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## Images in medicine

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### Epidural lipomatosis

A 51-year-old man presented with radicular-like pain in the left lower limb and intermittent claudication lasting for 1 year. Pain in the legs was evoked by standing or walking more than 300 meters and rapidly relieved by sitting. Clinical examination only disclosed significant overweight (weight 100 kg; height 163 cm; BMI: 37.6 kg/m<sup>2</sup>). Electromyography showed chronic neurogenic abnormalities in the muscles supplied by the left L5 nerve root. Magnetic resonance imaging (MRI) of the lumbar spine disclosed cauda equina compression by epidural lipomatosis (see figure on opposite page, A and B).

After 3 months on a hypocaloric diet leading to 20 kg weight loss, pain and claudication had completely resolved. MRI showed a dramatic

regression of the epidural lipomatosis (figure, C and D). In the differential diagnosis of lumbar stenosis, the clinician must keep in mind the possibility of epidural lipomatosis, even in patients without systemic glucocorticoid therapy or Cushing's disease.

YVES BOUTSEN

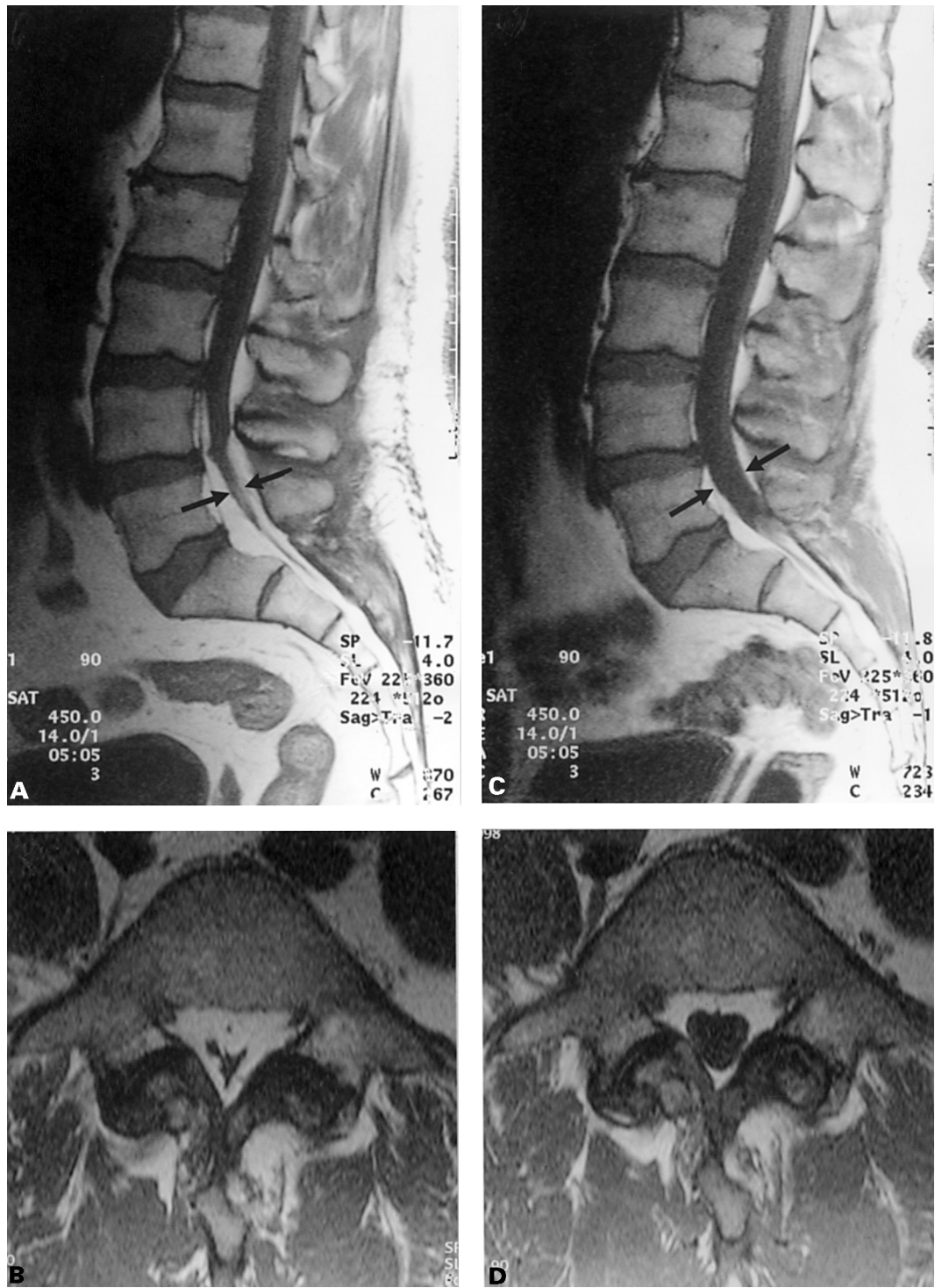
*Department of Rheumatology*

JULIAN DONCKIER

*Department of Internal Medicine and Endocrinology  
UCL (Université Catholique de Louvain), University  
Hospital of Mont-Godinne,  
5530 Yvoir, Belgium*

**Keywords:** epidural lipomatosis

Submitted 3 February 1999  
Accepted 12 July 1999



**Figure** Sagittal (A, C) and axial (B, D) T1-weighted MRI showing epidural fat-induced compression of the thecal sac before hypocaloric diet (A, B) and normal appearance after weight loss (C,D)