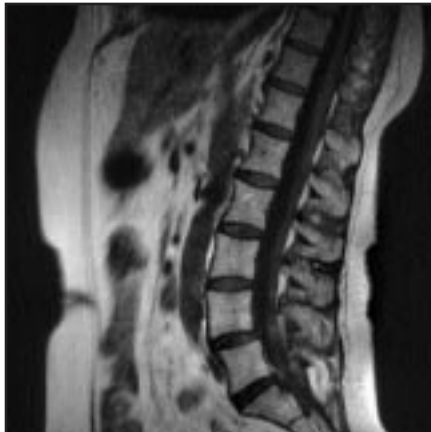


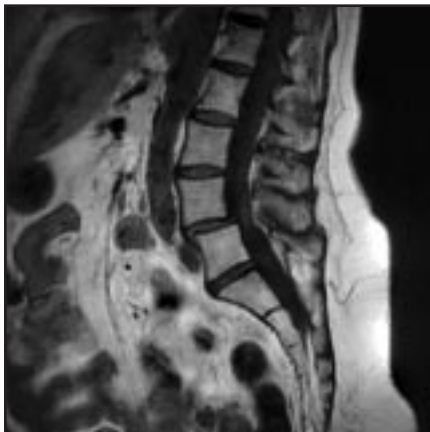
UNOPERATED HYPERMOBILE INTERSEGMENTAL SPINAL INSTABILITY

The recumbent scan (1A) demonstrates minor degenerative anterolisthesis at L4/5. The standing-neutral scan (1B) shows greater comparative anterior slip of L4 on L5. The standing-flexion study (1C) reveals yet further anterior slip of L4 on L5 (arrow). These scans illustrate hypermobile translational intersegmental spinal instability, a condition that can be a surgical indication for fusion in cases of low back pain related to the instability.

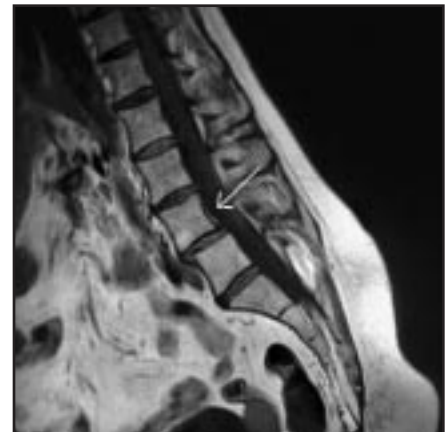
Case courtesy of Melville MRI, P.C.



1A - Recumbent



1B - Standing Neutral



1C - Standing Flexion

POSTOPERATIVE HYPERMOBILE INTERSEGMENTAL SPINAL INSTABILITY

The recumbent scan (2A) is from a patient with recurrent low back pain following L4-S1 fusion. Note the multilevel bilateral laminectomy. The upright scan (2B) shows an anterior slip of L3 on L4 associated with stenosis of the central spinal canal at L3/4, the level above the surgical spinal fusion. The hypermobile intersegmental instability is visible only when the patient is scanned upright.

Case courtesy of M. S. Rose, MD, Rose Radiology Centers



2A - Recumbent



2B - Upright