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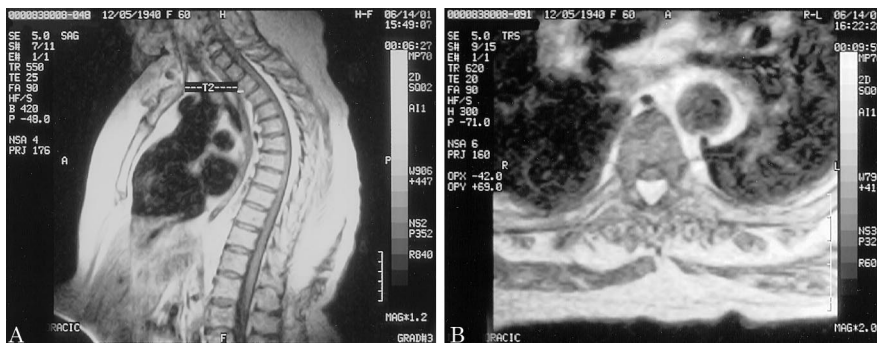


Figure. MRI with gadolinium of the cervico-thoracic-lumbar spine. T1-weighted sagittal (A) and axial (B) images demonstrate the presence of epidural fat from T1 to T9 and thecal sac compression.

Epidural lipomatosis

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A 60-year-old obese woman with diabetes, hypertension, and progressive bilateral leg weakness over 2 years was admitted for a complicated urinary tract infection. She had hyperreflexic lower extremities with 3/5 strength and bilateral Babinski at presentation. Within 24 hours the patient became paraplegic with areflexia, 0/5 leg strength, preserved proprioception, and a T7 sensory level. MRI with gadolinium (see figure) showed epi-

dural lipomatosis from T1 to T9 causing anterior thecal sac displacement and spinal canal narrowing. After laminectomy with excision of the epidural fat and subsequent rehabilitation, motor function improved to baseline. Epidural lipomatosis should be considered when evaluating obese patients with progressive paraparesis. The patient had no evidence of Cushing disease or chronic steroid use, which are known risk factors.¹ Abrupt paraplegia is atypical for this disease process.

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