A classical image of dumbbell-shaped neurofibroma
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Clinical—A 53-year-old male presented with progressive lower limbs weakness followed by weakness of both upper limbs without any bladder and bowel involvement. He had multiple non-tender, bead-like nodular swellings on his face, chest, back, both upper limbs, and few on lower limbs (Figure 1).

Figure 1. Multiple non-tender bead-like nodular swellings in a patient suffering from neurofibroma

His abdominal and cremasteric reflexes were absent, plantar response was extensor, and had brisk deep tendon jerks in all four limbs.

Sagittal T2-weighted MRI of cervical spine showed a dumbbell-shaped exophytic solid hyperintense lesion at the level of C2 spine (Figure 2).
Figure 2. Sagittal T2-weighted MRI showing dumbbell-shaped exophytic solid hyperintense lesion (neurofibroma; arrowed) at the level of C2 spine

Discussion—Spinal neurofibromas are the most prevalent group of spinal tumours. They occur in association with neurofibromatosis type 1, and also sporadically. When myelopathy and motor deficits develop, surgical intervention is indicated to remove the tumour.1

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