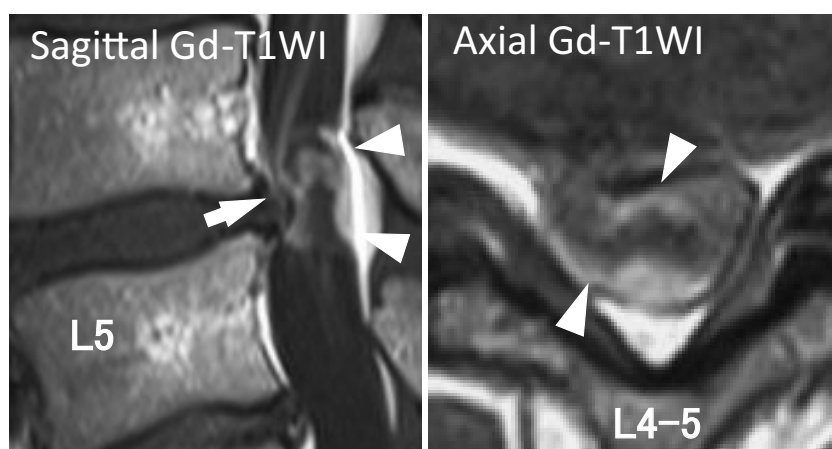
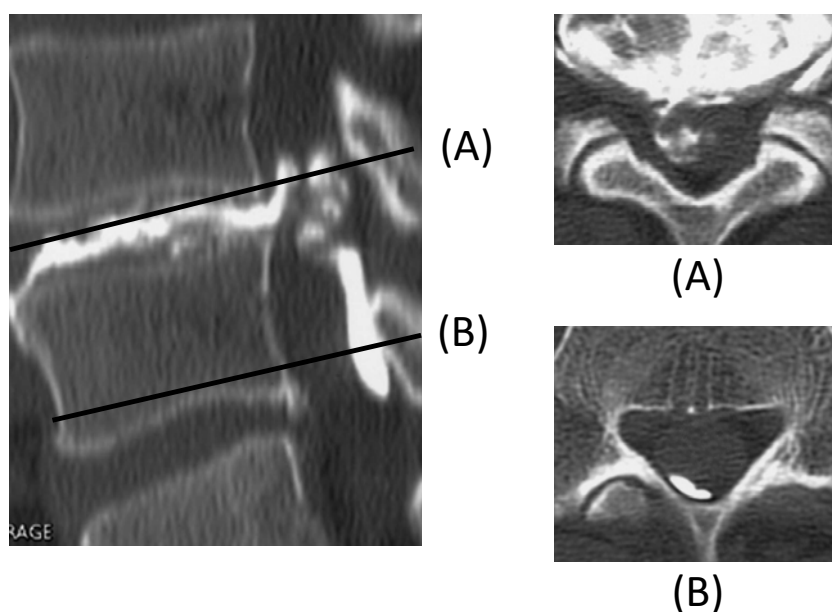


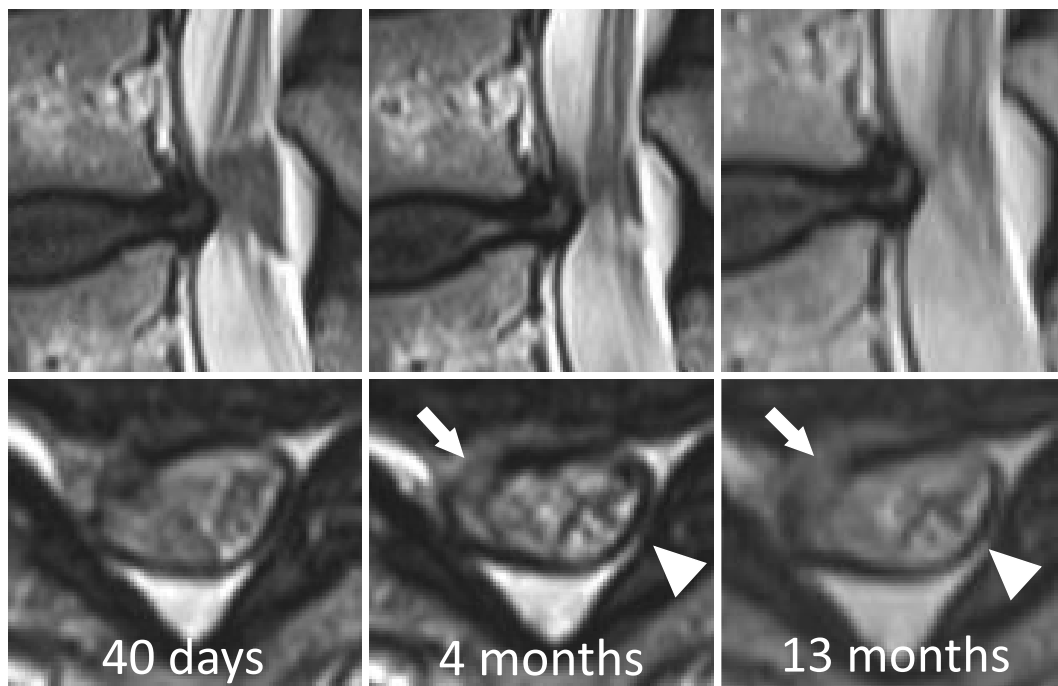
**Figure 1.** Magnetic resonance images at the initial visit. An irregularly-shaped, isointense fragment on T1- and T2-weighted images is seen in the cerebrospinal fluid (arrowheads). Cauda equina cannot be confirmed in the axial image.



**Figure 2.** Enhanced magnetic resonance images at the initial visit. The fragment inside the dura mater shows rim enhancement (arrowheads). In addition, the posterior disc wall or the posterior longitudinal ligament at L4-5 is also enhanced by gadolinium (arrow).



**Figure 3.** Computed tomography after discography at L4-5. The contrast medium enters the intradural space but does not spread into the subarachnoid space (A: L4-5 disc level, B: Caudal part of L5 vertebra).



**Figure 4.** Follow-up magnetic resonance image at 40 days, 4 months and 13 months postoperatively. The intradural herniated mass gradually decreases after surgery. In axial planes, the mass decreases from middle to right side, and cauda equina is clearly seen (arrowheads). There is a discontinuity of dura mater at 4 months and 13 months after onset (arrows). It may indicate a dural defect through which the herniation mass passed.

the symptoms were severe, and microsurgical discectomy was performed<sup>6</sup>. Therefore, our patient is the first case whose intradural herniation showed spontaneous resorption with no relation to any surgical interventions.

Vascular formation and inflammatory cell infiltration with several molecules, such as tumor necrosis factor- $\alpha$ , are closely-related to spontaneous resorption of disc herniation<sup>7,8</sup>. The extradural herniation with rim enhancement on gadolinium-enhanced MRI disappears or markedly decreases in size in 75%-100% of patients<sup>9,10</sup>. The intradural herniation in our patient also showed clear rim enhancement, suggesting the herniated mass, particularly its periphery, was a vascular-rich condition. Regardless of the location of herniation, if the herniated mass shows rim enhancement, it may resorb spontaneously.

**Conflicts of Interest:** The authors declare that there are no relevant conflicts of interest.

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**Author Contributions:** NM, MS, YK, and SK: Treatment of the patient and correct the data.

TA: correct the data and writing.

**Informed Consent:** Informed consent was obtained by the participant in this study.

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