

Thoracic calcified disc sequestration presenting as a spinal extramedullary intradural mass

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A 21-year-old woman was referred to the authors' clinic with dorsalgia that she had experienced for a long time. Neurological examination revealed weakness and numbness in both lower extremities. Computed tomography demonstrated a hyperdense lesion at the posterior of the T8 vertebrae, obliterating the anterior CSF interval (**Figure 1a**). Magnetic resonance images revealed that the lesion had low signal intensity in all sequences (**Figure 1b**). The imaging studies suggested a calcified extramedullary intradural tumour such as spinal meningioma. After surgery (**Figures 2a** and **b**), histopathology indicated that the lesion was a calcified disc sequestration.

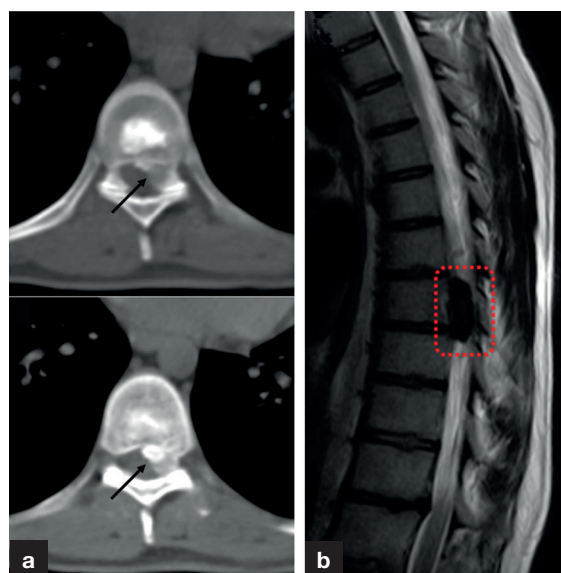


Figure 1. a. Consecutive axial computed tomography scan shows a hyperdense calcified lesion located at the left posterior of the T8 vertebrae. b. Sagittal T2 weighted spinal magnetic resonance image shows a lesion (dashed frame) with low signal intensity extending to within the left T8 neural foramen.



Figure 2. Sagittal (a) computed tomography and (b) T2 weighted magnetic resonance image show complete removal of the lesion in the spinal canal (dashed frame).

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Only 1% of all disc herniations involve the thoracic disc (Bose, 2003), and thoracic calcified disc sequestration is even more rare in young patients (Alberico et al, 1986; Bose, 2003). Calcified sequestered disc fragments may mimic spinal tumours and other extramedullary intradural space-occupying lesions. Histopathological assessment is the only way to confirm the diagnosis.

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