

DynaWell® L-Spine

What to consider when evaluating MRI of Lumbar Spine.

*in non loaded (PRP = psoas relaxed position) compared to
in axial loaded (ACE = axial compression in slight extension)*

- 1: Measurement of Dural cross sectional area (DCSA) in PRP compared to in ACE – difference? Central spinal stenosis – relative $<100 \text{ mm}^2$ or clear $<75 \text{ mm}^2$?
- 2: Visual impression of difference in DCSA in PRP compared to in ACE? Decreasing?
- 3: Decreasing amount of liquor surrounding the nerve roots in the dural sac or in nerve root sleeves from PRP to ACE?
- 4: Change in the configuration and size of the epidural dorsal fat pad in the spinal canal from PRP to ACE – from ventrally concave to convex? Does it give any impression in the dural sac in ACE?
- 5: Increase in disc protrusion or disc herniation from PRP to ACE?
- 6: Decrease in the space in the lateral recess? Increasing compression of the nerve root with flattening of it in the recess in ACE?
- 7: Increasing thickness of the ligamentum flavum in ACE?
- 8: Decrease in the intervertebral joint space height? Decreasing amount of iv joint fluid in ACE? Dislocation of iv joint fluid in under the lig flavum and in medioventral direction – causing a decreasing space in the recess?
- 9: Synovial cyst extruding from the iv joint into the spinal canal giving compression of the dural sac in ACE? Is there anything suggesting that there could be a synovial cyst in PRP?
- 10: Increasing Lordosis in ACE compared to in PRP?
- 11: Sagittal translation between vertebrae in ACE compared to in PRP?
- 12: Decreasing disc height in ACE compared to in PRP?

These are some points to consider!

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