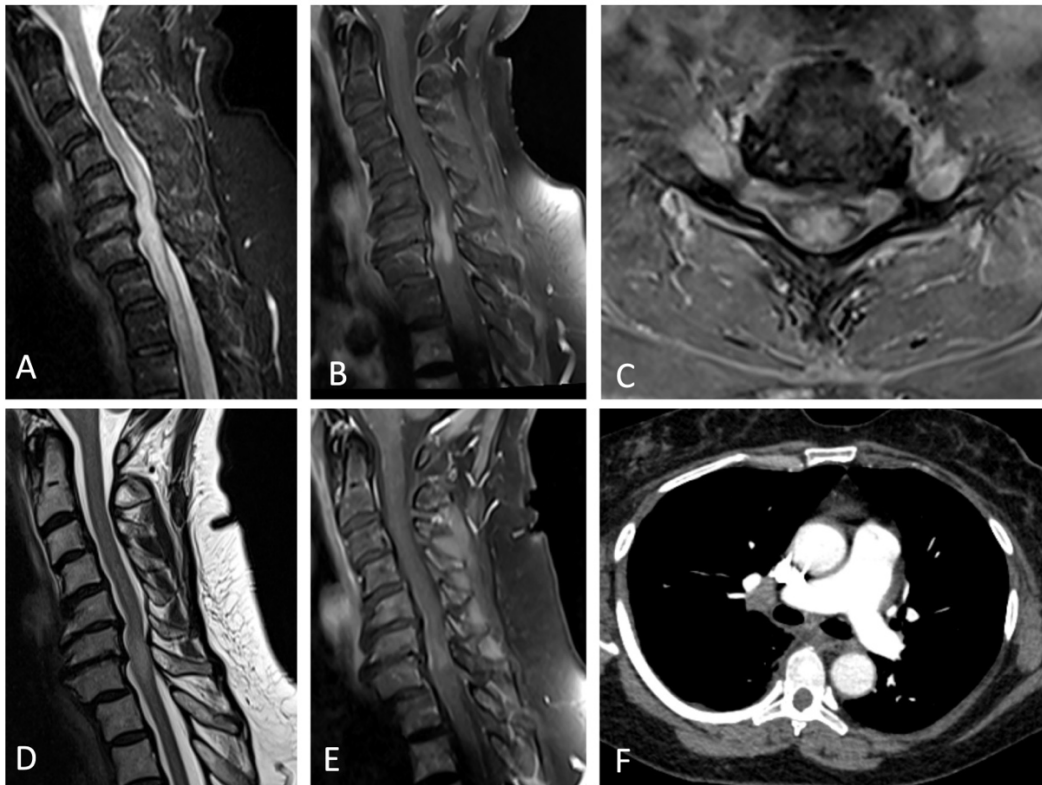
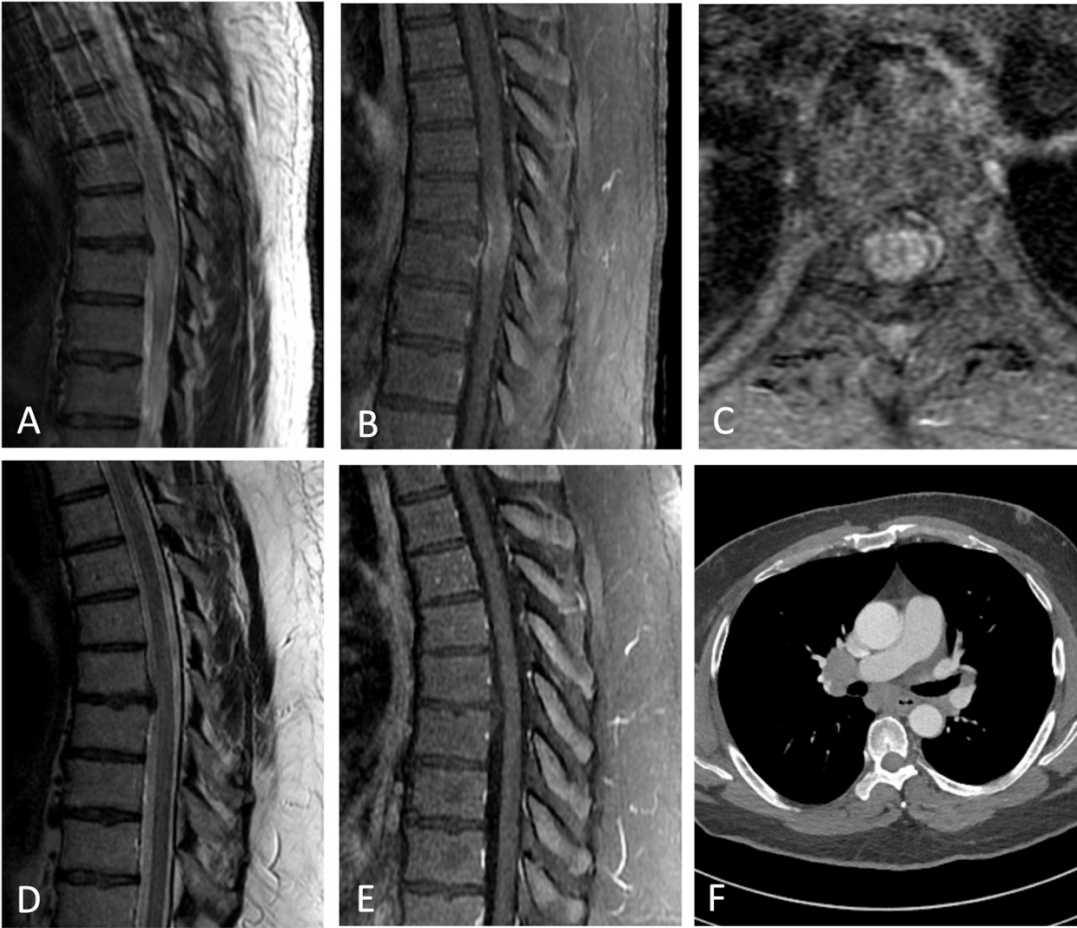


Spinal cord sarcoidosis occurring at sites of spondylotic stenosis, mimicking spondylotic myelopathy – a case series and review of the literature.

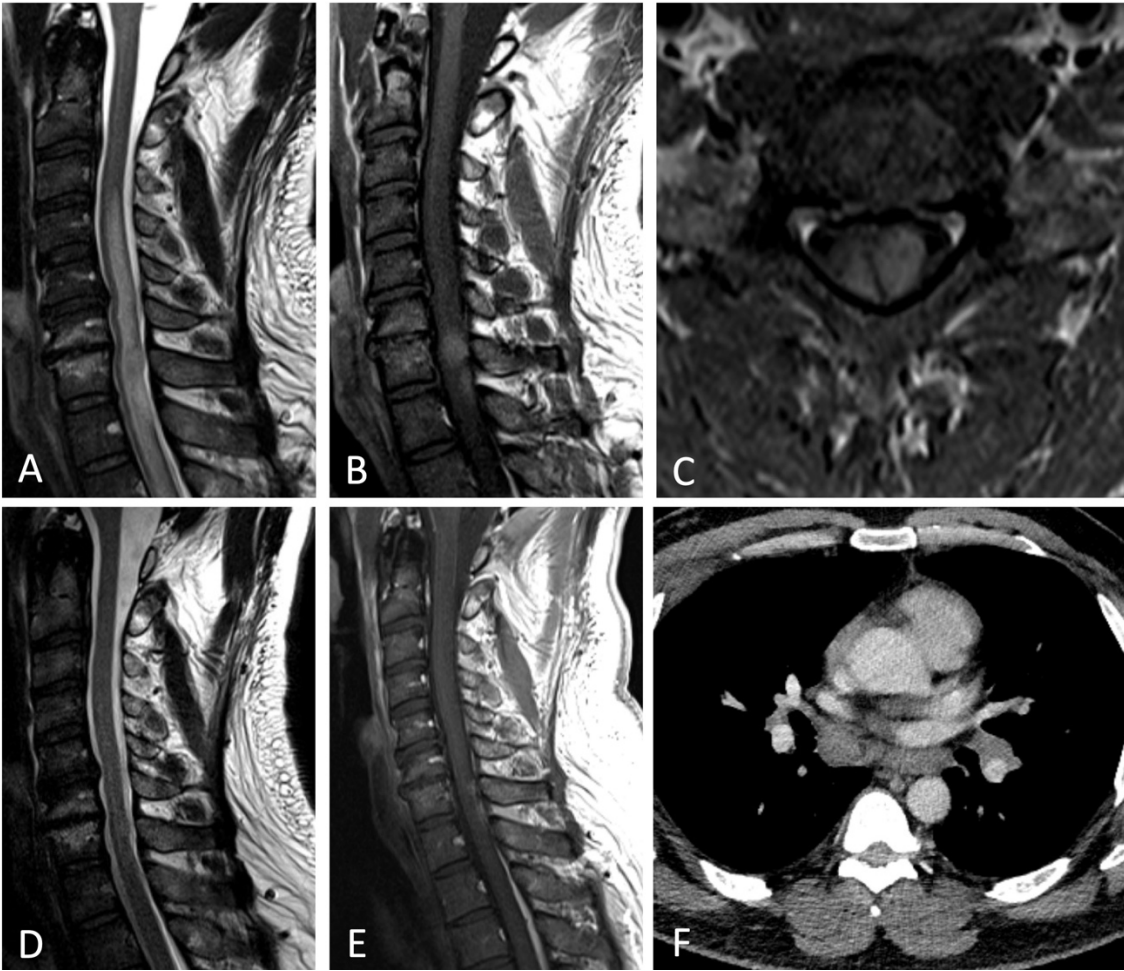
Online supplemental material



Patient 2. 52-year-old female with 5 months of gradually worsening numbness from the waist down. Sagittal T2-weighted (A) image shows multilevel spondylosis, with maximal spinal canal stenosis at C6-C7. There is long segment cord signal abnormality centered in the lower cervical spinal cord. Post contrast sagittal (B) and axial T1-weighted (C) sequences demonstrate focal cord enhancement centered at the level of maximal stenosis. There is persistent but decreased cord signal abnormality and enhancement at 13 month follow up on sagittal T2-weighted (D) and post contrast T1-weighted (E) sequences. Contrast enhanced chest CT at presentation (F) shows right hilar adenopathy.



Patient 3. 51-year-old male with 4 months of progressively worsening lower extremity weakness and bowel/bladder dysfunction. Sagittal T2-weighted (A) image shows a disc protrusion at T7-T8. There is cord signal abnormality centered at the level of the disc protrusion. Post contrast sagittal (B) and axial T1-weighted (C) sequences demonstrate focal cord enhancement centered at the level of the disc protrusion, with more peripheral enhancement and relative sparing of the central gray matter. At 5 month follow up, there is decrease in cord signal abnormality and resolution of enhancement on sagittal T2-weighted (D) and post contrast T1-weighted (E) images. Contrast enhanced chest CT at presentation (F) shows bilateral hilar adenopathy.



Patient 5. 51-year-old male with 1-2 weeks of bilateral foot numbness that progressed up his legs, urinary incontinence and saddle anesthesia. Sagittal T2-weighted (A) image shows disc osteophyte complexes at C5-C6 and C6-C7, with moderate spinal canal stenosis. There is long segment cord signal abnormality centered in the lower cervical spine. Post contrast sagittal (B) and axial T1-weighted (C) sequences demonstrate focal cord enhancement centered at and just below the C6-C7 level. There is persistent but decreased cord signal abnormality and enhancement at 5 month follow up on sagittal T2-weighted (D) and post contrast T1-weighted (E) images. Contrast enhanced chest CT at presentation (F) shows bilateral hilar adenopathy.