Imaging of Spinal Cord Compression: Magnetic Resonance Imaging and Beyond

Sanjitha Sivasubramanian, Mathew Cherian, Pankaj Mehta, JKBC Parthiban

ABSTRACT

Imaging plays a crucial role in spinal cord compression. Routine magnetic resonance imaging (MRI) sequences often detect pathological changes occurring in the cord only in the late stages of the disease process. Diffusion tensor imaging (DTI) is a novel imaging technique which has the potential to identify the course of nerve fiber tracts and detect early microstructural changes occurring in the cord ahead of the other techniques. Cord changes occur in the form of altered DTI values, such as fractional anisotropy, mean diffusivity, which add functional information to the imaging report.

Keywords: Diffusion tensor imaging, Magnetic resonance imaging, spinal cord, spondylosis.

INTRODUCTION

Spinal cord compression continues to be a common clinical problem encountered in any neurological practice. Although several conditions, like tumor, abscess, trauma, malformations, etc. contribute to this clinical entity, intervertebral disk herniation by and large continues to be the single most common etiology of nontraumatic spastic paraparesis and quadriparesis.

In a majority of patients, the disease progresses slowly over the years, after it has been initially detected. The investigation of choice for cervical spondylotic myelopathy (CSM) is magnetic resonance imaging (MRI). The limitation of routine imaging is that the signal changes in the cord occur late in the course of the disease, when the symptoms are nearly irreversible. Hence, there occurs a definite need for imaging techniques which can detect pathological changes in the cord much earlier.

DIFFUSION TENSOR IMAGING

All longitudinal structures imaged are broken down into smaller three-dimensional (3D) units called voxels. Diffusion tensor imaging can track the integrity of longitudinal structures, like white matter tracts by assessing the speed and direction of diffusion in the adjacent voxels. The changes in DTI are evaluated either by ‘fiber tracking techniques’ (tractography) or by measuring DTI anisotropy metrics, like fractional anisotropy, mean diffusivity, transverse and longitudinal diffusivity which are mapped by specialized software provided in the MRI unit, in addition to the routinely employed MRI sequences. Tractographic techniques enable us to trace the path of nerve fiber tracts and identify the deviation or disruption in the course of the tracts (Fig. 2).

DIFFUSION TENSOR IMAGING OF SPINAL CORD

Diffusion tensor imaging of the spinal cord has not gained much popularity as in the brain due to the poor spatial resolution, smaller cross-sectional area of the spinal cord,
CSF pulsations and magnetic susceptibility artefacts. However, current technology with the advent of special techniques enables better resolution with fewer artefacts.

**TECHNIQUE**

Two methods can be employed for spinal cord DTI—the routinely used sagittal DTI and axial. Several studies have shown that the region of interest (ROI) used for calculating the DTI metrics tends to include more of gray matter along with the white matter, as delineation of gray and white matter is not feasible in sagittal plane. However, current technology with the advent of special techniques enables better resolution with fewer artefacts. In the axial plane of imaging the central H shaped gray matter stands out against the peripheral white matter, and the DTI metrics can be computed with values acquired only from the white matter tracts (Figs 3A and B). The commonly used indicators are fractional anisotropy and mean diffusivity.

**PATHOGENESIS**

The fractional anisotropy (FA) values are decreased and ADC values are increased in chronic spondylosis, compared to normal volunteers (Figs 4 and 5). This is well in accordance with the fact that prolonged compression, cell death, demyelination, and degeneration occur resulting in increased extracellular water which increases the ADC and lowers the FA values. These changes are akin to the diffusion model in brain infarcts. Long time of compression on the cord results in turbulent CSF flow to penetrate into the cord substance and induce intramedullary microcystic changes that cannot be imaged in routine magnetic resonance imaging (MRI) studies. On the other hand, in acute compression like trauma, the ADC values show a decline. These altered values in acute injury may mirror the cytotoxic edema with disrupted cell membrane and increased permeability along with loss of axons.

Factors, like signal changes in cord in routine T2 sequence and cervical canal cross-sectional area do not predict the clinical outcome of patients. What these signal changes represent has been a matter of speculation. It could mean pathological states, like edema, gliosis, myelomalacia depending upon the time of presentation. Ischemia of the anterior spinal arteries may well be a causative factor in these hyperintensities.

The information yielded from DTI can clarify the nature of the disease and the chronicity of T2 hyperintensities. Along with the clinical evaluation of patient condition, this can improve the sensitivity of imaging to predict the clinical spectrum of spondylosis.

Bony factors, like stenosis of the cervical canal, disk bulge, thickened ligaments seen in routine MRI can be suggested as reasons for clinical symptoms in a normal appearing cord, but DTI can demonstrate changes by altered parameters which directly imply cord pathology.

**CONCLUSION**

Diffusion tensor imaging can image cord compression at the microstructural level and evaluate microcystic changes, edema at a very early stage, which are not imaged by the normal MRI sequences. Patients with significant symptoms of cord compression show changes in DTI and it may thus provide more functional information...
Figs 4A and B: (A) Diffusion tensor imaging metrics of a normal healthy volunteer with values calculated by placing region of interest (ROI) only in white matter and (B) the fractional anisotropy (FA) and ADC-mean diffusivity values are within normal limits.

Figs 5A to C: A 32-year-old female with C5-6 symptoms: (A) T2 MRI sequence appearing near normal, but showing color change in DTI, (B) the FA values are decreased and ADC increased at C5-C6 level and (C) compared to normal volunteers.
than conventional MR imaging. Axial DTI provides more anatomical information than sagittal DTI. Hence, the routine MRI sequences can be supplemented by this novel MRI technique as a part of functional imaging in cases of cord compression to aid in early diagnosis, and hence better patient management.

REFERENCES