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Paraspinal cervical chordoma

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A 56-year-old woman who had experienced neck pain for the last year underwent magnetic resonance imaging, which revealed a lobulated epidural mass occupying the right side of the spinal canal at C1–3 level in the midline (Figure 1a and b, white arrow). The lesion had destroyed the C1 vertebral corpus (Figure 1b, blue arrow), extended into the right neural foramen and surrounded the right vertebral artery (Figure 1b, white arrowhead). A biopsy of the lesion was reported as chordoma.

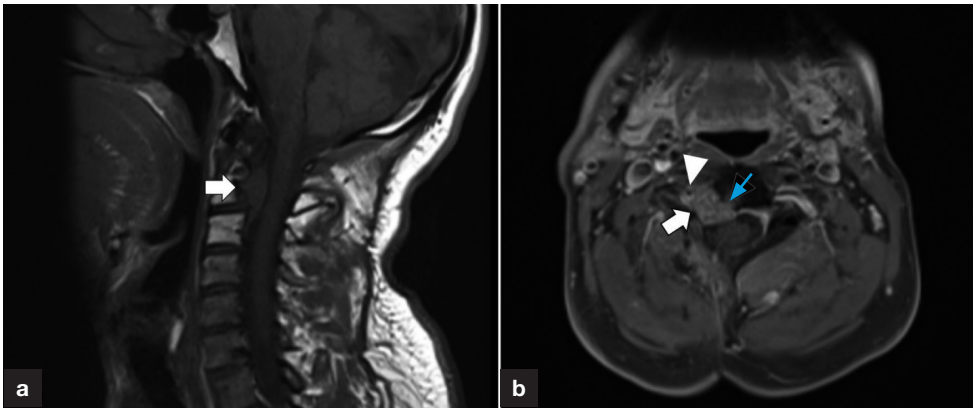

Figure 1. a. Sagittal T1-weighted magnetic resonance scan showed a lobulated epidural mass occupying the right side of the spinal canal at C1–3 level in the midline (arrow). b. Axial contrast fat-suppressed T1-weighted magnetic resonance scan showed that the lesion had destroyed the C1 vertebral corpus (blue arrow), extended into the right neural foramen and surrounded the right vertebral artery (white arrowhead).

Chordoma is a low-grade malignant neoplasm arising from notochord remnants, which occurs primarily along the midline of the axial skeleton. The cervical spine is affected in 6% of cases and extra-axial chordomas are very rare. A typical appearance on imaging is an osteolytic lesion in the midline, associated with a paravertebral soft tissue mass (Khong et al, 2011). Chordoma must be considered in the differential diagnosis of cervical extra-axial lesions.

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Reference

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