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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