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Neuro*Images*

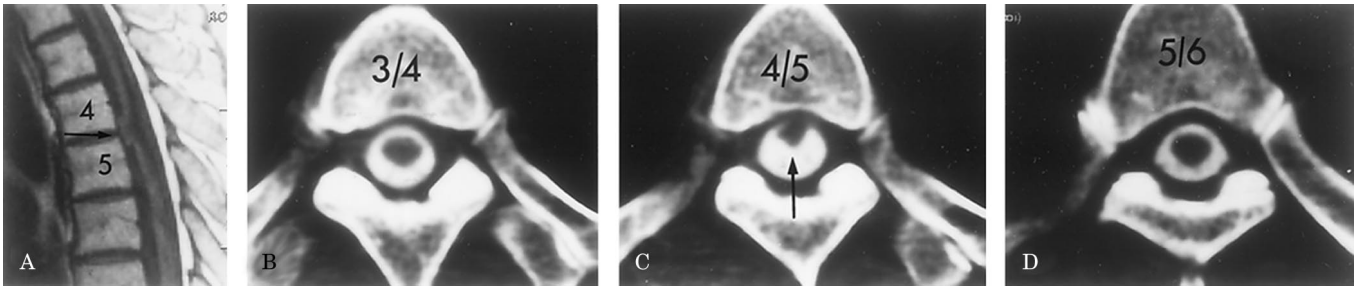

Figure. (A) Preoperative T1-weighted MRI (sagittal view) shows the ventral protrusion of the spinal cord as an abrupt ventral curve at the T4–5 level. (B, C, and D) Preoperative CT myelogram (axial view) demonstrates ventral displacement of the spinal cord at the T4–5 level without dorsal intradural cysts or tumors.

Spontaneous spinal cord herniation

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A 53-year-old man presented with a Brown–Séqaurd syndrome at the left T10 level with a chronic progressive course for 10 years. T1-weighted MRI (figure, A) revealed forward protrusion of the spinal cord at the T4–5 level. A CT myelogram revealed ventral displacement of the spinal cord without a subarachnoidal cyst (see the figure, B to D). With the diagnosis of spontaneous spinal cord herniation due to a ventral dural defect, the patient underwent a surgical procedure for correction of the herniated spinal cord. His symptoms improved gradually. Because spontaneous spinal cord herniation is rare but treatable,[1,2] we should always consider this possibility for patients with progressive myelopathy.

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