Clinical History:

The patient is a 26-year-old man with a medical history of 10 years of progressive right lower extremity weakness and recent onset of urinary dysfunction. A recent neurologic examination was positive for right lower extremity weakness, diminished pinprick and touch sensation, and patellar and Achilles tendon areflexia. Non-contrast magnetic resonance imaging (MRI) of the lumbar spine showed a 9 cm intramedullary tumor that extended from T9 to T12 vertebrae. The tumor had a cystic component distally, and it was isointense compared to the cord on T1 sequences and hypointense on T2 sequences. A biopsy was performed and submitted for evaluation.

Material submitted:

1) One hematoxylin-eosin-stained slide
2) Two hematoxylin-eosin photographs from areas not represented on the slide

Points for discussion:

1) Differential diagnosis
2) Ancillary studies