

# Memorable Cases - Spine



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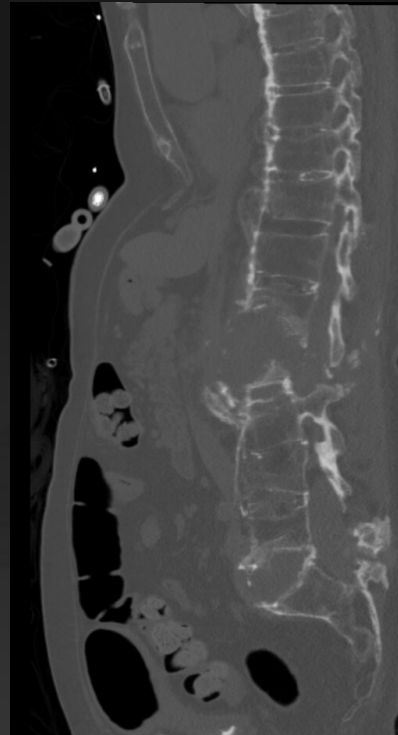
# 69 y/o M with remote cervical spine injury and subsequent quadriplegia presenting for elevated blood pressure



Sagittal MRI T2WI



Sagittal Noncontrast CT



Sagittal Noncontrast CT



Sagittal Noncontrast CT

# Differentials



- Degenerative Disc Disease
- Discitis/Osteomyelitis
- Metastasis
- Charcot spine

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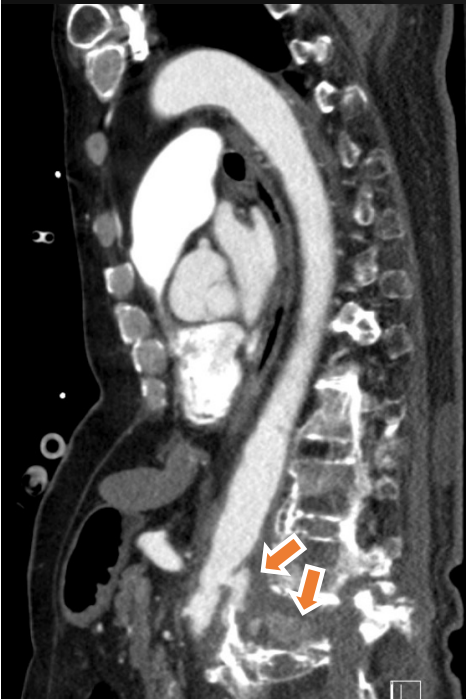


Sagittal Noncontrast CT



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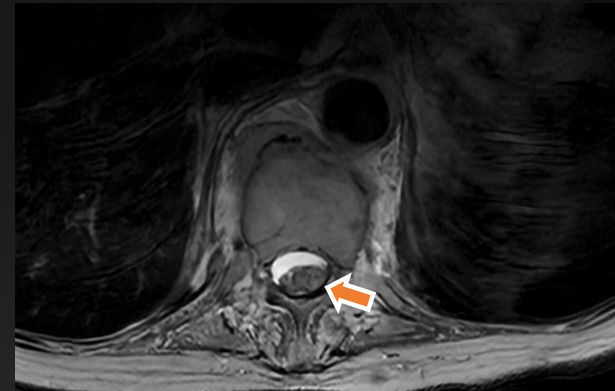
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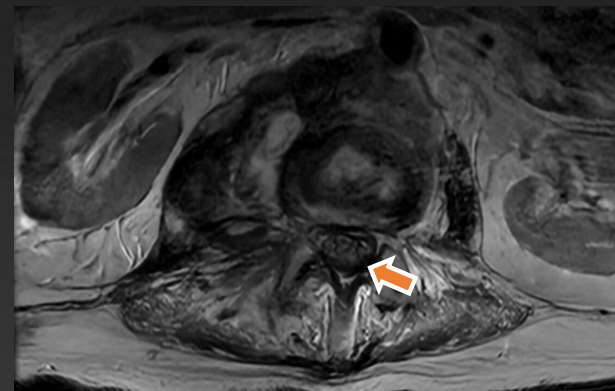
Sagittal CTA



Sagittal MRI T2WI



Axial MRI T2WI



Axial MRI T2WI

# Spinal Neuroarthropathy (Charcot Joint/Spine)



- Progressive degenerative joint disorder in patients with abnormal proprioception and pain sensation
- Pathophysiology
  - Inflammatory response from minor injury resulting in osteolysis
  - In setting of neuropathy, initial injury and inflammatory response not appreciated
  - Perpetuation of further inflammation and injury leading to joint destruction
- Etiology of neuropathy
  - Diabetes mellitus most common overall cause (foot and ankle)
  - Syringomyelia (upper extremity and shoulder)
  - Traumatic spinal cord injury (spine)

# Spinal Neuroarthropathy (Charcot Joint/Spine)



- Stages
  - Atrophic – More common, occurs earlier, bone resorption
  - Hypertrophic – Bone formation, osteosclerosis, osteophytosis
- Diagnosis keys
  - Debris, Destruction, Density change, Distension, Disorganization, Dislocation
  - History of prior spinal injury, anterior and posterior element involvement, spinal malalignment

# Aortic Spinal Fistula



- Aortic fistulas
  - Aortoenteric fistula is a more common variant with many cases described in the literature
  - Very few cases of fistulas between the aorta and spinal column
  - Most cases in the context of prior endovascular aortic aneurysm repair and infection
- This case
  - Rare example of a fistulous connection between the aorta and spinal canal/thecal sac
  - Rare association with Charcot spine

# Thank You!

