



: 2 1

2

(cauda equina syndrome)

4 - 5

2

(Fig. 1D).

35 - 72%

(1).

(2).

4 - 5

20 가

(3).

5

7

(3, 4).

(Fig. 1E).

2

2

47

10

가

44

1

4 - 5

5

. 4

가

(CT)

5

4 - 5

가

(Figs. 2A, 2B). T2

2.5 x 1 cm

(MRI)

(MRI)

4 - 5

2.7 x 1.5 cm

가

(Fig. 2C).

가

4 - 5

4 - 5

5

(Fig. 1A), T2

(Fig. 1B).

가

(Fig. 1C). 4 - 5

MRI

T1

1

2

, Lombardi (3)가 1973

20 가

7 (3, 4).

가

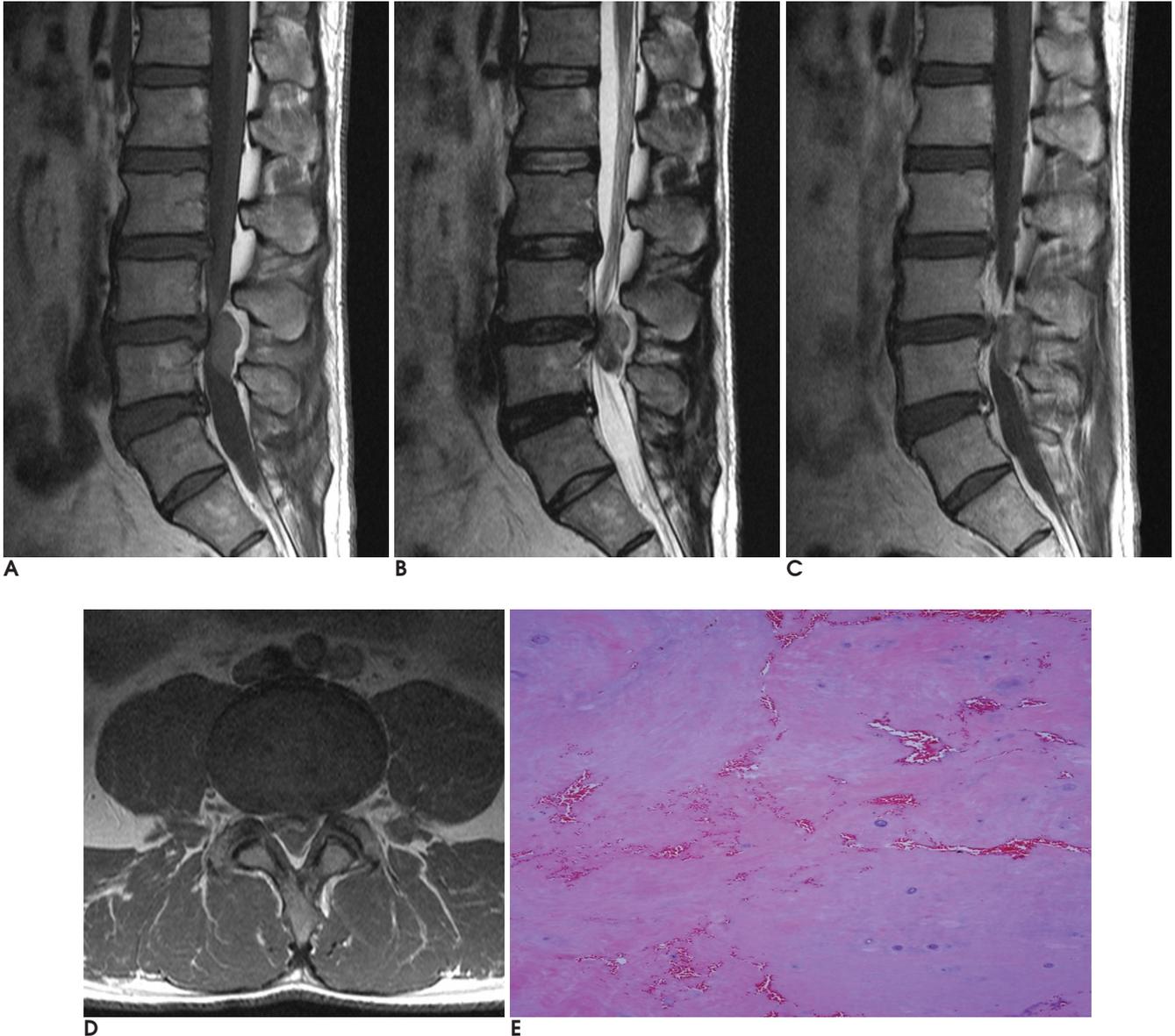
(6).

. Ebeling (5)

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(3).



**Fig. 1.** A 44-year-old male presented with left leg pain and voiding difficulty.

**A.** Sagittal T1-weighted MR image shows thecal sac severely compressed by posterior epidural hypointensity mass lesion at the L4-5 level.

**B.** Sagittal T2-weighted MR image shows heterogeneous slightly hyperintensity mass on same level of Fig. A.

**C, D.** Contrast enhanced T1-weighted sagittal (**C**) and axial (**D**) MR images show hypointensity mass with peripheral rim enhancement at L4-5.

**E.** Photomicrograph (H & E,  $\times 100$ ) shows sequestered disc with myxoid/hyaline degeneration, neovascularization and hemorrhage.



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## Posterior Epidural Migration of Lumbar Ruptured Disc: Report of Two Cases<sup>1</sup>

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Disc fragment migration occurs in 35% - 72% of lumbar disc herniations. Most of the herniated disc fragments migrate in the rostral, caudal and lateral directions. Posterior epidural disc fragment migration is a rare finding and posterior migration causing Cauda Equina syndrome is exceptionally rare. We report here on two cases of L4 - 5 disc fragment posterior epidural migration that caused Cauda Equina syndrome, and this was diagnosed by performing radiological examination, and we also include a review of the related literature.

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

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