Clinical History
A 68 y/o Caucasian male presented with pain in the mid-thorax radiating around his right side and unsteadiness of gait. Examination revealed a T6 sensory level and spastic paraparesis. Bowel and bladder function were intact. Thoracic MRI demonstrated an erosive extradural lesion involving the right 6th rib and vertebra with compression of the spinal cord. The patient underwent thoracic laminectomy and removal of the epidural mass which was diagnosed as CPPD crystalline disease versus hydroxyapatite deposition. The patient improved after the laminectomy.

Approximately 1.5 years later, the patient's symptoms recurred with increasing axial back pain. MRI demonstrated progression of the bony involvement with a new epidural component encasing and compressing the spinal cord, and extending into the paraspinal tissues on the right side. A radical excision of the entire process via a posterior approach was performed.

Material Submitted
H&E and unstained section
Virtual Slide (click here)

Points for Discussion
1. Diagnosis
2. Pathogenesis