**Dark as Night: Spelunking for Spinal Solitary Fibrous Tumors in the Differential T2 Hypointensity**

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**Introduction**

Primary spinal solitary fibrous tumors/hemangiopericytomas (SFT/HPC) are extremely rare mesenchymal malignancies, with fewer than 40 reported cases. Radiographically, SFT/HPCs have a mutable appearance, with irregular borders, heterogeneous contrast enhancement, and variable T2 intensity. We report a series of five spinal SFT/HPCs, with particular attention to T2-hypointensity and the differential for the unusual finding of a “dark” spinal lesion.

**Results**

Four primary and one metastatic spine SFT/HPCs were operatively treated during the study period (median follow-up 12 months, range 10-92). Three demonstrated marked T2 hypointensity on preoperative MRI, underwent primary resection—GTR in two, STR in one—and remained progression-free on routine surveillance. Two patients with isointense lesions recurred within the follow-up period. One developed metastatic spinal SFT/HPC from primary intracranial disease, which was treated with primary subtotal resection (STR) with adjuvant chemoradiation. The second—a primary spinal SFT/HPC—underwent gross total resection (GTR) and observation, followed by repeat STR and adjuvant radiotherapy at progression 5 years later. Both died from disease within 24 months of progression.

Radiographic review of spinal T2-hypointense lesions identified a host of predominantly rare diseases, including: calcific arachnoiditis, calcifying pseudoneoplastic (CAPNON), cavernoma (intra- and extramedullary), intramedullary hemorrhage, Edheim-Chester, extramedullary hematopoiesis, fibrotic pseudotumor, idiopathic hypertrophic pachymeningitis, lymphoma, melanoma metastasis, melanotic schwannoma (intra- and extramedullary), meningioma, osteoblastoma, pigmented villonodular synovitis, and synovial cyst.

**Conclusions**

T2 hypointensity is associated with SFT/HPC, and may be an indicator of more indolent disease. “Dark” tumors are uncommon in the spine, and although the differential is relatively narrow, rarities predominate, and warrant particular consideration in the assessment of a new lesion.

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