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Teaching Images

A Tale of Two Cords: Diastematomyelia

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A 56-year-old man presents to the pain clinic with years of 8 out of 10 bilateral shooting plantar foot pain radiating to the ankles. His past medical history includes spina bifida status post-closure in infancy, diastematomyelia, and tethered cord status post-surgical release twice in adulthood. Physical exam revealed a hairy patch in the middle lower back. We discussed spinal cord stimulator therapy for treatment of neuropathic pain; however, the patient ultimately opted for conservative management.

Diastematomyelia is a rare spinal dysraphism associated with an osseous, cartilaginous, or fibrous septum which divides the spinal cord into two hemicords [1]. In the type 1 variant, the hemicords separate into individual dural sacs, while in the type 2 variant, the hemicords share one dural sac [2]. Patients may present with

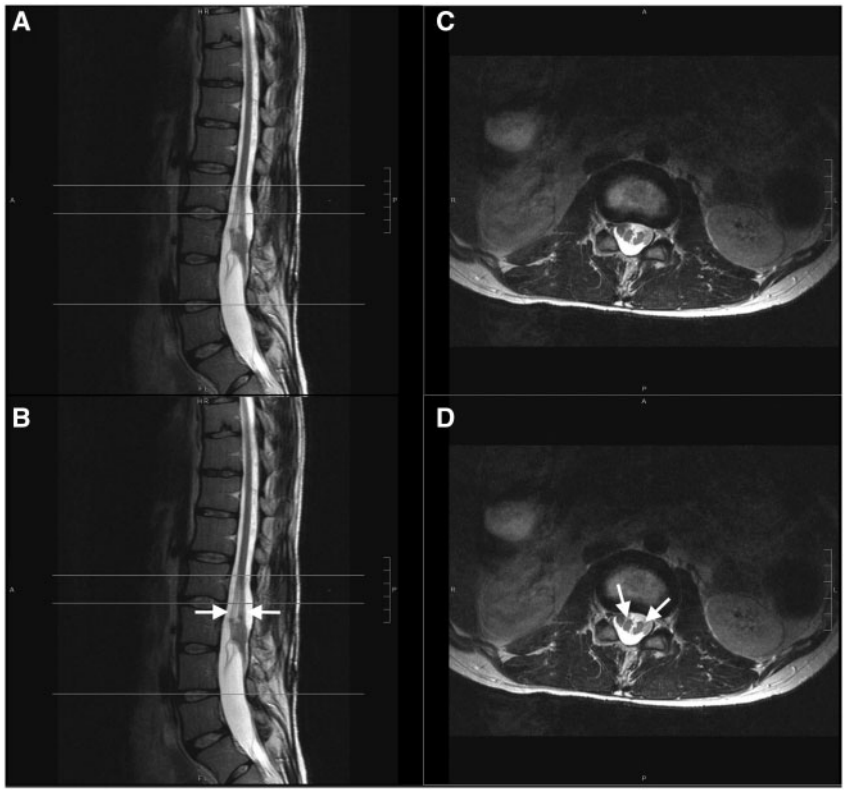

Figure 1.. Diastematomyelia of the spinal cord. Paired sagittal **(A and B)** and axial **(C and D)** T2 weighted images. The sagittal image **(A and B)** shows a single split in the spinal cord at the level of L1 to L3. The axial image **(C and D)** is taken at the level of L1–L2. Notably the spinal cord and conus medullaris are abnormally low-lying, ending at the L3 level. Arrows denotes two hemicords.

neuropathic pain associated with intermittent or progressive lower extremity weakness, sensory changes, or bladder sphincter dysfunction [2]. Physical exam may reveal cutaneous findings, most commonly abnormal hair growth [3]. This patient's magnetic resonance imaging (MRI) imaging (Figure 1) demonstrates type 2 diastematomyelia with a single split of the spinal cord beginning at L1 and extending to L3. Diastematomyelia is an uncommon condition and is an image finding that pain providers should recognize as a cause of chronic pain.

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