

Other Spine Diseases

More Than IVDD

There is more to spine pathology than just IVDD! On this page, there will be case examples of non-IVDD pathology in the spine, and a list of any useful sequences.

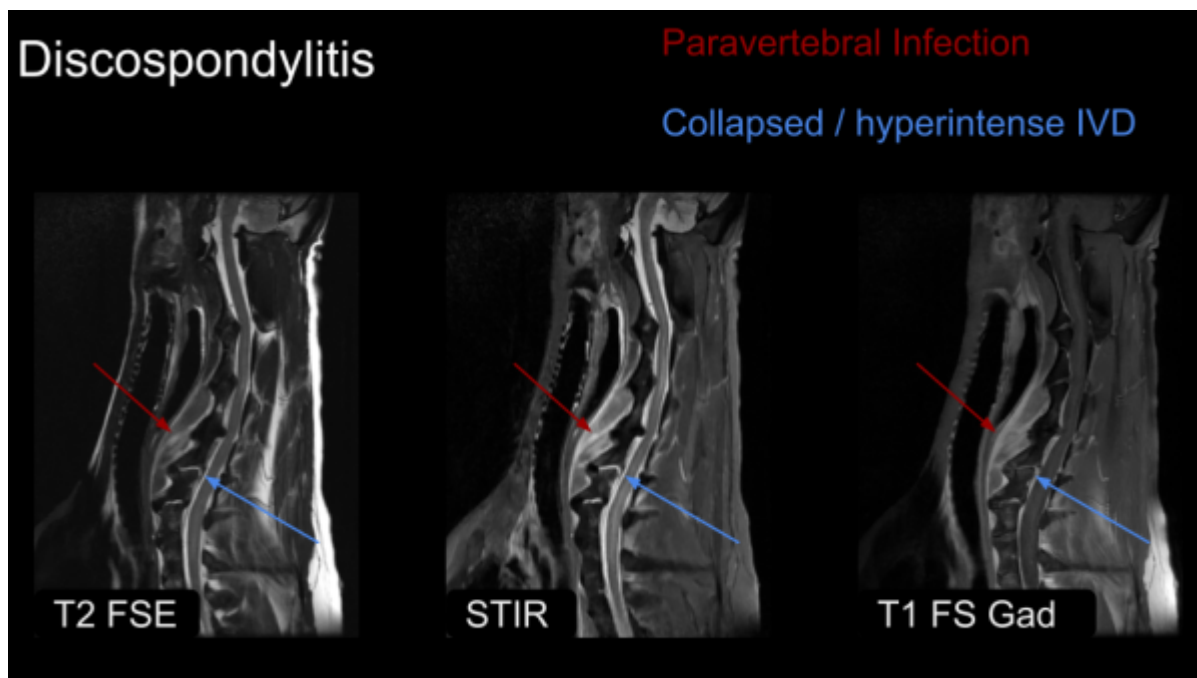
Discospondylitis

Discospondylitis is an infection of the vertebral endplates and intervertebral disc, most commonly of bacterial origin. Some notable features are:

- Collapse of the IVD
- STIR/T2 hyperintensity
- Contrast enhancement
- Paravertebral inflammation or fluid like collections
- sclerotic changes to vertebrae

Useful sequences:

- STIR
- T1 with and without fat saturation
- T1 post contrast with fat saturation



Arachnoid Diverticulum

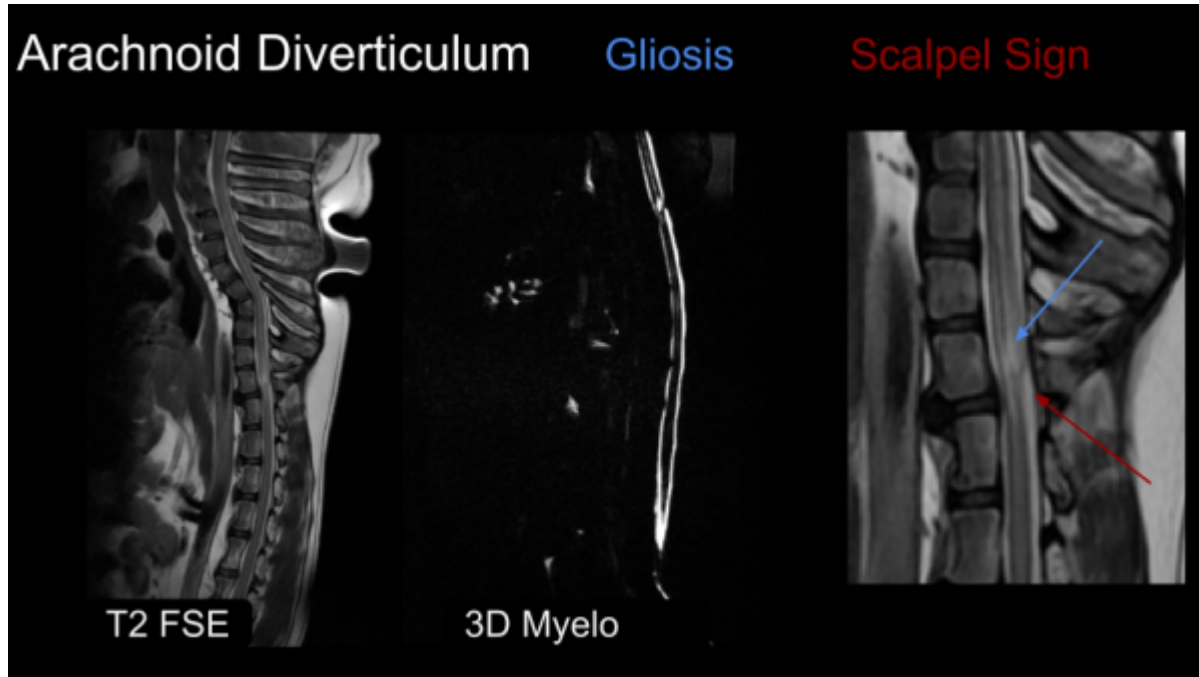
Some notable features of arachnoid diverticulum:

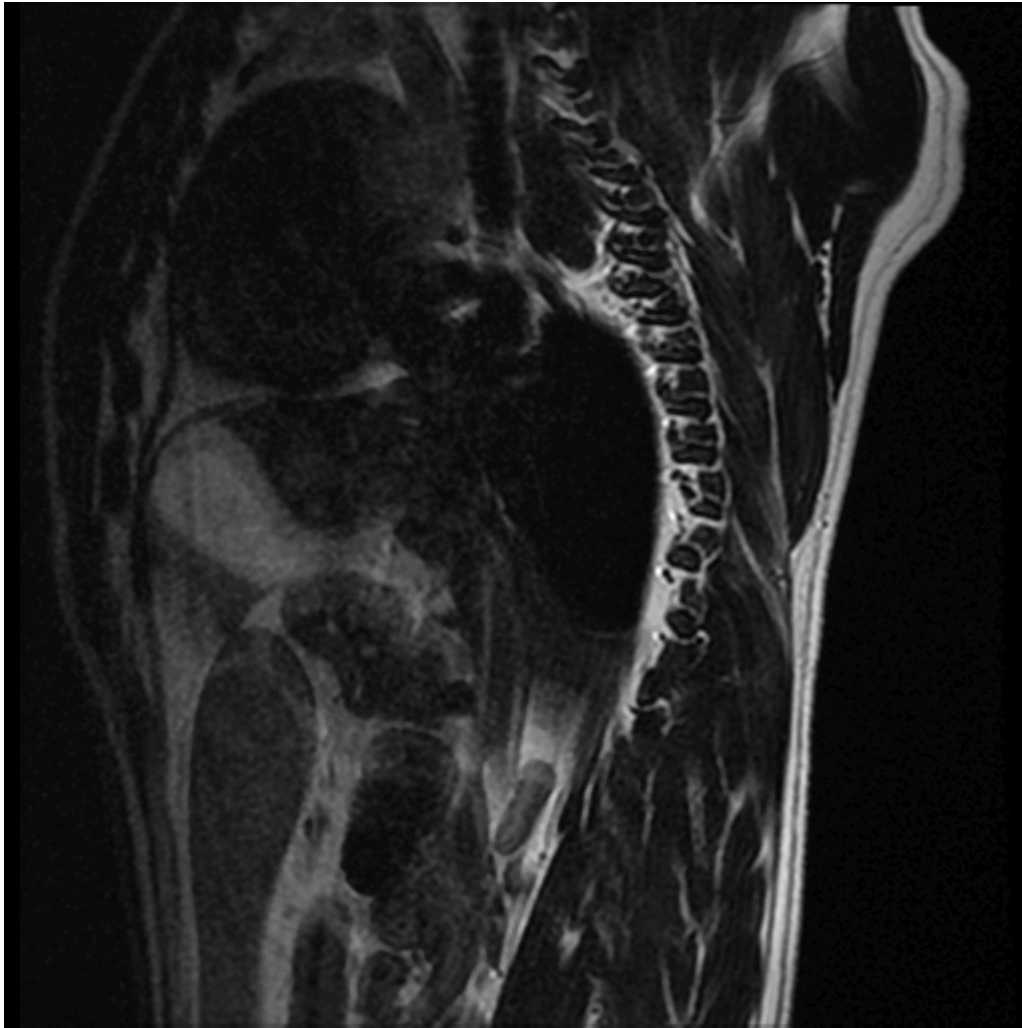
- Scalpel sign

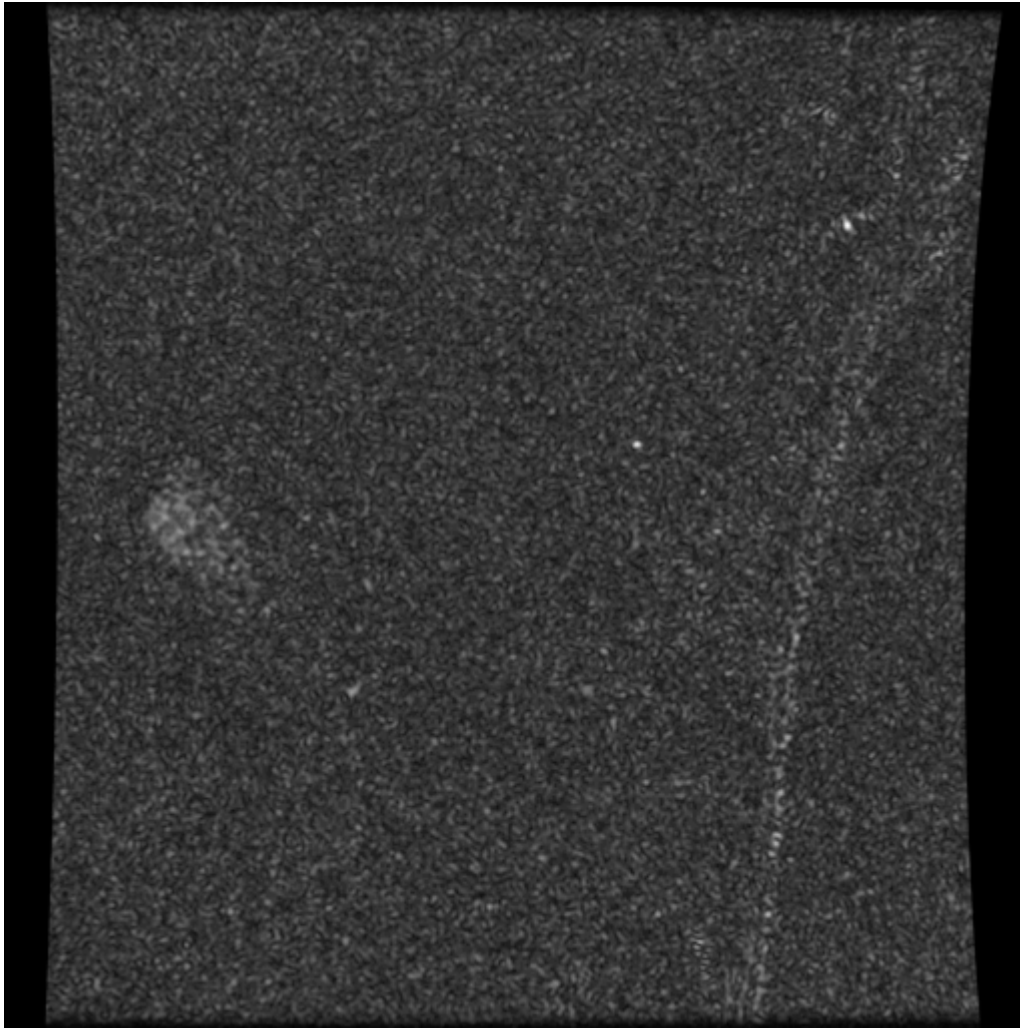
- Gliosis
- Lesion demonstrates CSF signal characteristics

Useful Sequences:

- 3D Myelogram
- 3D FIESTA-C / CISS
- Sag T2 FSE







Fibrocartilagenous Embolism (FCE)

FCE is like a 'stroke' in the spinal cord; a small piece of IVD embolizes into a small spinal artery and occludes blood flow leading to ischemia or infarction in the spinal cord.

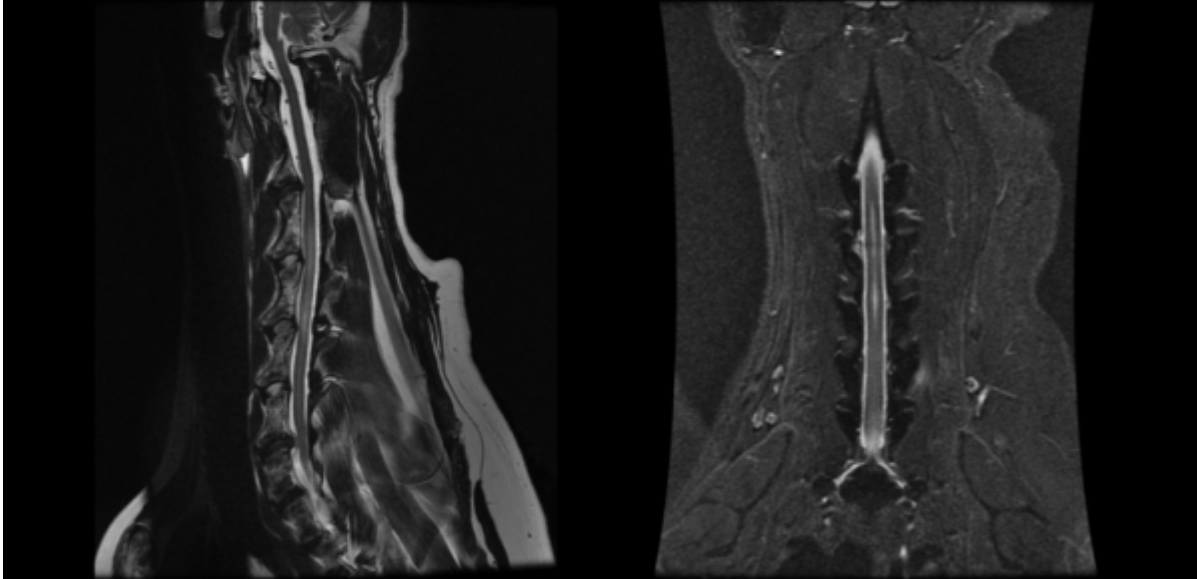
Notable Features:

- Sharply Demarcated
- Grey matter affected
- Can be linear
- Possible hemorrhage
- Swelling of the spinal cord
- Possible gad enhancement
- T2/STIR hyperintensity

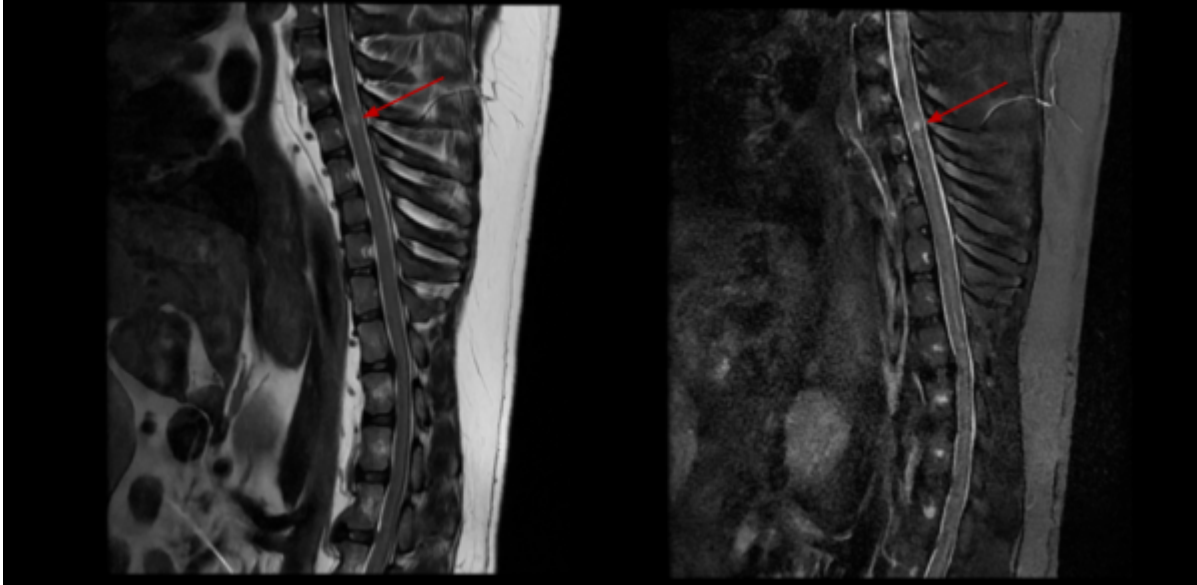
Useful Sequences:

- T2 or STIR
- T1 Post Gad
- T2* if hemorrhage
- DWI if specialized sequences are available

Fibrocartilaginous Embolism (FCE)



Fibrocartilaginous Embolism (FCE)



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