Myxopapillary Ependymoma
Joseph Junewick, MD FACR
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History
12 year old female with back pain and tight hamstrings for 1 year.

Diagnosis
Myxopapillary Ependymoma

Additional Clinical
MR of the brain and cervical and thoracic spine are normal.

Discussion
Ependymomas of the conus medullaris and filum terminale display a unique histology and biology compared to other CNS ependymomas. The so-called myxopapillary variant behave in a benign fashion. Patients often present with back and lower extremity pain, motor dysfunction, and/or autonomic dysfunction.

Myxopapillary ependymomas are believed to arise from ependymal glia of the filum terminale and as such are usually intradural in location. Grossly, these tumors are encapsulated with lobular contour often containing areas of hemorrhage or mucinous degeneration.

On MR, myxopapillary ependymomas relative to the spinal cord are T1-isointense, T2-hyperintense and enhancing. Tumors can enlarge the spinal canal and neural foramina; occasionally bone destruction and soft tissue invasion are seen. Differential diagnosis includes: schwannoma, subependymoma, hemangioblastoma, ganglioma and paraganglioma.

Findings
MR-T1, T2, IR and postgadolinium T1 sagittal images of the lumbar spine demonstrate mildly hyperintense intrathecal mass with contiguity with the caudal aspect of the filum terminale. A few punctate areas of very high T1 signal are present and there is gentle remodeling of the posterior aspect of the S2 vertebral body.

Reference
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