A 30-year-old man presented with recurrent headaches. CT head revealed a clival chordoma (figure 1A). Chordomas originate from the embryonic remnants of the notochord and account for 2%–4% of all malignant bone tumors. They have a predilection for the axial skeleton, with 35% affecting the spheno-occipital region. The incidence peaks at ages 20–40 years. Male patients are affected twice...
as commonly as female patients. Clinical symptoms often result from local mass effect. On imaging, the tumor appears as a midline lesion and can contain heterogeneous calcifications. MRI demonstrates high signal on T2-weighted sequences and heterogeneous enhancement with a honeycomb appearance (figure 1). Indentation of the pons results in the characteristic thumb sign (figure 2). Differential diagnosis based on imaging appearance includes chondrosarcoma and metastasis.

AUTHOR CONTRIBUTIONS
Dr. Azzopardi was responsible for conducting the literature review and drafting the manuscript and accepts responsibility for conduct of research, final approval, and acquisition of data. Dr. Grech accepts responsibility for conduct of research, final approval, acquisition of data, and study supervision and made the radiologic diagnosis.

Dr. Mizzi accepts responsibility for conduct of research, final approval, and study supervision.

STUDY FUNDING
No targeted funding reported.

DISCLOSURE
The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

REFERENCES
Teaching NeuroImages: Chordoma
Christine Azzopardi, Reuben Grech and Adrian Mizzi
Neurology 2014;83:e110-e111
DOI 10.1212/WNL.0000000000000751

This information is current as of September 1, 2014

Updated Information & Services
including high resolution figures, can be found at:
http://www.neurology.org/content/83/10/e110.full.html

Supplementary Material
Supplementary material can be found at:
http://www.neurology.org/content/suppl/2014/08/31/WNL.0000000000000751.DC1

References
This article cites 2 articles, 0 of which you can access for free at:
http://www.neurology.org/content/83/10/e110.full.html##ref-list-1

Subspecialty Collections
This article, along with others on similar topics, appears in the following collection(s):
All Oncology
http://www.neurology.org/cgi/collection/all_oncology
CT
http://www.neurology.org/cgi/collection/ct
MRI
http://www.neurology.org/cgi/collection/mri

Permissions & Licensing
Information about reproducing this article in parts (figures,tables) or in its entirety can be found online at:
http://www.neurology.org/misc/about.xhtml#permissions

Reprints
Information about ordering reprints can be found online:
http://www.neurology.org/misc/addir.xhtml#reprintsus