





Radiology of the Spinal Cord

First Lecture

Color index

Important Doctor's note Extra explanation Team 437

Radiology

Neuropsychiatry Block

Lecture objectives:

- 1- Anatomy of spinal cord.
- 2- Anatomy of vertebral column.
- 3-Identify, and distinguish between common types of radiographic Images
- 4- You should also be able to recognize some radiological presentation of spinal cord diseases.

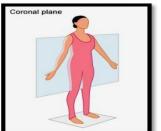




Introduction: Planes of the Body

Coronal Plane (Frontal Plane):

A vertical plane running from side to side; divides the body or any of its parts into anterior and posterior portions.



Sagittal Plane (Lateral Plane):

A vertical plane running from front to back; divides the body or any of its parts into right and left sides.

Axial Plane (Transverse Plane):

Transverse plane

A horizontal plane; divides the body or any of its parts into upper and lower parts.

X-RAYS:

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Characteristics:

- -Often the first diagnostic imaging test
- -Small dose of radiation to visualize the bony parts

-X-ray can detect:

- 1. Spinal alignment and curvature
- 2. Spinal instability-with flexion and extension views
- 3. Congenital (birth) defects of spinal column
- 4. Fracture caused by trauma
- 5. Moderate osteoporosis (loss of calcium from the bone)
- 6. Infections Not always
- 7. Tumors Not always



-X-ray image of a person who suffers from Scoliosis

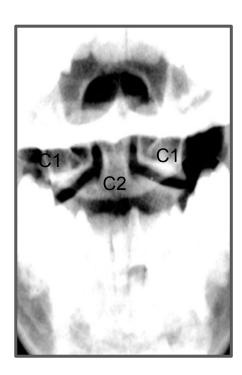


Lateral view



Anteroposterior (frontal view) Open mouth view







Is this film an adequate (acceptable) lateral film?

It's not an adequate film because the 7th cervical vertebra is not seen in the image.

Computerized Tomography (CT SCAN):

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- -Uses radiation
- -Obtain 2-D images (can be processed to 3-D images)
- -Entire spine can be imaged within a few minutes
- -Detailed information regarding bony structures
- -Limited information about spinal cord & soft tissues







Magnetic Resonance Imaging (MRI):

- -Gold standard of imaging for spinal cord disorders
- -No radiation
- -Can identify abnormalities of bone, soft tissues and spinal cord
- -Claustrophobic(fear of small places) patients, uncooperative and children may need sedation or general anesthesia
- -Contraindications include implanted devices e.g. cardiac pacemakers and electromagnetic devices

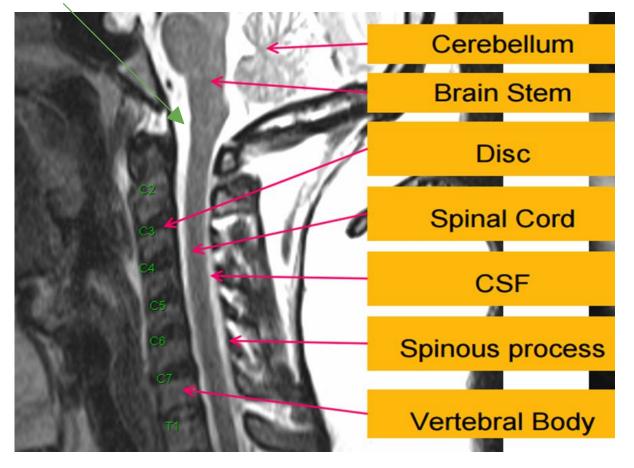
*Cerebrospinal fluid appears white when taken by the T2 MRI method, while the T1 method makes the CSF appear darker.





-It's MRI T2, because the fluid is white





	Indications (Usage)	Advantages	Disadvantages
X-ray	 Trauma Intraoperative localization (in the middle of a surgery) 	InexpensiveWidely availableQuickPortable	 Radiation exposure Difficulty in interpretation High rate of false-positive findings
СТ	• Trauma	 Visualization of bony structures Widely available Quick 	 Less useful at visualizing soft tissue structures Radiation exposure Expensive
MRI	 Patients with "red flags"case radiculopathy Tumor Myelopathy(injury to spinal cord) -Red flag case = patient with dangerous symptoms 	 Visualization of soft tissue structures (relationship of discs to nerves) No radiation exposure 	 Contraindications: presence of Ferromagnetic implants. cardiac pacemakers, intracranial clips, Claustrophobia(fear of small spaces Not widely available Expensive

Abnormalities Of Spinal Cord:









Trauma Congenital demyelination



Tumors



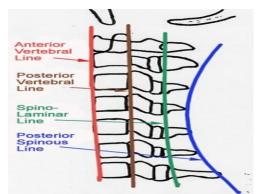
Usually the first series of images to be ordered by the physician \longrightarrow Plain Radiographs (x-rays).

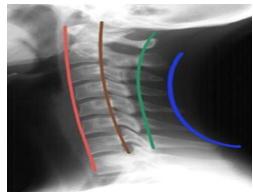
If **fractures**, or other **bony defects** are suspected ——**CT images** can provide very detailed information.

When **soft tissue injury** is suspected — MRI is usually the imaging technology of choice.

Accesses for parallel lines (imaginary lines): **Important**

- 1- Anterior vertebral line
- 2- Posterior vertebral line
- 3- Spinolaminar line
- **4- Posterior spinous line**





Any malalignment should be considered as an evidence of injury.

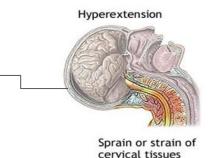
Mechanism Of Injury

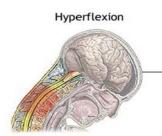
For trauma there is several mechanism of injury Here is some examples:



Hyperextension:

a sudden backward acceleration of the skull creating extreme extension of cervical spines ,a common example is like hanging, or when the head hits the dashboard of the car in a car accidents.





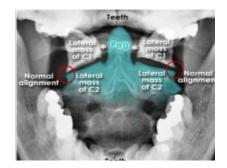
Hyperflexion:

excessive flexion of the neck like when diving in shallow water, could cause paraplegia

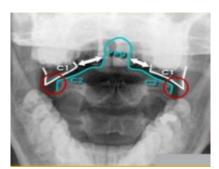
Compression Fracture

Type of imaging in All pictures listed below is X-ray

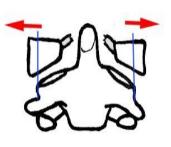
When you get a caudally directed force on your head (like when something heavy falls on yours head).



Normal open mouth view



Lateral mass splitting, displacement more than 2ml



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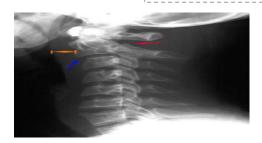
Hangman's Fracture (result of hyperextension)



A fracture which involves the pars interarticularis of C2 on both sides, and a dislocation of C2, its a result of hyperextension and distraction





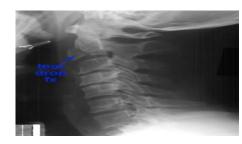




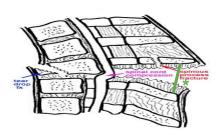
Hyperflexion



Normal lateral view



A tear drop fracture in the anterior margin of the vertebral body



*The distance between spinal processes is wide

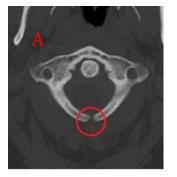


Congenital defects

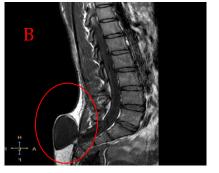
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Spina bifida

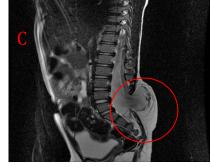
-Its when a pregnant mother has deficiency of folic acid then the babies neural tube gets defected. for more information about the disease.



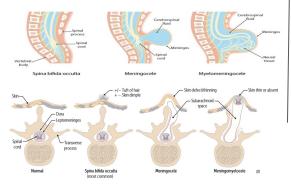
a)Spina bifida occulta., CT scan



meningocele, MRIT1 WI

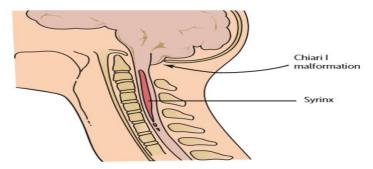


meningomyelocele MRI T2 WI.



Syringomyelia





-it is the development of a fluid-filled cyst within the spinal cord.



Multiple Sclerosis

Multiple sclerosis (MS) is a relatively commonly acquired chronic relapsing demyelinating disease involving the CNS.

Characteristically disseminated not only in space but also in time.



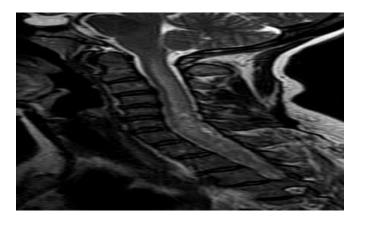
inflamed cord of uncertain cause

- **Viral infections**
- **Immune reactions**
- **Idiopathic**

Myelopathy progressing over hours to weeks.







$\label{eq:multiple Sclerosis} \quad VS \quad \text{Transverse Myelitis}$

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Multiple sclerosis lesions in spinal cord

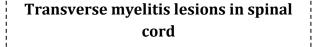
More likely multiple, focal and peripherally located

Don't cover the entire section on axial images.

Often < 2 vertebral body heights on sagittal images

Usually associated with brain lesions

Are disseminated in time and space.

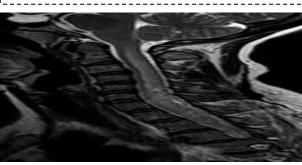


Extend over >3 vertebral body heights on axial images.

Often > 4 vertebral body heights on sagittal images

no brain lesions







Tumors



Classification of TUMORS

- -Intramedullary lesions: its location is determined within the cord
- **-Extramedullary lesions:** May be related to nerve roots and may extend into the foramen (e.g. schwannomas and neurofibromas) or may have a broad dural attachment (e.g. meningiomas).

Astrocytoma



-Intramedullary tumor

Ependymoma







-Intramedullary tumor -There's a chance of bleeding

1-Technology that can Obtain 2-D images (can be processed to 3-D images). A- X-RAY **B-MRI**

C-CT SCAN D- ULTRASound

2-is a relatively common acquired chronic relapsing demyelinating disease involving the CNS

B-Ependymoma

A-Multiple Sclerosis

C-Astrocytoma **D-Transverse Myelitis**

3-inflamed cord of uncertain cause

A-Multiple Sclerosis

A- MRI

C-CT SCAN

C-Astrocytoma

B-Ependymoma

D-Transverse Myelitis

B-XRAY

4-When soft tissue injury is suspected, __is usually the imaging Modality of choice.

D- ULTRASOUND

Answers: 1- C 2- A 4- A





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