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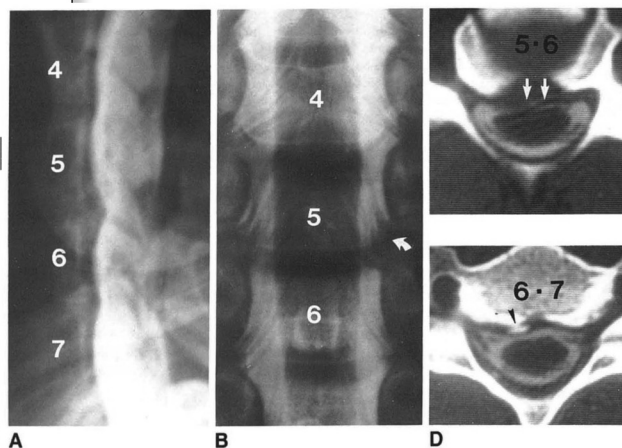
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Metrizamide CT Myelography in Cervical Myelopathy and Radiculopathy: Correlation with Conventional Myelography and Surgical Findings

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Conventional myelography, metrizamide computed tomographic (CT) myelography, and surgical findings were correlated in 30 patients with cervical radiculopathy and/or myelopathy. In 80% of patients, metrizamide CT myelography provided significant additional information including better characterization of the abnormality, lateralization if the conventional myelogram was indeterminate, more definitive demonstration of cord atrophy, foraminal narrowing not appreciated on myelography, and demonstration of abnormalities distal to a myelographic block. In no case was a myelographic abnormality not detected on metrizamide CT myelography. In patients with cervical myelopathy, a cross-sectional diameter of the cord equaling less than 50% of the subarachnoid space is predictive of poor patient response to surgical intervention.

Computed tomography (CT) has been widely accepted as an initial radiographic examination in the evaluation of lumbar radiculopathy [1-3]. The assessment of spinal pathology in patients with cervical myelopathy and/or radiculopathy has continued to consist primarily of conventional myelography. While previous studies have reported CT findings in the abnormal cervical spine [4-15], none have compared metrizamide myelography with metrizamide CT myelography and correlated the observations with surgical findings. This approach permits the development of objective criteria for the abnormal cervical metrizamide CT myelogram. The technique may in many cases eliminate the necessity for conventional myelography.



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Acoustic Neuromas: Evaluation by Magnetic Resonance Imaging

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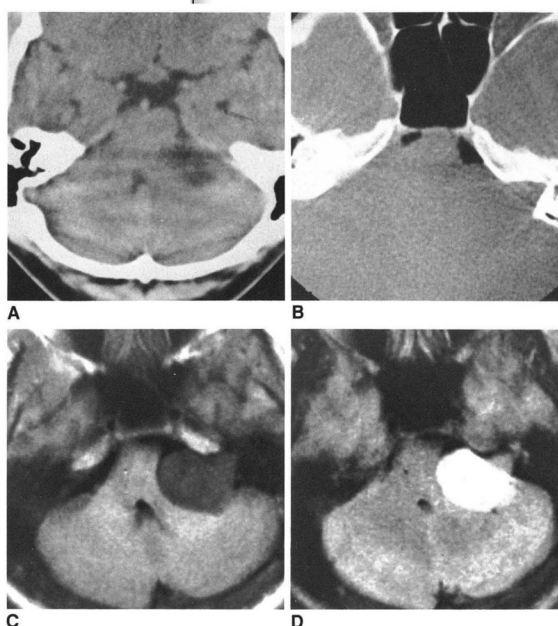
Proton magnetic resonance imaging (MRI) examination of the internal auditory canals, contrast-enhanced CT, and air CT cisternography. All tumors were identified. Tumors (> 1 cm diameter) looked similar to the tumors seen on CT. The extent of the tumor was better seen with MRI in two cases. Cerebellopontine angle and intracanalicular tumors with appearances corresponding to those seen with air effects were encountered with the MRI examinations. MRI alternative to contrast-enhanced CT and air CT cisternography for acoustic neuromas.

Acoustic neuromas are relatively common benign tumors of the vestibular division of the eighth cranial nerve and cerebellopontine angle and internal auditory canal. A diagnosis depends on the use of plain radiographs, contrast-enhanced computed tomography (CT), air or vertebral angiography. Metrizamide CT cisternography, gas CT cisternography but is associated with a higher incidence of bony changes that may be present in tumors [2, 3]. Therefore, air or gas CT cisternography tumors and is very accurate [4], although false negative of arachnoid adhesions or very narrow IACs [5, 6] reserved for cases in which the surgeon needs to know tumor.

Early reports on low-resolution proton magnetic resonance described acoustic neuroma appearances similar to enhanced CT [7-9], although intracanalicular extension has also been described [10]. With recent improved images, including the use of a 256 × 256 reconstruction to routinely image the normal IAC containing the seventh This provides the anatomic basis for the demonstration and gives MRI as good a potential for diagnosis as CT cisternography. We compared the results of conventional enhanced CT, air CT cisternography, and MRI of 11 acoustic neuromas.

Subjects and Methods

Six patients (four men and two women) with clinical diag-



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