

Vanishing calcified thoracic disc herniation

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DESCRIPTION

A 66-year-old man with a history of two L4–L5 minimally invasive tubular approaches for microdiscectomy and an L5–S1 anterior lumbar interbody fusion returned to the clinic after 1 year for thoracic and left flank pain. The pain began a few weeks before presentation. Pain was described as sharp and stretching across his mid-back without

radiation to the front. CT scan of the abdomen revealed a calcified lesion contiguous with the disc space protruding into the epidural space at T10–T11 (figure 1). MRI scan of the thoracic spine eliminated suspicion for an epidural abscess and haematoma (figure 2). Interestingly, a plain radiograph from 2 years prior demonstrated calcifications within the T10–11 disc space.

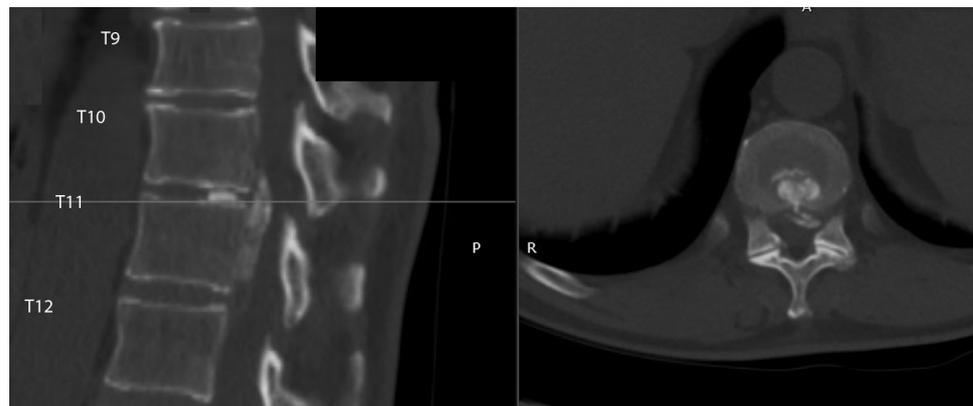


Figure 1 CT scan revealing calcified lesion at T10–T11.

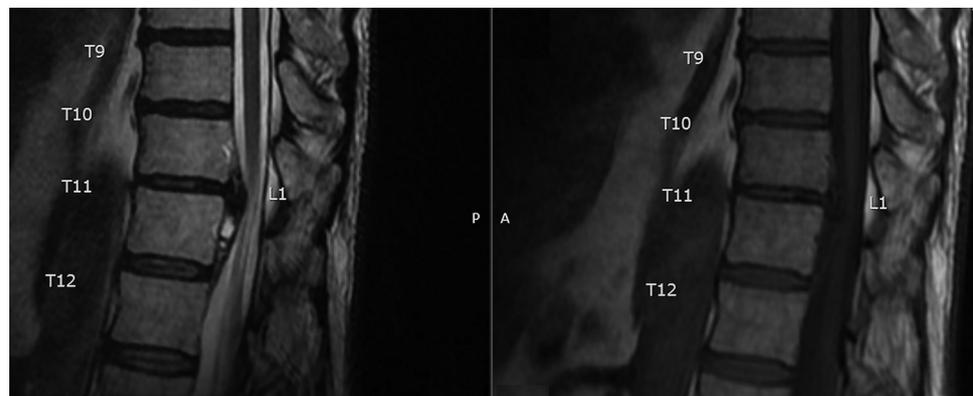


Figure 2 MRI scan of the thoracic spine eliminating suspicion for spinal epidural abscess.

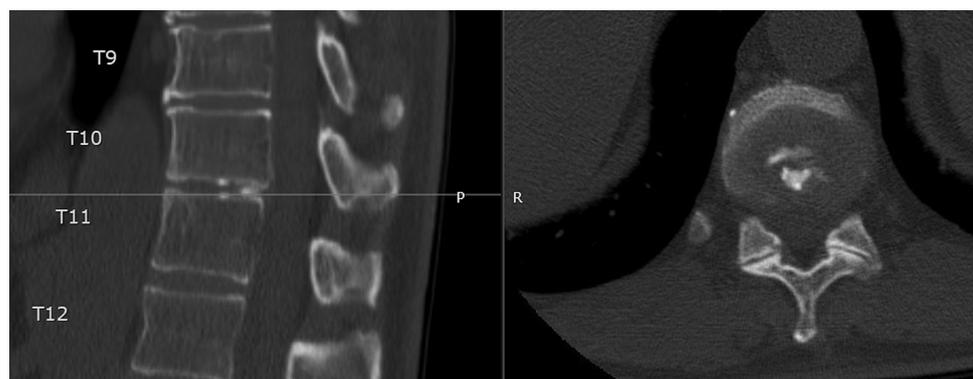


Figure 3 CT scan revealing spontaneous resolution of lesion at T10–T11.



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Learning points

- ▶ Calcified disc herniations may resolve spontaneously with conservative management.
- ▶ The differential diagnosis for a ventral epidural mass should include disc herniation, epidural haematoma, osteodiscitis with abscess, and benign intra-axial neoplasm (ie, meningioma, schwannoma).

The patient denied systemic signs of illness, and laboratory markers for infection were low. The patient also denied any recent injections, new neurological deficits, myelopathic symptoms or trauma. He had no risk factors for calcified discs (ie, metabolic disorders), osteodiscitis or epidural haematoma. The patient failed conservative pain management with medication alone (ibuprofen, gabapentin and methylprednisolone dose pack) at a 6-week follow-up. The patient subsequently received a thoracic epidural steroid injection (ESI) that led to symptom resolution. On 6-month follow-up, the patient was symptom

free, and a CT scan revealed radiographic resolution of the epidural calcification (figure 3).

This case most likely represents a calcified disc herniation with spontaneous resolution. Disc reabsorption is likely to be the natural history of this entity, with the ESI providing symptomatic relief while healing is occurring.^{1 2}

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