

(1).
raphism)

(2 - 4)
0.45 - 0.6% (5)
(6, 7) 1

1%

(spinal dys -

(6),
가

(true)

(8).

(8),

Medjek (9) (neural tube)
(embryonic malformation), Bostroem (10)
(misplaced primitive cell)
(inclusion) . Lee (6)
(embryonic development)

가 가 가

58 가 4
2
1979 L3 - 4
3, 4

2000

T7

T1 T2
(Fig. 1).
number가 - 100
- 135 HU (Fig. 2)
(Fig. 3)

CT 가

T1 T2 MR
가

2D

가

1995 100

가 가 가

가 가 가

(6).

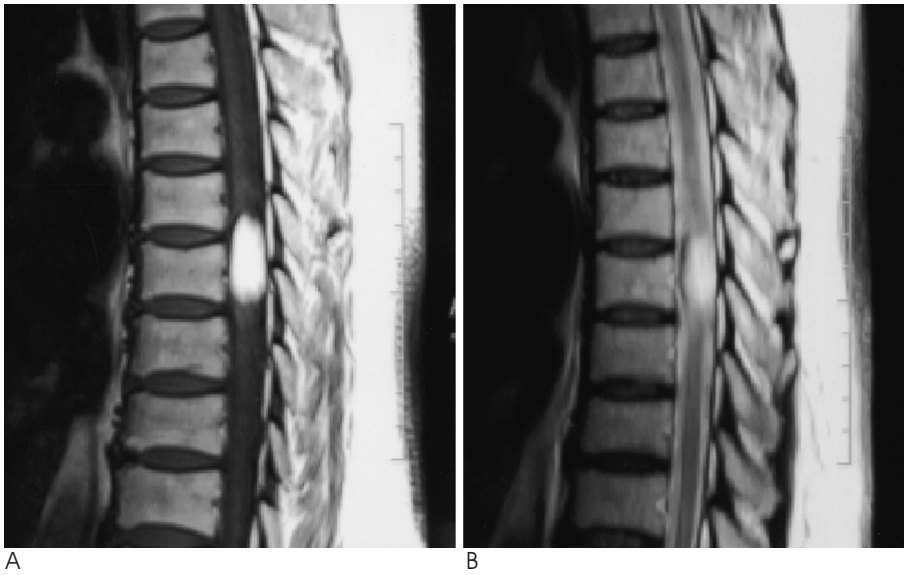


Fig. 1. Sagittal T1-(A) and T2-weighted MR image (B) show a intramedullary spinal cord lipoma at T7 level, with high signal intensity similar to subcutaneous fat.

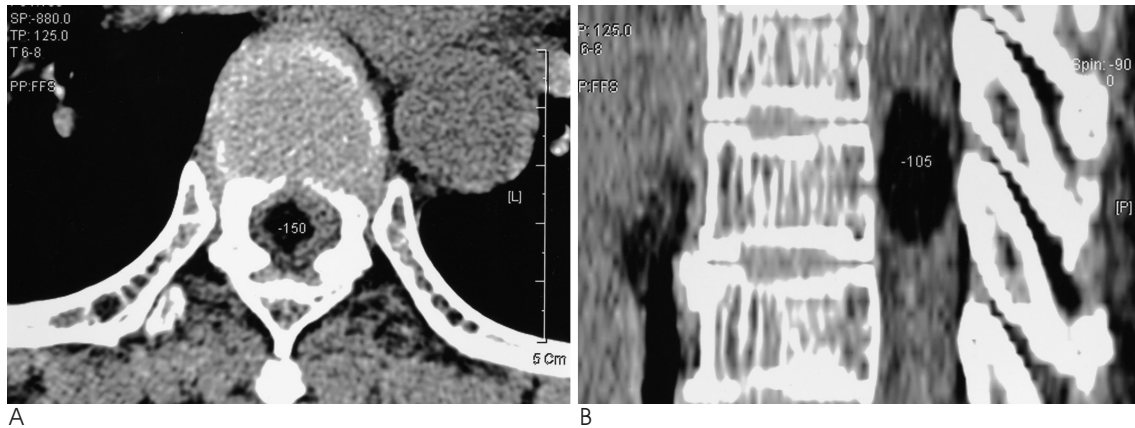


Fig. 2. CT axial (A) and sagittal 2D reconstructed image (B) show the expanding intraspinal low density mass.

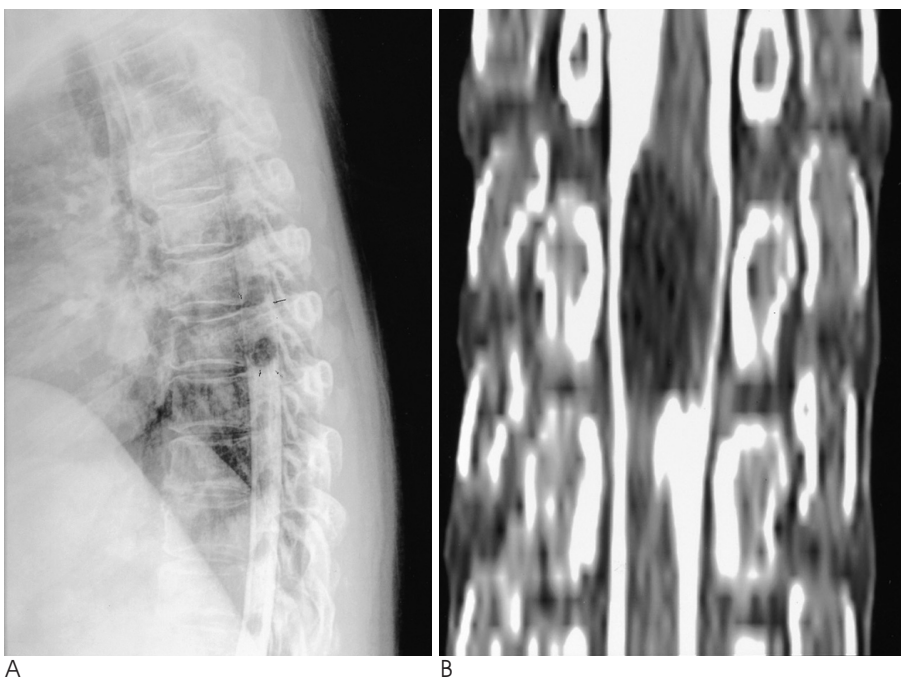


Fig. 3. Lumbar myelogram (A) shows the intramedullary lobulated mass as negative defects. A CT myelogram coronal 2D reconstructed image (B) shows the intraspinal lipoma surrounded by myelographic dye.

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Non-dysraphic Intramedullary Spinal Cord Lipoma: Case Report¹

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Spinal cord lipomas are rare tumors with a reported incidence of 1% of all intraspinal tumors. We recently experienced a case of intramedullary lipoma without spinal dysraphism in a 58-year-old woman. MRI, CT, myelography and CT myelography showed the characteristic findings of a lipoma.

Index words : Spinal cord, neoplasms

Lipoma

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