

Subacute Combined Degeneration of Cord

Subacute combined degeneration results from longstanding vitamin B12 deficiency with subacute-to-chronic clinical presentation. Owing to posterior column involvement, the predominant clinical picture is loss of vibration and proprioception. Weakness and paresthesia of lower extremities is seen, which progresses in a distal-to-proximal manner and is potentially reversible with B12 supplementation (Baruah et al., 2015).

Dorsal column involvement on MRI is seen as T2 hyperintensity. Lesions on MRI are usually bilaterally symmetric (Srikanth, 2002). Lower cervical and upper thoracic cord are the preferred sites of involvement (Baruah et al., 2015).

Infectious Myelitis

Isolated infection of spinal cord is uncommon, and intramedullary cord abscess is a very rare entity. The etiology may involve hematogenous or contiguous spread from nearby infection. The incidence is more in intravenous drug abusers. It may also be associated with prior surgery, immunocompromised state, meningitis, etc. (Baruah et al., 2015).

Clinical findings of fever, leukocytosis, and pain along with myelopathic symptoms are important in suspecting this diagnosis. MRI shows T2 hyperintensity, irregular ring enhancement, cord expansion, and restricted diffusion (Crema, 2007).

Compressive Myelopathy

Compressive myelopathy is characterized by subacute-to-chronic myelopathic symptoms owing to the compression of cord. Usually, the cause is an osteophyte or disc causing severe stenosis of the spinal canal. In rare cases, mass lesions, which may be neoplastic or nonneoplastic, may cause compression on cord (Baruah et al., 2015).

MRI shows hyperintense intramedullary lesion on T2W images at the level of compression. Imaging appearance may be difficult to differentiate from other entities such as ATM and MS (Bae et al., 2013). In doubtful cases, concomitant brain imaging may help in the diagnosis of ATM or MS. No contrast enhancement is described in patients with compressive myelopathy.

Sarcoidosis

Sarcoidosis is an idiopathic granulomatous disease with systemic involvement.

Hence, the appearance on imaging varies depending on the organ involved.

Pathologically, sarcoidosis is characterized by the presence of noncaseating granulomas. The most common organ involved is the lung. Central nervous system (CNS) involvement is known as neurosarcoidosis. Most patients with neurologic involvement have active systemic disease and only nervous system involvement at presentation is uncommon (Duhon et al., 2012).

Clinical presentation of sarcoidosis varies with the level of cord involvement and its extent. Presentations described in the literature include paraparesis, quadriparesis, autonomic symptoms, sensory changes, and Guillain-Barré-type