A 70-year-old woman with multiple sclerosis was hospitalized with diarrhea, fever 38.3°C, and severe midthoracic back pain for 1 week. The patient was paraplegic with complete paralysis and loss of sensation in both legs and lower abdomen. She was diagnosed with a hypernephroma of the right kidney in 1997, for which a nephrectomy was performed. She refused further follow-up.

On computed tomography scan, invasion of several thoracic vertebrae (Th 4, Th 5, Th 6, and partial Th 7) was seen with a 90° angulation of the proximal dorsal pillar compared with the distal pillar (Figure 1A and B). An extraaxial posterior extension was observed. The lesion was biopsied, performed under echographic control, showing a well-differentiated renal cell metastasis. The bone fragments, anterior of the vertebrae, are believed to be parts of the adjacent ribs (Figure 1B).

Intravenous morphine was administered to help her cope with the pain. The patient died 10 days after computed tomography scan images were taken.

**FIGURE 1.** A, Sagittal computed tomography (CT) image of the thorax. Bone metastasis caused collapse of the spine. The red arrow points to the chin; the blue arrow points to the hands on the thorax. B, Axial CT image of the thorax. The white arrow shows the destructed vertebral with a lateral shift of the upper thoracic vertebrae.