

Dural Metastasis Secondary of Papillary Thyroid Carcinoma

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Abstract

Dural metastasis is a relatively rare entity, more often secondary to bronchopulmonary, prostate cancer. The differential diagnoses are schwannomas and meningiomas, and the imaging diagnosis is almost certain in oncologic context and can make the difference with the other differentials. Our case present dural metastasis secondary of papillary thyroid carcinoma.

Keywords: *Dural Metastasis; Bronchopulmonary; Prostate Cancer*

71-year-old patient, with a known papillary thyroid carcinoma 18 months ago, was lost to follow-up and presented with back pain for 4 weeks ago, a lumbar MRI was performed, finding an intradural extramedullary nodular formation at the height of D12-L1, isosignal on T1 and T2, intensely enhanced after injection of gadolinium (Figure A and B).



Figure A and B: A: Sagittal T2-weighted slice: extramedullary intradural nodular isosignal anomaly at D12-L1 level exerting a mass effect on the dura (yellow arrow). B: Sagittal T1-weighted after injection of Gado: intense contrast uptake of the nodular formation (red arrow).

Dural metastases are a relatively rare entity of extramedullary intradural masses, coming in 3rd position of frequency after schwannomas and meningiomas, most often secondary to breast, bronchopulmonary, prostate cancer or more rarely head and neck carcinomas.

In our case, we have a nodular mass that does not present an extension through the intervertebral foramen (differential diagnosis with schwannomas) or a large base of implantation (differential diagnosis with meningiomas), making the diagnosis of dural metastasis most likely as the patient has been followed for papillary thyroid carcinoma [1,2].

In conclusion, dural metastases are a rare entity. In our case, the diagnosis was made after eliminating other diagnoses and considering the patient's history of primary cancer.

Bibliography

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