Intrathoracic Giant Meningocele Associated with Neurofibromatosis

Key words: magnetic resonance imaging (MRI), meningocele, neurofibromatosis

Figure 1. Chest X-rays showed scoliosis and a sharply delineated homogenous dorsal mass, localized in the left thoracic cavity.

Figure 2. Chest MRI revealed a thin-walled homogenous low signal intensity paravertebral mass communicating with the spinal canal (arrow) on the T1-weighted image.
A 47-year-old man was referred to our hospital for further evaluation of an asymptomatic lesion which had been seen on incidental chest X-ray. He had a positive family history of neurofibromatosis, café-au-lait spots, widespread cutaneous neurofibroma, and spinal deformity. Chest X-ray showed scoliosis and a sharply delineated homogenous dorsal mass, localized in the left thoracic cavity (Fig. 1). Magnetic resonance imaging (MRI) revealed a thin-walled homogenous low signal intensity paravertebral mass communicating with the spinal canal on T1-weighted image (Fig. 2), and a diagnosis of intrathoracic meningocele was made.

Intrathoracic meningocele associated with neurofibromatosis was first reported by Pohl in 1933 (Roentgenpraxis 5: 747-749). Meningocele associated with neurofibromatosis, however, occurs relatively infrequently, with approximately 150 cases reported as of 2002. Many authors agree that surgical treatment for intrathoracic meningocele should be considered only when complaints of pain, neurological or pulmonary signs, compression of the trachea or esophagus, or extension of the meningocele are present. Surgical treatment can be delayed when the patient is followed and chest X-rays, computed tomography (CT) scans, or MRI are regularly taken.

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Received for publication March 14, 2003; Accepted for publication April 9, 2003
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