Intradural and intramedullary spinal cord metastases are rare in squamous cell lung cancer. Herein, we present a case with squamous cell lung cancer developed intramedullary spinal cord metastasis. A 61-year-old man with a history of lung cancer was admitted to our emergency service with a sudden-onset of paraplegia. Cerebral, thoracic, and lumbar magnetic resonance imaging (MRI) was performed due to neurological complaints. Intramedullary spinal cord metastasis was demonstrated at T1A, T2A weighted sagittal images in thoracic region, with leptomeningeal involvement (Figure 1). There was no pathological change in cerebral MRI. Lung squamous cell carcinoma was diagnosed with bronchoscopy five months before emergency admission (Figure 2). Urgent radiotherapy was planned for the treatment.

Metastases to the spine can involve the bone, epidural space, leptomeninges, and spinal cord. The spine is the third most common site for metastatic disease, following the lung and the liver and the most common osseous site. Approximately 60 to 70% of patients with systemic cancer have spinal metastasis. Fortunately, only 10% of these patients are symptomatic (1,2). Intramedullary spinal cord metastasis compromises only 1 to 3% of all intramedullary spinal cord neoplasms (3). In our case, only intradural and, intramedullary metastases with leptomeningeal involvement were observed and, there were no metastases findings in the other parts of the body. Metastatic intramedullary spinal cord tumors may cause pain, sensory disturbance, weakness, and sphincter dysfunction due to edema, distortion and compression of the spinal cord parenchyma (3). Despite deterioration of neurological status is relatively rapid within a period of days to weeks in intraspinal cord metastases, symptoms typically present a slow progression in primary intramedullary tumors (3). Sudden paraplegia and, sphincter dysfunction occurred in days in our case.

In conclusion, despite to the low metastasis rate of lung cancer in spinal cord, intramedullary metastasis should be kept in mind in patients with neurological symptoms.
deterioration. Of note, imaging studies play an important role in the diagnosis of spinal metastasis.

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CONFLICTS OF INTEREST
None declared.

AUTHOR CONTRIBUTIONS

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