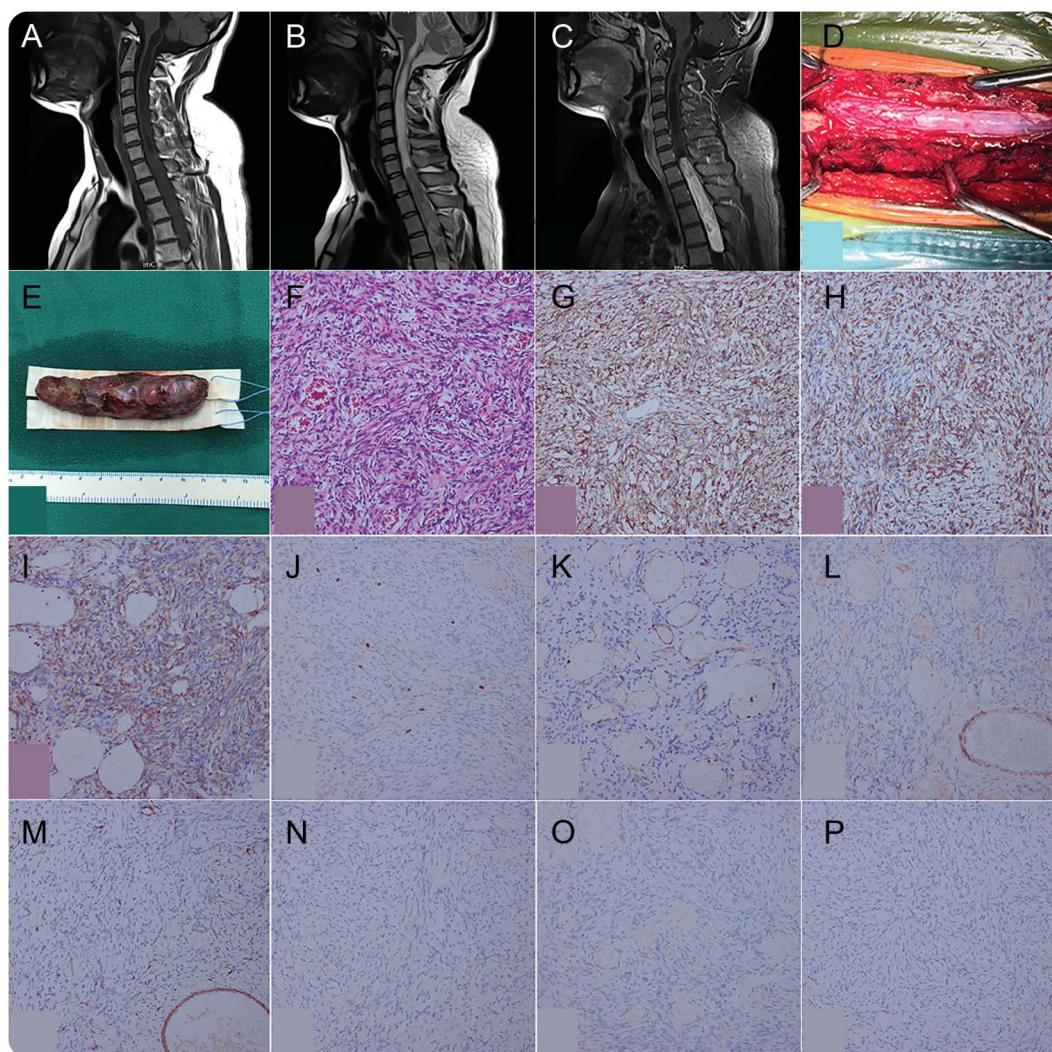


A huge intramedullary solitary fibrous tumor

Figure MRI, surgery, tumor, and pathology of the intramedullary solitary fibrous tumor



MRI: T1-weighted (A), T2-weighted (B), C (gadolinium contrast); surgery (D); tumor (E); hematoxylin & eosin (F); immunohistochemistry positive: CD34 (G), BCL-2 (H), CD99 (I), Ki67 (approximately 5%) (J); immunohistochemistry negative: CD31 (K), desmin (L), smooth muscle actin (SMA) (M), S-100 (N), epithelial membrane antigen (EMA) (O), glial fibrillary acidic protein (GFAP) (P).

A 31-year-old man presented with a 3-year history of progressive weakness and paresthesias of both legs. Spinal MRI revealed a 10-cm intraspinal tumor at T1-T5 with syringomyelia on both ends (figure, A–C). Surgery successfully resected the intramedullary tumor grossly (figure, D and E). Pathology suggested the diagnosis of solitary fibrous tumor (figure, F–P). Intramedullary solitary fibrous tumors are rare, with approximately 17 cases reported and none longer than 2 vertebrae.¹

Qingfeng Wang, MD,* Xin Hu, MD,* Yiyang Wang, MD, Chao You, MD, PhD, Haifeng Chen, MD

*These authors contributed equally to this work.

From the Departments of Neurosurgery (Q.W., X.H., C.Y., H.C.) and Pathology (Y.W.), West China Hospital, Sichuan University, China.

Author contributions: Qingfeng Wang: engaged in clinical care and investigative workup of the patient, study concept and design, acquisition of data, and drafted the manuscript. Xin Hu: revision of manuscript and edit of figure. Yiying Wang: pathologic study. Chao You: study concept and design. Haifeng Chen: in charge of surgery, clinical care and investigative workup of the patient, study concept and design, and revision of manuscript

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Correspondence to Dr. Chen: chfbox@163.com

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