Teaching Neuro*Images*: Incidental retroclival mass in a patient with headache

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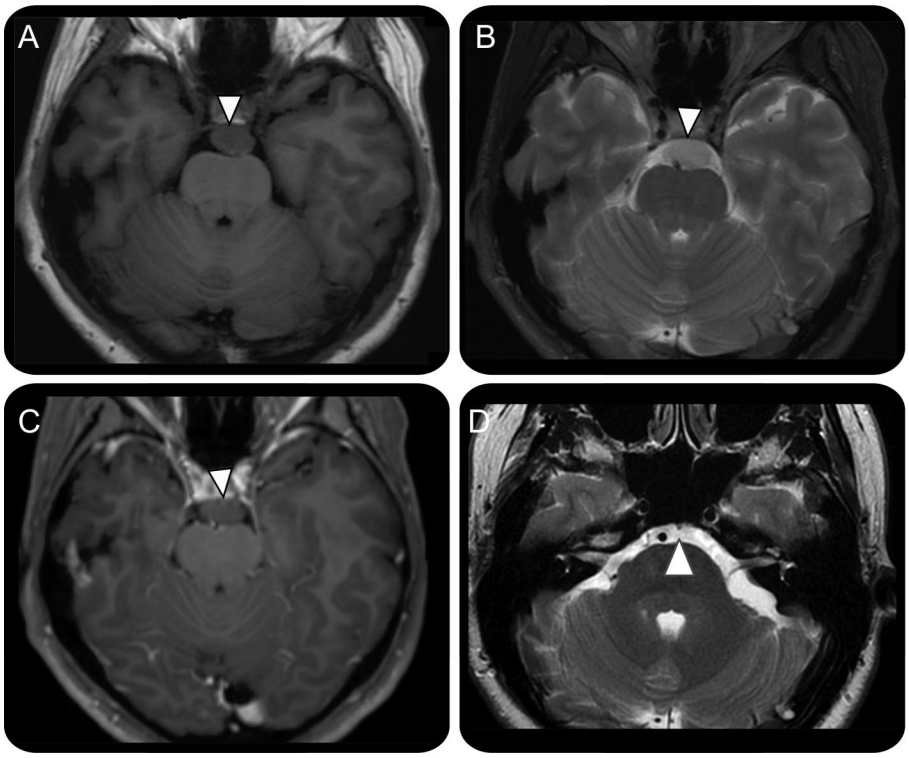
Figure MRI



On a 3T magnet, an ovoid, circumscribed, retroclival mass is seen, which demonstrates intermediate T1-weighted (A), mildly hyperintense T2-weighted (B) signal with no contrast enhancement (C). On the axial T2-weighed sequence, there is an osseous stalk arising from the dorsal aspect of the clivus and extending into the mass, confirming the diagnosis of ecchordosis physaliphora (D).

A 46-year-old woman presented with chronic headaches and facial numbness. Her clinical examination was unremarkable. MRI demonstrated a nonenhancing retroclival mass with intermediate T1-weighted and hyperintense T2-weighted signal (figure, A–C). While chordoma, chondrosarcoma, dermoid, and metastasis were possibilities, demonstration of an osseous stalk (figure, D) confirmed the diagnosis of ecchordosis physaliphora (EP).

Recognition of EP, a benign notochordal remnant, on imaging can avoid unnecessary biopsy. Presence of an osseous stalk is considered pathognomonic and can be seen on both MRI and CT.[1,2] While usually asymptomatic, it can present with headache, visual disturbances, gait imbalance, and paresthesias.[1,2]

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