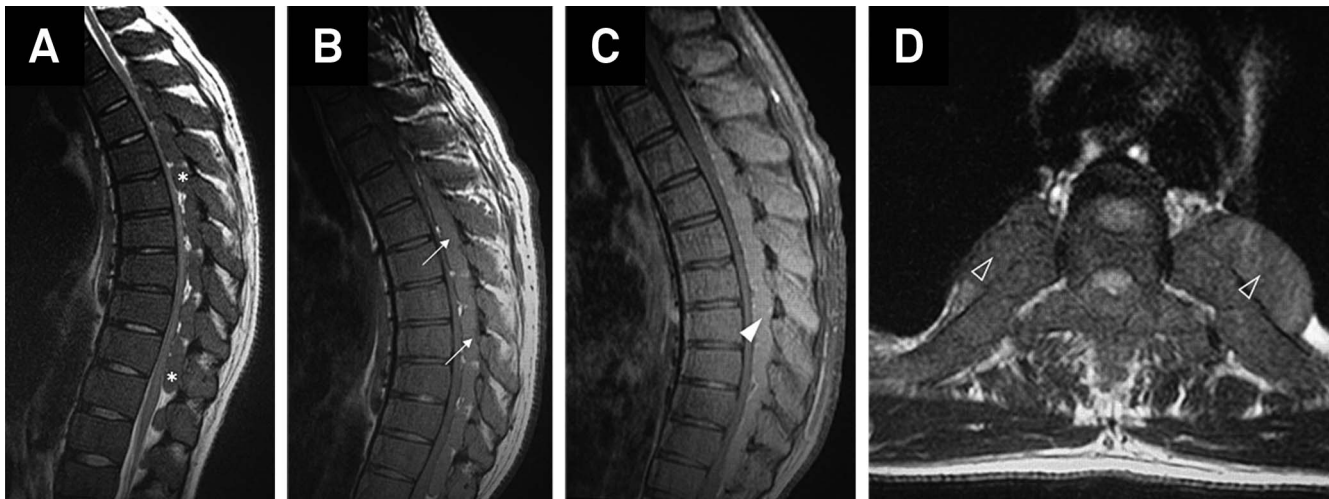


Figure. Non-contrast-enhanced sagittal MRI of the spine at thoracic level disclosing multiple solid masses in the paravertebral spine with intermediate signal on T2-weighted (A; asterisks) and on T1-weighted images (B; arrows). Contrast-enhanced T1-weighted sagittal MRI of the spine showing enhancement of the solid masses described in A and B (C; filled arrowhead). Axial T2-weighted MRI of the spine evinced severe thoracic spinal stenosis and multiple paravertebral masses (D; non-filled arrowhead).

References

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