

56 , 4 - 5  
T1 T2  
가 .  
(CT) 4 - 5  
0.26 - 0.30% ,  
92%가 가 , 가 5%,  
가 3% 가  
(1). 17 가 T1 가  
(2). 가 (Fig. 2A, B, C).  
3). , 4 - 5 가 (Fig.  
5 - 6  
4 - 5 5 - 6  
4 - 5 5 - 6  
(microforceps)  
4 - 5  
(Fig. 4).  
2 가 3 56 ,  
가 3  
4/4+ ( / )  
5 - 6 6 - 7  
5 6 가  
T1 - T2 가  
(MRI) 4 - 5 가  
(Fig. 1A, B).  
Marega(3)가 1959  
5 - 6 8 , 6 - 7  
7 , 3 - 4 4 - 5  
1 가 (2). 2  
534 1  
0.187% .

가

(4). D 'Andrea (4) 1/3

가

Epstein (1)

가 Clatterbuck (5)

Brown - Sequard 's syndrome

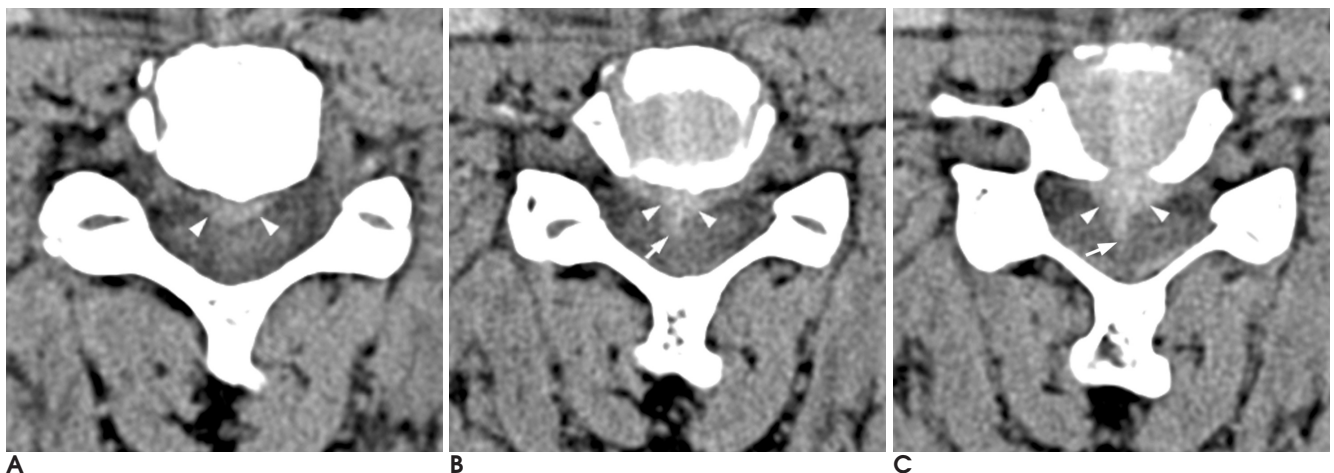
Brown - Sequard 's syndrome

Iwamura (2) Brown - Sequard 's syndrome (transverse myelopathy) 8 1

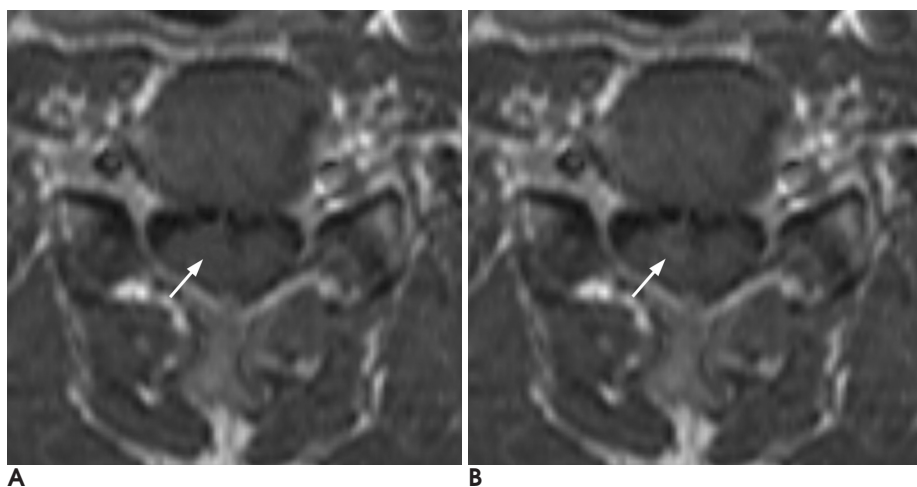
가



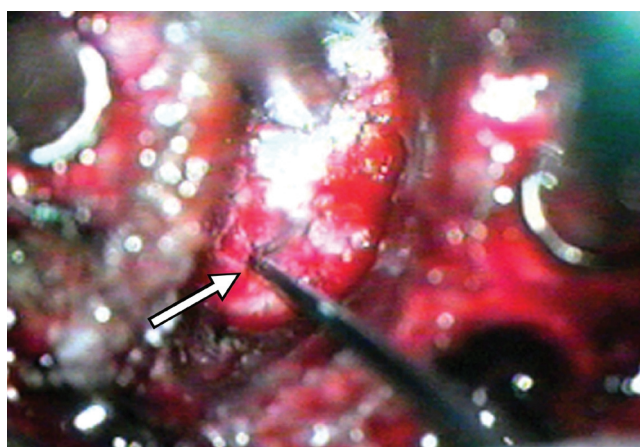
**Fig. 1.** A 56-year-old male presented with posterior neck and both shoulders pain. Sagittal T1- (A) and T2- weighted MR image (B) show spinal cord severely compressed by an anterior intradural iso-intensity lesion (arrow), with the spinal cord behind the posterior longitudinal ligament (arrow heads) at the C4-5 disc level.



**Fig. 2.** Non contrast CT scans (A. lower C4 body level, B,C. C4-5 disc levels) show that the sharp edge of intradural herniated disc (arrow) penetrate the dura and press against the spinal cord and subligamentous disc herniation (arrow heads).



**Fig. 3.** The intradural lesion cannot be visualized on precontrast axial T1-weighted image (**A**). Contrast enhanced axial T1-weighted image shows faint peripheral enhancement of the Rt. intradural lesion (**B**).



**Fig. 4.** Dural opening (arrow) is observed on the surgical photograph.



**Fig. 5.** Postoperative T2-weighted image shows no residual intradural lesion at the C4-5 disc level.

Brown-Sequard's syndrome

(myelogram), CT, MRI

. Myelogram 65%  
 Myelogram  
 (4). Hodge (6) 가 . Wasserstrom (8)  
 myelography (vacuum phenomenon) , 6 45  
 Epstein (1) - 가 ,  
 (MyeloCT) 가  
 MRI  
 MRI MyeloCT가 2 MRI 가 . Whittaker (9)  
 MRI 가 Holtas (7) MRI 가  
 가 2

가 ,  
가  
가 .  
T1 T2  
,  
Epstein (1) MRI  
,  
T2  
가 가  
T1 T2  
가 가  
가  
가  
가  
가  
CT, T2 MRI  
가 .

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## Intradural Cervical Disc Herniation: A Case Report<sup>1</sup>

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Intradural cervical disc herniation is an extremely rare condition and its pathogenesis is not certain. We experienced a case of intradural cervical disc herniation at the C4-5 level in a 56-year-old man. The preoperative sagittal T1- and T2- weighted images revealed an intradural iso-intensity lesion, with the spinal cord behind the posterior longitudinal ligament at the C4-5 disc level. The post-contrast T1-weighted image revealed a peripheral enhanced intradural lesion. We report here on a case of an intradural cervical disc herniation that was diagnosed by radiological examination, and we include a review of the related literature.

**Index words :** Spine, abnormalities  
Spine, intervertebral disks  
Spine, MR

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