#### Spine diseases and MRI / Radiology



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# Why need imaging?

- Diagnostic standard
- Helps for better understanding the clinical sympotoms
- How important is the image message?
- Before imaging: Anamnesis, clinical examination
- Occasional LBP of mid40 male
- Increasing LBP of a child
- Everyone who indicates imaging should be able to evaluate the images



- X-ray radiographs
  - Vertebral statics
  - Disturbed growth
  - Degenerative changes
  - Fractures
  - -(Tumor)
  - -(Inflammation)



- X-ray radiographs/ vertebral statics
  - Not allways 2-plane imaging needed
  - In children no need for full spine imaging
  - − Hip (vara/valga − HD − Perthes etc.)
  - Form of the pelvis
  - Functional vs. structural scoliosis



- X-ray radiographs/ disturbed growth
  - Scoliosis
  - Morbus Scheuermann
  - To controll progression: 1 plane



#### MRI

- Nerval root compression
- Spinal cord compression (stenosis)
- Tumor (with x-ray and CT)
- Infection (Leucocytes, CRP)
- Combined with contrast application (MR-myelographia)
- Fracture (fresh old)
- Bony stress reactions



- CT
  - -Fracture

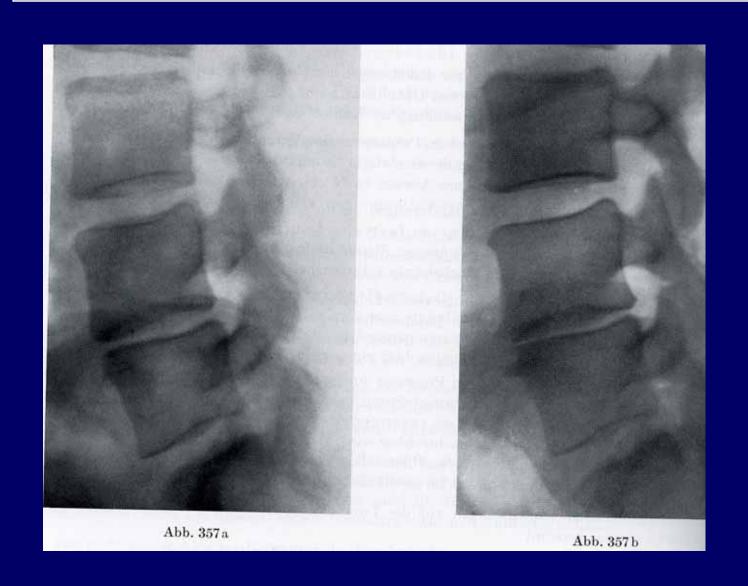


- Ultrasound
- Bone scintigraphia
  - Occult lesions
  - -Inflammation
  - -Metastasis

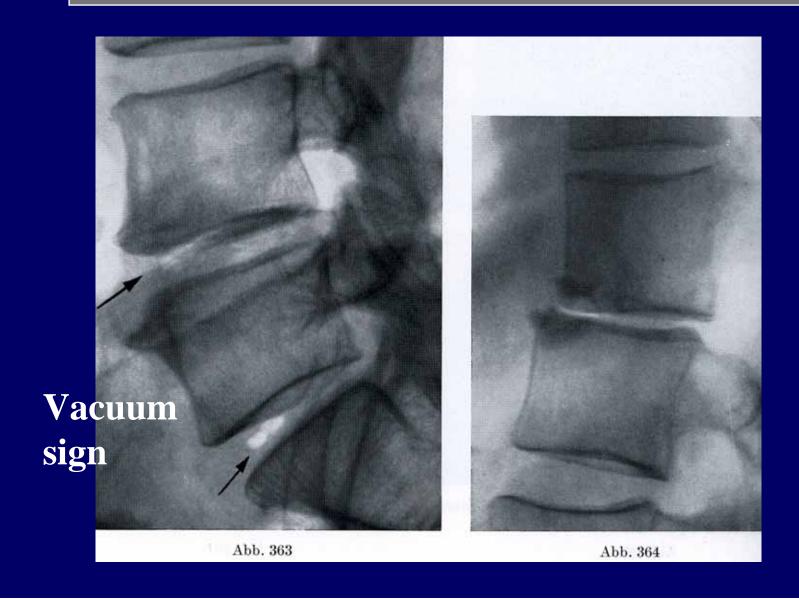


# **Degeneration - Chondrosis**









Vacuum sign

# Degeneration





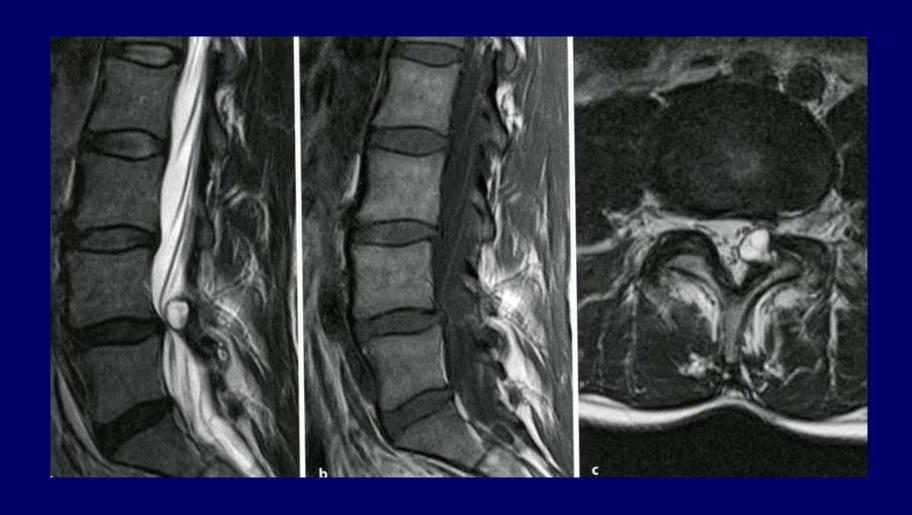
#### L5-lleum nearthros



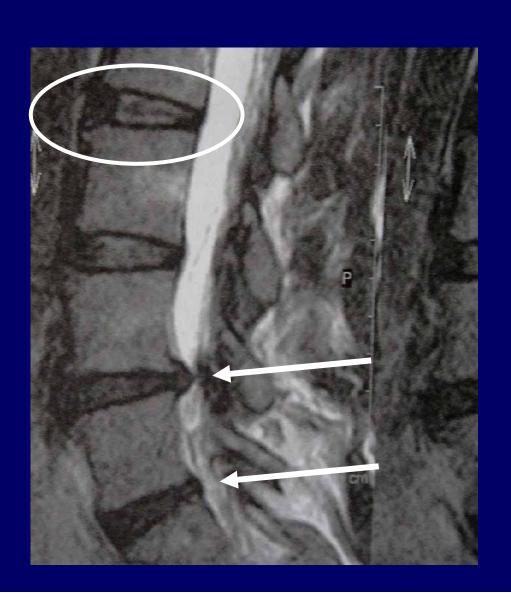
#### Degeneration

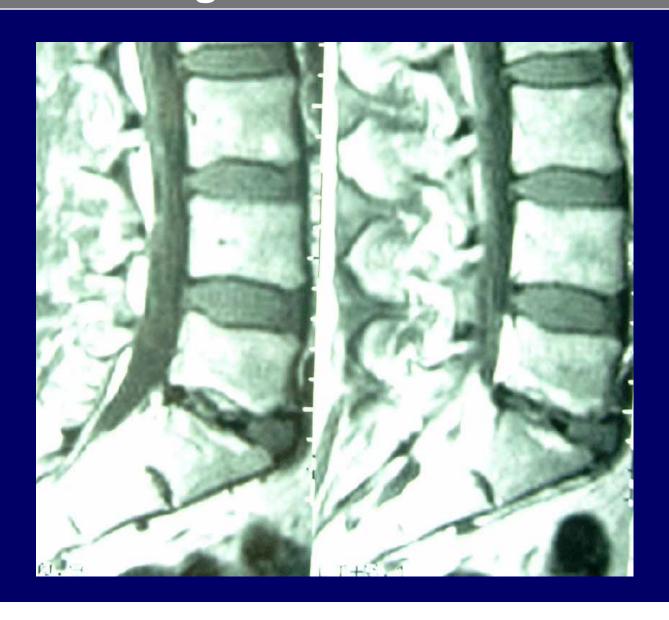


### Degeneration – facett joint

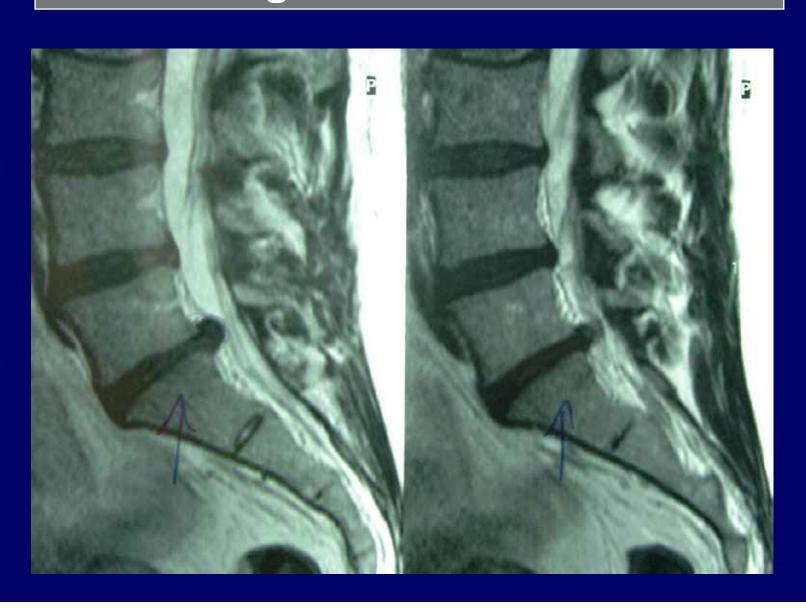


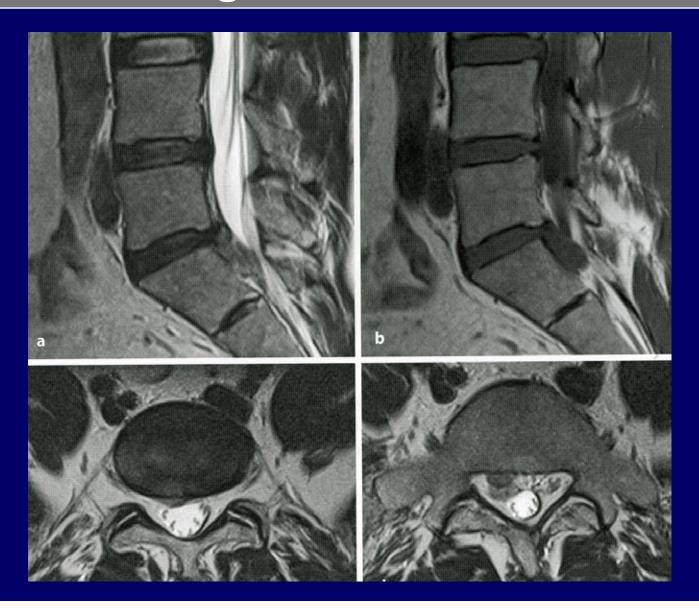
### Degeneration

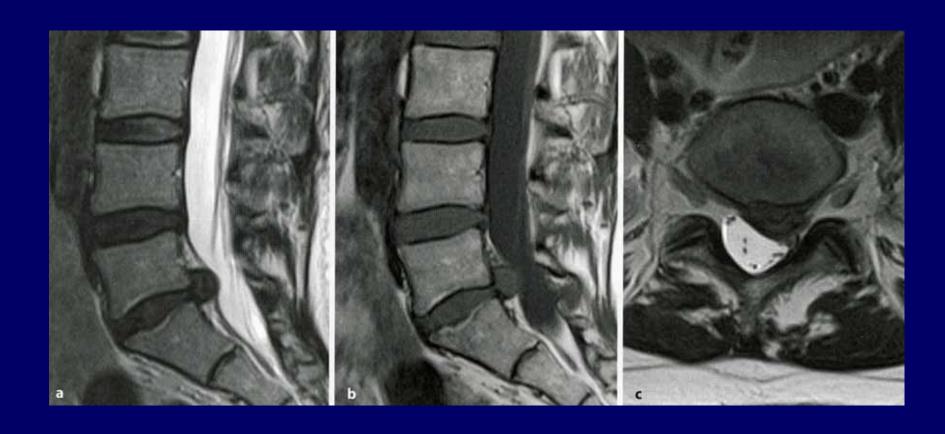


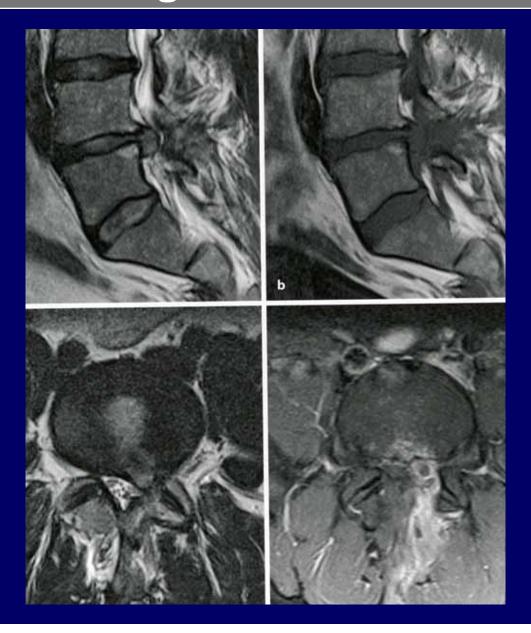












#### Degeneration – Black disc disease



# Degeneration – erosive Osteochondrosis



# Degeneration – erosive Osteochondrosis

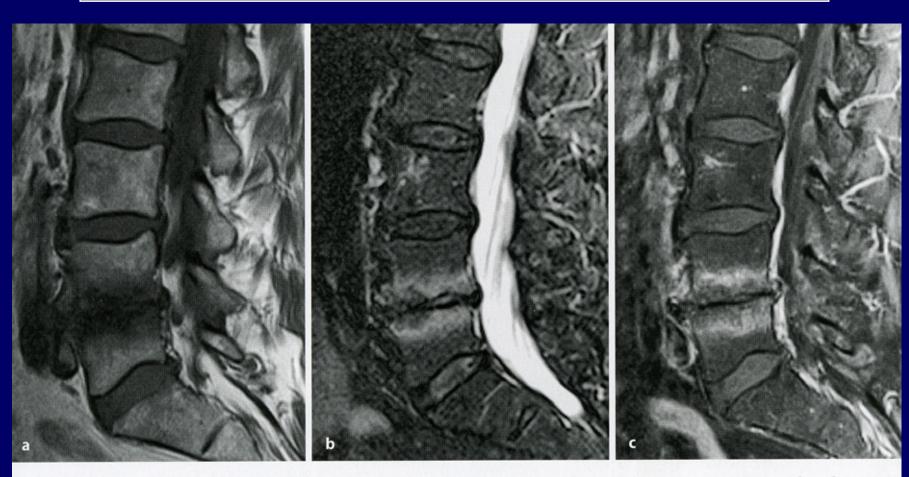
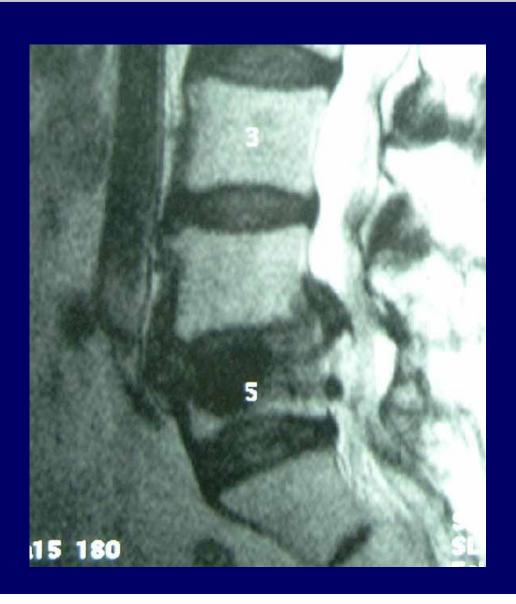


Abb. 10.202 a – c. Knochenödem und Kontrastmittelaufnahme bei erosiver Osteochondrose LWK 4/5. a T1-gewichtet, b STIR un c T1-gewichtet FS nach Kontrastmittelgabe

#### ? Degeneration/Infection/Tumor?



#### Degeneration – Stenosis



#### **Degeneration – Black disc disease**



# Bastrup phaenomenon

