

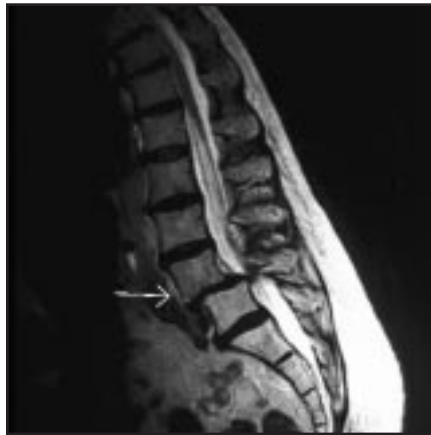
DYNAMIC FLUCTUATION OF CENTRAL SPINAL CANAL STENOSIS

These scans (18A-C) show how recumbent imaging can underestimate the maximum degree of pathology and miss its dynamic nature. The recumbent scan (18A) shows degenerative spondylolisthesis at L4/5. The flexion scan (18B) shows a further anterior shift of L4 on L5 indicating hypermobile intersegmental instability. The extension scan (18C) shows a comparative posterior shift of L4 on L5. Also note that the changes in central spinal canal stenosis are in part a function of position, the most severe degree occurring in flexion.

Case courtesy of Melville MRI, P.C.



18A - Recumbent



18B - Upright Flexion



18C - Upright Extension

UNOPERATED HYPERMOBILE INTERSEGMENTAL SPINAL INSTABILITY

The recumbent image (30A) shows degenerative disc disease at L4/5 and L5/S1. The upright image (30B) reveals degenerative intersegmental hypermobile instability (anterolisthesis: arrow) at the L4/5 level and minor central spinal stenosis at this level. The L4/5 and L5/S1 levels also show further narrowing of the disc spaces in the upright position.

Case courtesy of Stand-Up MRI of Orlando, P.A.



30A - Recumbent



30B - Upright