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Clinical History: The patient was a 47-year-old female who developed menorrhagia and abdominal, pelvic, and back pain, with associated 50-pound weight loss. Pelvic examination revealed an enlarged uterus. Ultrasound reportedly showed a heterogeneous echogenic mass in the uterine body. MRI was performed one month later and showed a heterogeneous mass in the anterior myometrium that measured 10.5 x 10.5 x 9.5 cm and was felt to be suspicious for an atypical leiomyoma or sarcoma. Also present was an intradural, extramedullary enhancing mass at the level of L3. The patient was examined by a neurosurgeon, who elicited a history of intractable back and bilateral leg pain, but neurological examination was normal. Operation on the spinal mass revealed a 4 x 3 x 2 cm reddish-gray encapsulated tumor within the center of the neural canal at the level of L3. The caudal pole of the tumor was noted to have a fine band of tissue exiting from it that was felt to be the filum terminale. Multiple venous vessels and a single arterial vessel were noted to enter the dorsal and rostral aspect of the tumor. Gross total resection was achieved without loss of lumbosacral nerve roots.

Material Submitted: One H&E-stained section and one unstained section of intradural lumbar mass, one 35mm slide with representative magnetic resonance imaging.

Points for Discussion:

1. Diagnosis.
2. Relationship of intradural lesion to gynecologic symptoms, pelvic imaging abnormalities.
3. Pathogenesis.