A 42-year-old woman had progressive numbness from both feet to mid chest for 2 weeks. Examination showed a sensory level at T8, no weakness, and brisk reflexes throughout.

MRI showed T2–T5 dural thickening (figure 1). Testing revealed an elevated sedimentation rate and normal chest x-ray, CSF analyses, and tests for rheumatologic diseases and infections. Dural biopsy showed an inflammatory infiltrate (figure 2).

Idiopathic hypertrophic pachymeningitis is a diagnosis of exclusion since it is associated with trauma, infection, and autoimmune diseases. Treatment consists of corticosteroids and steroid sparing agents.1 It is usually found intracranially and rarely involves cervical and higher thoracic levels.2

REFERENCES

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Teaching NeuroImage: Idiopathic hypertrophic spinal pachymeningitis
Max R. Lowden and David Gill
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