

## Spine: Case 2 cont.

### Prompt:

The patient is a 60-year-old man, with severe neck pain for 2 months, not responding to analgesics. Is there any abnormality of the C2 vertebra?



### GPT-4V:

Based on the provided images, I can provide a general interpretation. However, I must emphasize that I am not a replacement for a radiologist or a medical professional, and it is essential to consult with a healthcare professional for a definitive diagnosis.

**The images appear to be sagittal views of the cervical spine, with both CT (computed tomography) and MRI (magnetic resonance imaging) modalities provided.** The C2 vertebra, also known as the axis, is the second cervical vertebra and sits just below the C1 or atlas.

From the provided images:

**There doesn't appear to be any obvious fractures or dislocations of the C2 vertebra.**

The alignment of the cervical spine appears maintained.

There is no obvious compression or destruction of the vertebral body of C2.

The spinal canal at the level of C2 appears patent without evident spinal cord compression.

The intervertebral discs adjacent to C2 appear intact without signs of significant herniation.

However, this is a basic overview based on the images, and it's essential to have these images reviewed by a radiologist or orthopedic surgeon, especially given the patient's symptoms and non-response to analgesics.

### Reference answer:

Diffuse soft tissue thickening around C2 vertebra with avid postcontrast enhancement and cortical erosions of the odontoid process, suggestive of retropharyngeal infection with periodontal soft tissue involvement and C2 vertebral **osteomyelitis with pathological fracture.**