

Clinical Image

Posterior Vertebral Scalloping in Neurofibromatosis

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A 51-year-old woman complained of sudden-onset low back pain. Physical exam did not reveal any abnormality, except for the presence of multiple café-au-lait macules and cutaneous neurofibromas in the context of a known neurofibromatosis type 1. An X-ray showed marked L2-L4 posterior vertebral body scalloping (Figure 1); CT (a) and MRI (b) confirmed the absence of the posterior aspect of the vertebral bodies and an anterior meningocele (Figure 2); no



Figure 1: L2-L4 posterior vertebral body scalloping.

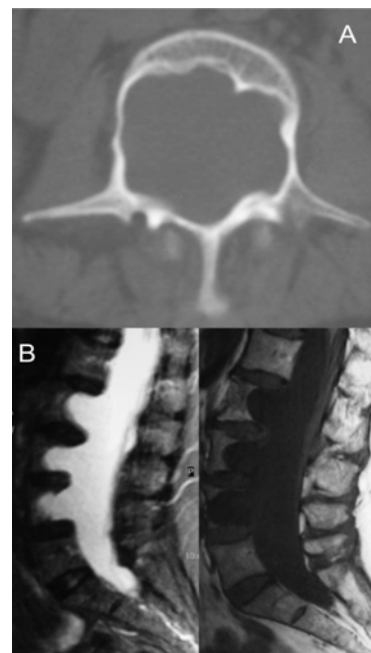


Figure 2: Absence of the posterior aspect of the vertebral bodies with an anterior meningocele confirmed by CT (a) and MRI (b).

paraspinal neurofibromas were detected. Back pain resolved shortly with analgesic and muscle relaxant. No other measures were taken, and ten-year follow-up has confirmed the incidental finding of this case. Neurofibromatosis type 1 associates with spinal malformations and neural tube defects - such as dural ectasia or myelomeningocele - and is the most common cause of radiological vertebral scalloping [1,2]. These abnormalities associate with mechanical back pain, limb weakness or sphincter incontinences, but in some patients can be asymptomatic and incidentally diagnosed.

References

1. Casselman ES, Mandell GA. Vertebral scalloping in neurofibromatosis. *Radiology*. 1979; 131: 89-94.
2. Mitchell GE, Lourie H, Berne AS. The various causes of scalloped vertebrae with notes on their pathogenesis. *Radiology*. 1967; 89: 67-74.