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Idiopathic lumbosacral spinal epidural lipomatosis

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A 45-year-old obese man, previously healthy, presented with a 7-month history of neurogenic claudication of both legs and bilateral sciatic radiculopathy without bowel or bladder disturbances. He had a body mass index of 34.6Kg/m^{2}but neurological examination was normal. Spinal magnetic resonance imaging (MRI) showed an extensive lumbosacral spinal epidural lipomatosis (SEL) rounding and compressing the thecal sac and nerve roots (A-C). There was no other obvious etiology. After 5 months of follow-up, symptoms resolved by weight loss. Spinal epidural lipomatosis is the result of accumulation of unencapsulated fat tissue in the extradural space of the spinal canal. This unusual disease may

impinge on the thecal sac in the lombosacral area and cause spinal cord compression in the cervicothoracic area. Epidural lipomatosis is usually associated with corticosteroid therapy, but a number of etiologies have been reported in patients with Cushing´s syndrome, hypothyroidism, and pituitary prolactinoma. In idiopathic SEL, no obvious etiology was associated.

Conservative treatment such as weight reduction may relieve neurologic symptoms in obese patients with idiopathic spinal epidural lipomatosis. However, in the presence of neurological impairment, extradural surgical decompression must be performed.

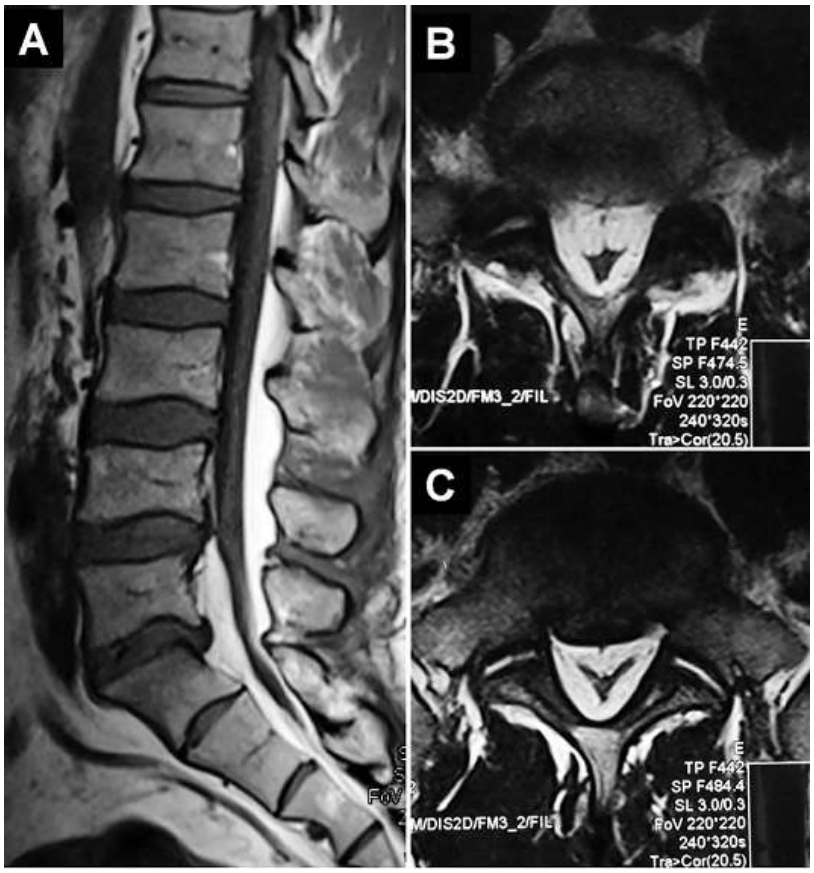

Figure 1: lumbosacral spinal magnetic resonance imaging. Sagittal T1-weighted image (A) and axial T2-weighted images (B, C) showing extensive spinal epidural lipomatosis rounding and compressing the thecal sac and nerve roots from L2 to S2 vertebral level