

EPIDURAL LIPOMATOSIS - THE 'Y' SIGN

MATHEUS DAL BOSCO MACARI¹, MAYARA OLIVEIRA DA SILVA², MÁRCIO L. DUARTE¹

¹Centro Universitário Maurício de Nassau, Cacoal-RO, ²Universidade Federal de São Paulo, Santos-SP, ³Universidade de Ribeirão Preto - Campus Guarujá, Guarujá-SP, Brazil

E-mail: marcioluisduarte@gmail.com

A 57-year-old man presented with lower back pain persisting for the past six months, which radiates to the lower limbs and significantly impairs his mobility. He denied any history of trauma or previous surgeries. Magnetic resonance imaging (MRI) findings reveal epidural lipomatosis compressing the dural sac, extending from the L4 vertebral body to S1, forming the characteristic "Y" sign (Figs. 1 and 2). He had been referred for laminectomy to decompress and excise the epidural lipomatosis.

Spinal epidural lipomatosis (SEL) is a pathology involving the accumulation of adipose tissue in the epidural space of the spine. Compression of the dural sac and spi-

nal cord leads to the clinical manifestations associated with this condition. The pathognomonic feature of SEL is the 'Y' sign, observed in MRI and computed tomography (CT) scans of the lumbosacral spine; it is not typically observed in the thoracic spine. The 'Y' sign is characterized by two rays projecting anterolaterally and a third ray directed posteriorly. Management of SEL depends on the severity of the condition, with treatment options ranging from conservative measures to more invasive interventions. In cases where conservative approaches fail to produce satisfactory results, decompressive laminectomy and excision of epidural adipose tissue are warranted.

Figure 1 |



Figure 2 |

