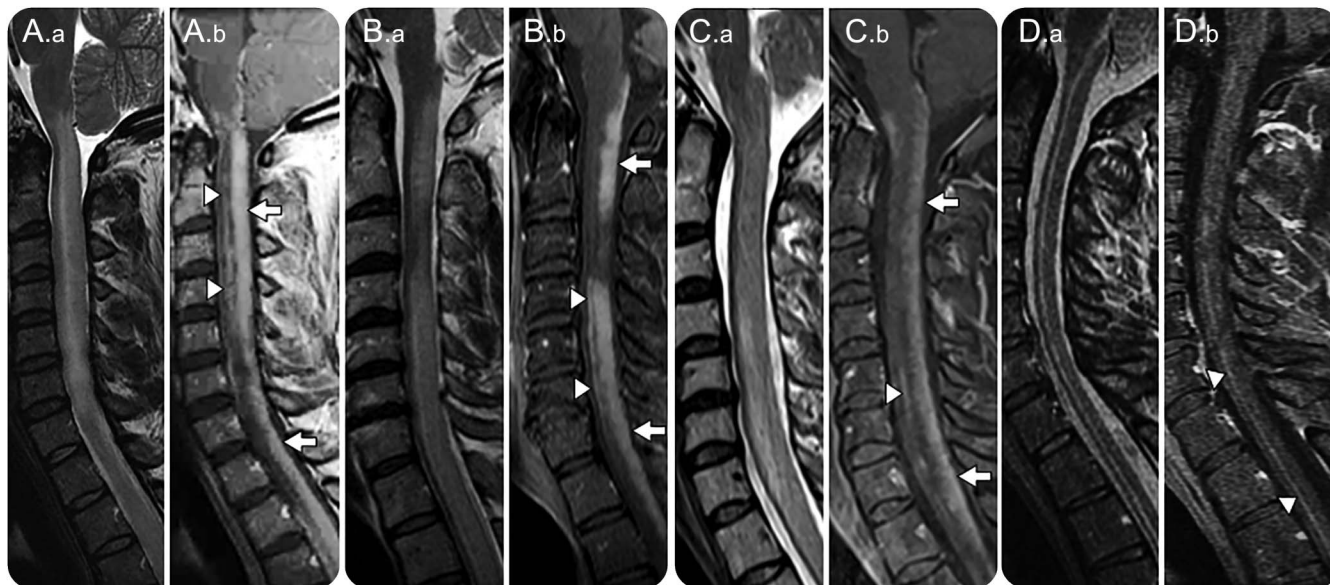


Central canal enhancement and the trident sign in spinal cord sarcoidosis

Figure 1 Sagittal MRI shows central canal enhancement in spinal cord sarcoidosis



MRIs show longitudinally extensive T2 hyperintensity (A.a, B.a, C.a, D.a) with dorsal subpial enhancement (A.b, B.b, C.b; arrows) and central canal enhancement (A.b, B.b, C.b, D.b; arrowheads).

We report an enhancement pattern in 9 patients with spinal cord sarcoidosis (SCS) with subacute onset (<4 weeks) myelitis as the initial manifestation of sarcoidosis. Presenting symptoms included numbness in 9, urinary complaints in 7, and weakness in 6. Examination revealed abnormal proprioception in 8, spastic quadriparesis/paraparesis in 6, and sensory level in 6. MRI showed central canal enhancement alone (11%) or in combination with dorsal-subpial enhancement¹ (89%) (figure 1), often resembling a trident head on axial sequences (figure 2). Lung biopsies in 7 patients confirmed sarcoidosis; both patients without biopsies had hilar adenopathy. Central canal enhancement and the trident sign in subacute myelitis should raise suspicion for SCS.

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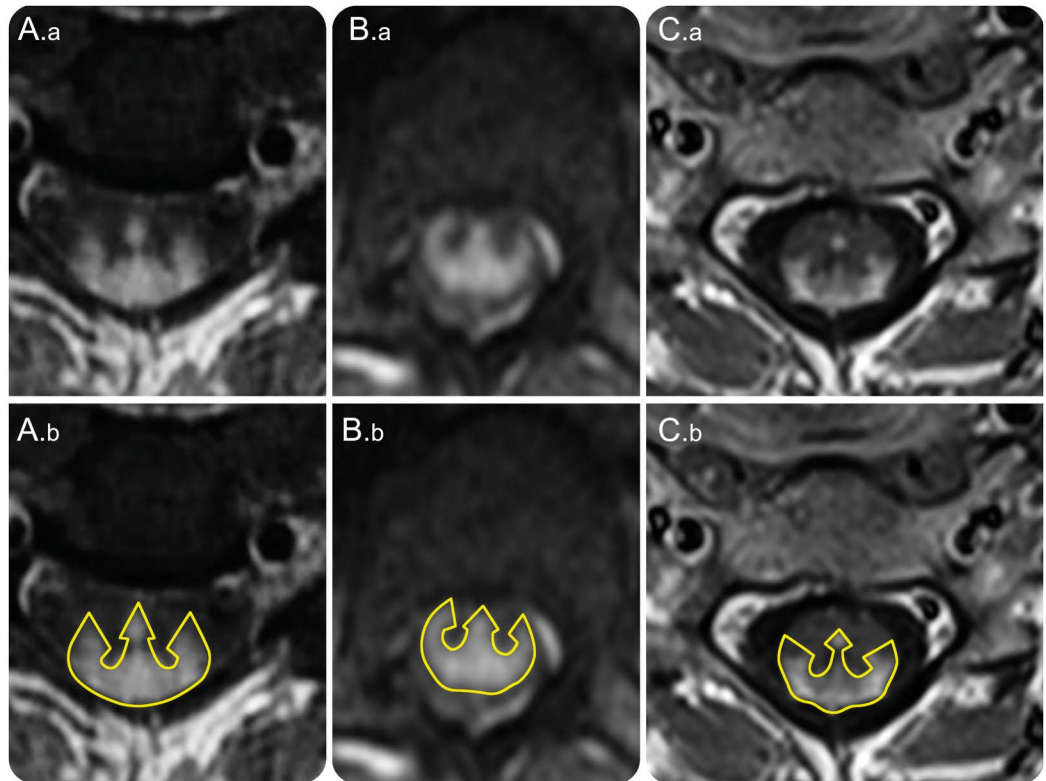
Author contributions: Nicholas Zalewski: lead author, data acquisition. Karl Krecke: radiographic data review. Brian Weinshenker: critical revision of manuscript, analysis and interpretation. Allen Aksamit: critical revision of manuscript, analysis and interpretation. Brittani Conway: data acquisition. Andrew McKeon: critical revision of manuscript, analysis and interpretation. Eoin Flanagan: study and concept design, analysis and interpretation, critical revision of manuscript, study supervision.

Study funding: No targeted funding reported.

Disclosure: N. Zalewski and K. Krecke have no disclosures. B. Weinshenker receives royalties from RSR and Oxford University for technology license for aquaporin-4 autoantibodies used for diagnosis of neuromyelitis optica. He serves on data safety monitoring committees for Novartis, Biogen-Idec, and Mitsubishi pharmaceutical companies, and serves on an adjudication panel for Medimmune Pharmaceuticals. He served as a consultant for GlaxoSmithKline, Elan, Ono, Chugai, and Alexion and Novartis pharmaceutical companies. He serves on editorial boards for *Neurology*[®], the *Canadian Journal of Neurologic Sciences*, and *Turkish Journal of Neurology*. A. Aksamit and B. Conway have no disclosures. A. McKeon has received research support from Medimmune and has served as a consultant for Medimmune (without personal compensation). E. Flanagan has no disclosures. Go to Neurology.org for full disclosures.

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Figure 2 Axial postgadolinium images highlight the trident sign



Crescent-shaped layering of posterior subpial enhancement accompanied by central canal enhancement led to a 3-pronged appearance (A.a, B.a, C.a) resembling a trident head (A.b, B.b, C.b).

1. Flanagan EP, Kaufmann TJ, Krecke KN, et al. Discriminating long myelitis of neuromyelitis optica from sarcoidosis. *Ann Neurol* 2016;79:437–447.

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Neurology 2016;87;743-744

DOI 10.1212/WNL.0000000000002992

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