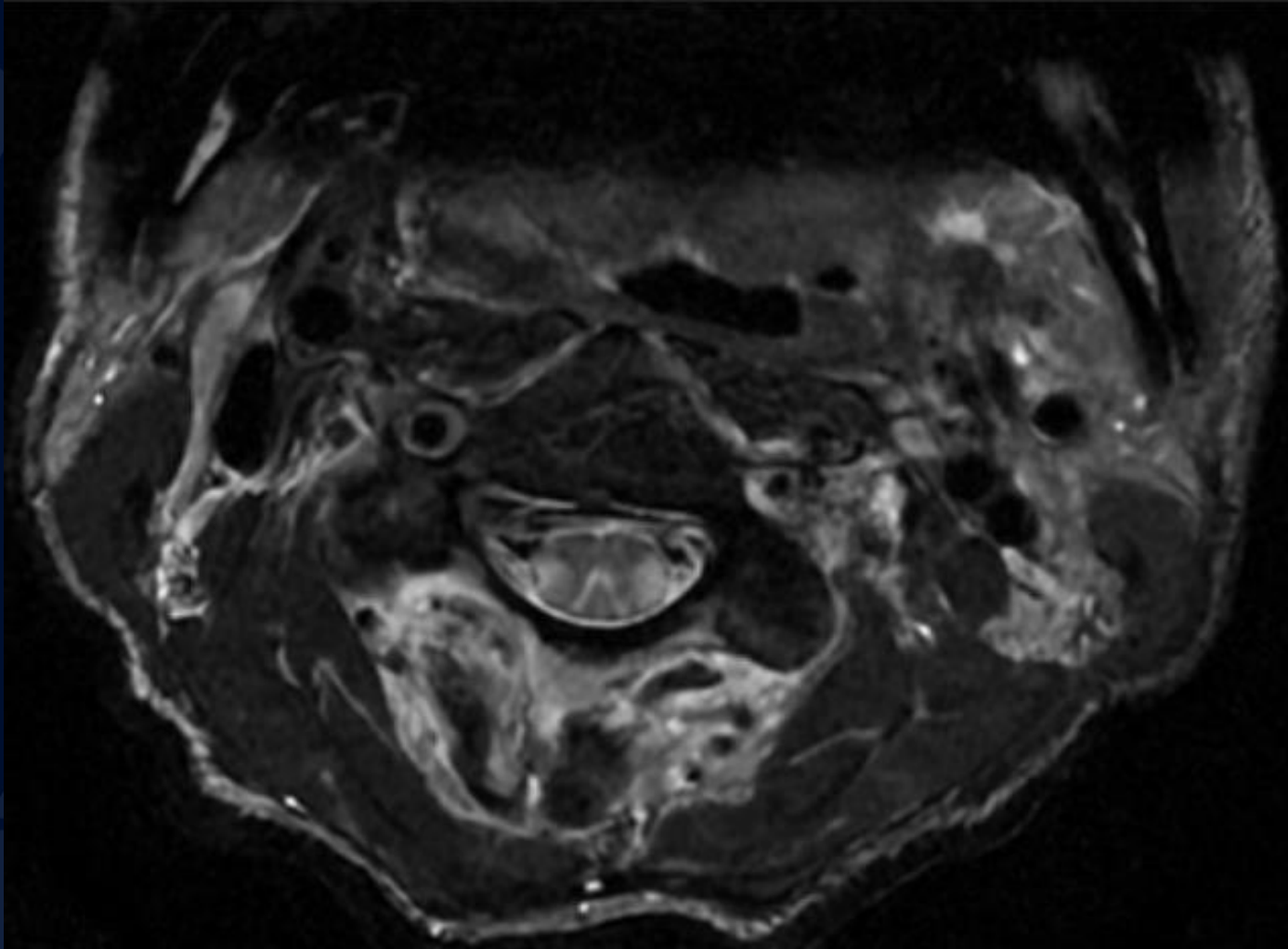


74-year-old man with leg paresthesias and altered sense of taste

Emilse Almanza, MS3

Cervical Axial T2



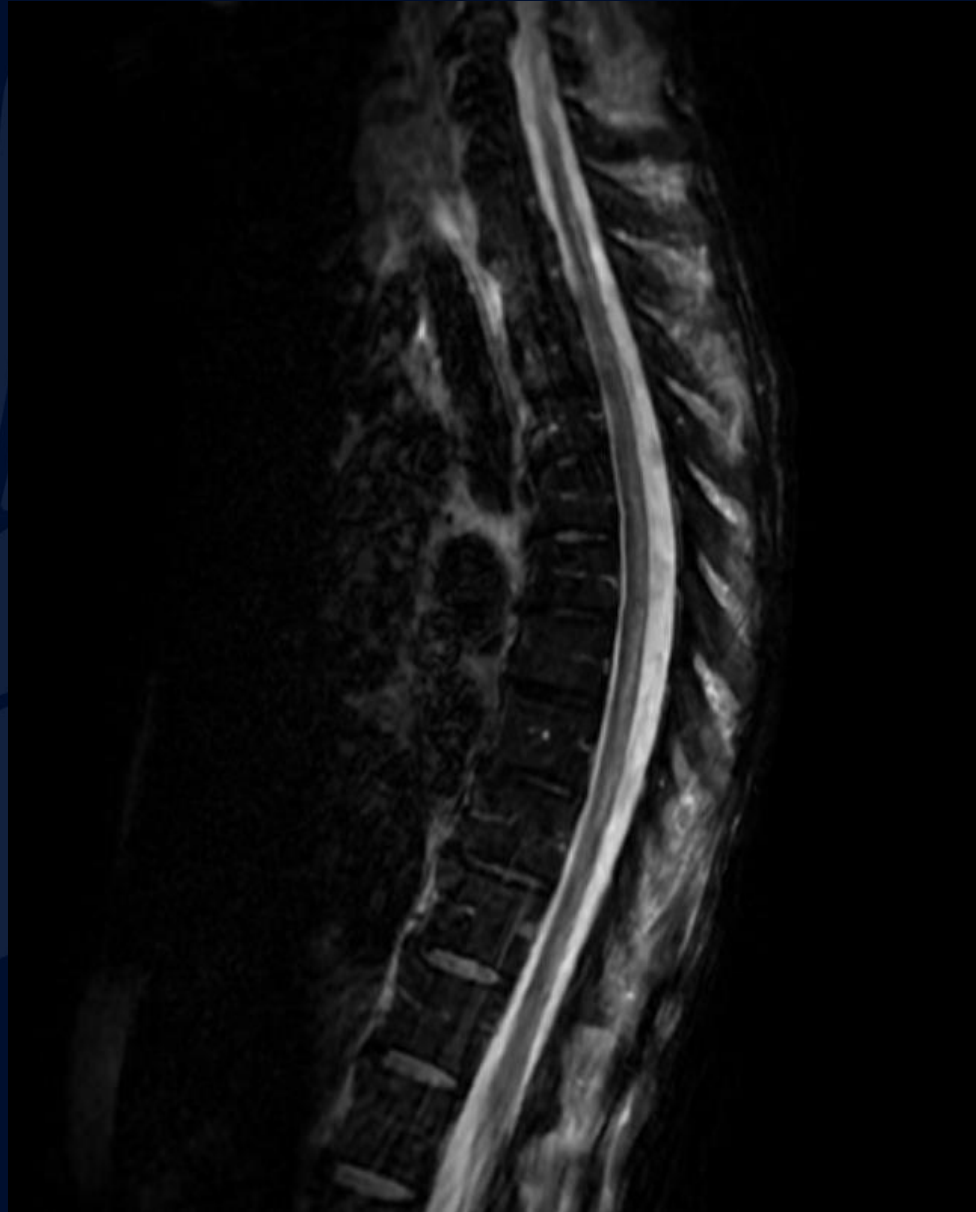
Cervical Sagittal STIR



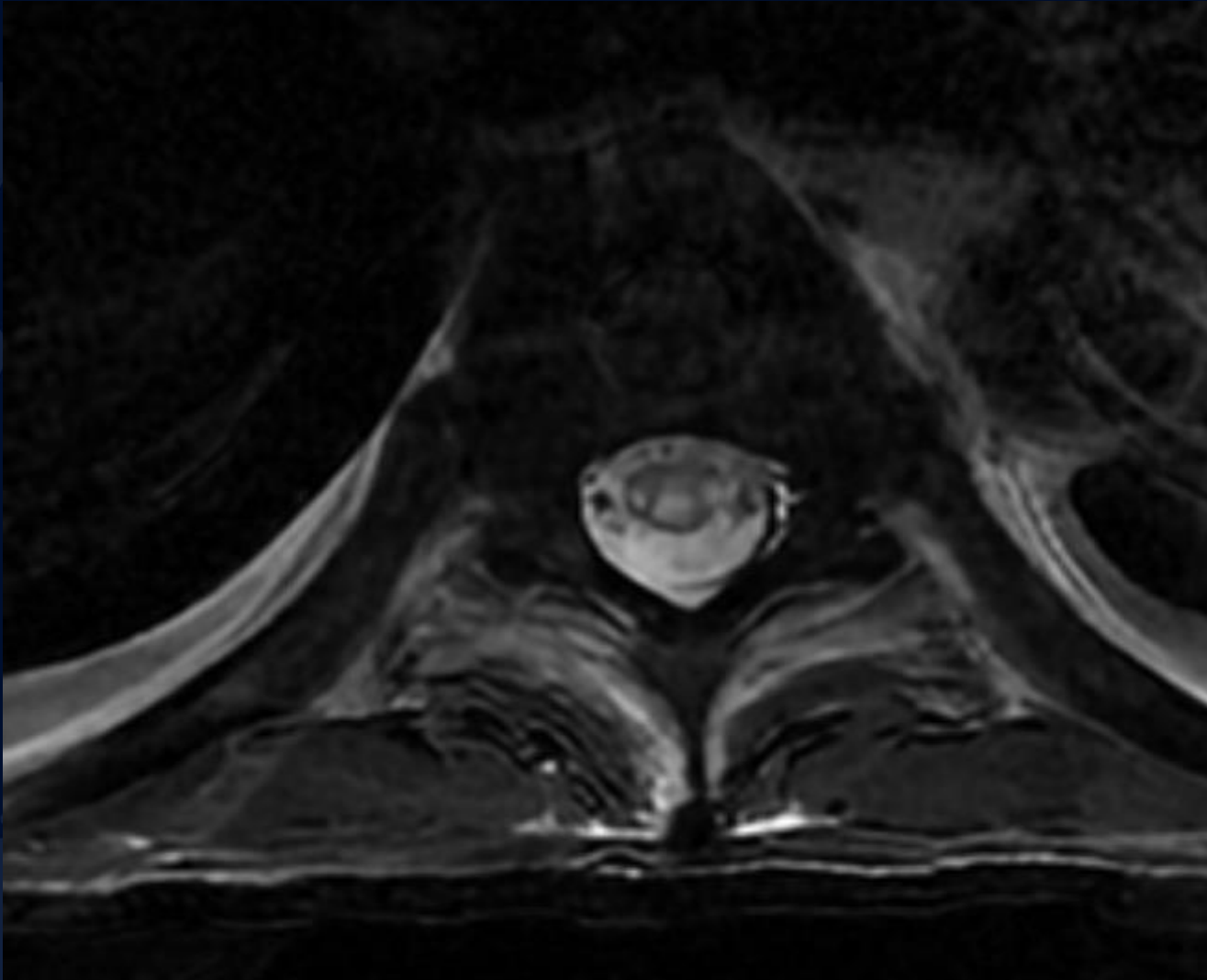
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HEALTH

RADIOLOGY

Thoracic Sagittal STIR



Thoracic Axial T2

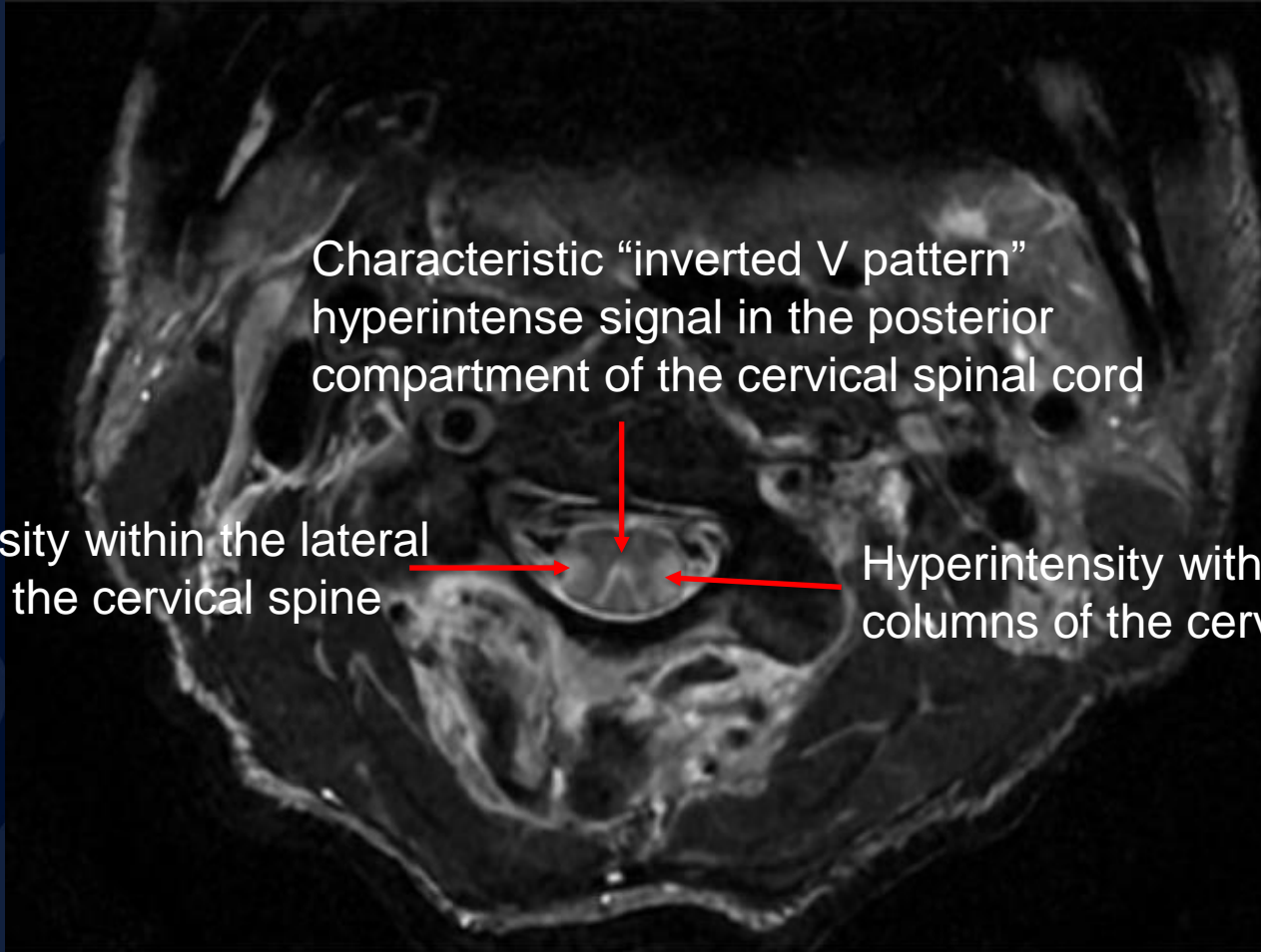




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Subacute Combined Degeneration

Cervical Axial T2

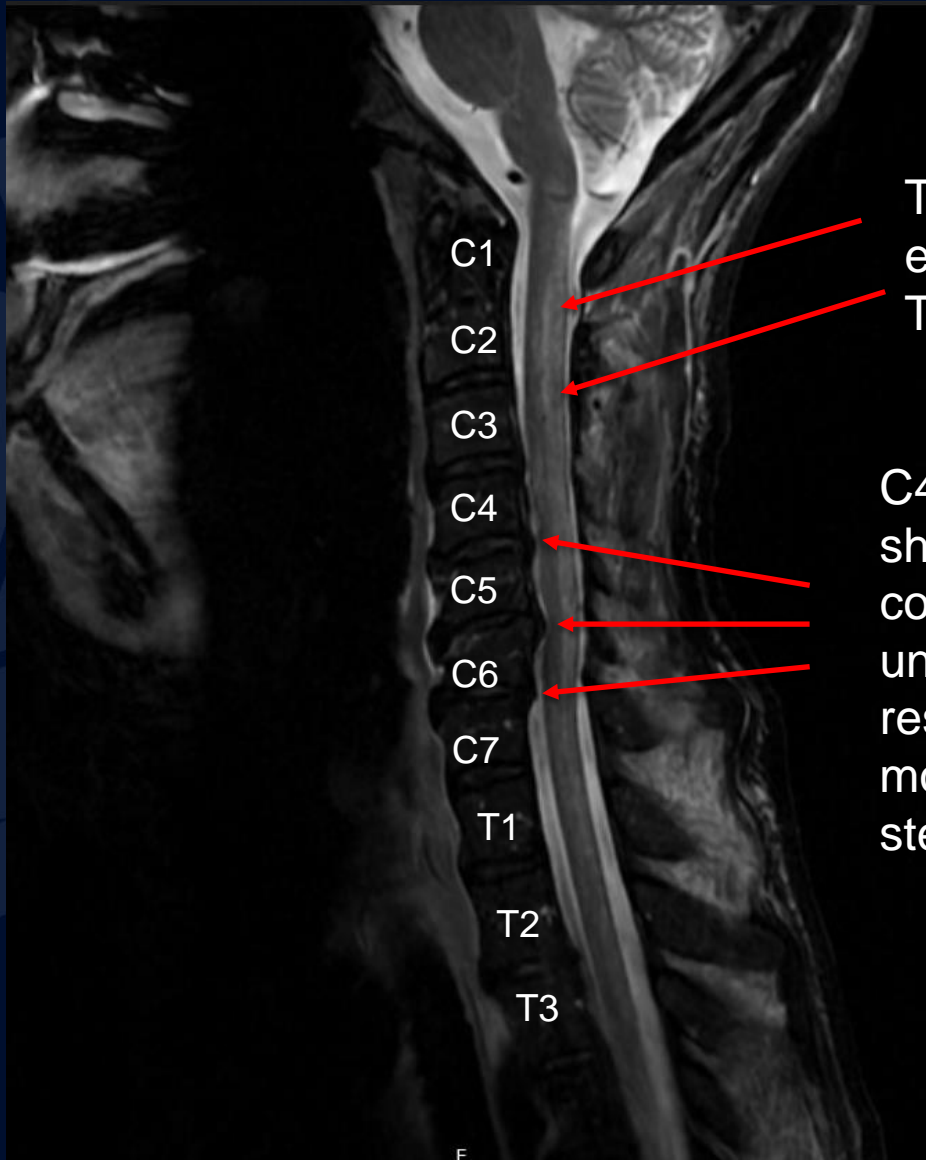


Characteristic “inverted V pattern”
hyperintense signal in the posterior
compartment of the cervical spinal cord

Hyperintensity within the lateral
columns of the cervical spine

Hyperintensity within the lateral
columns of the cervical spine

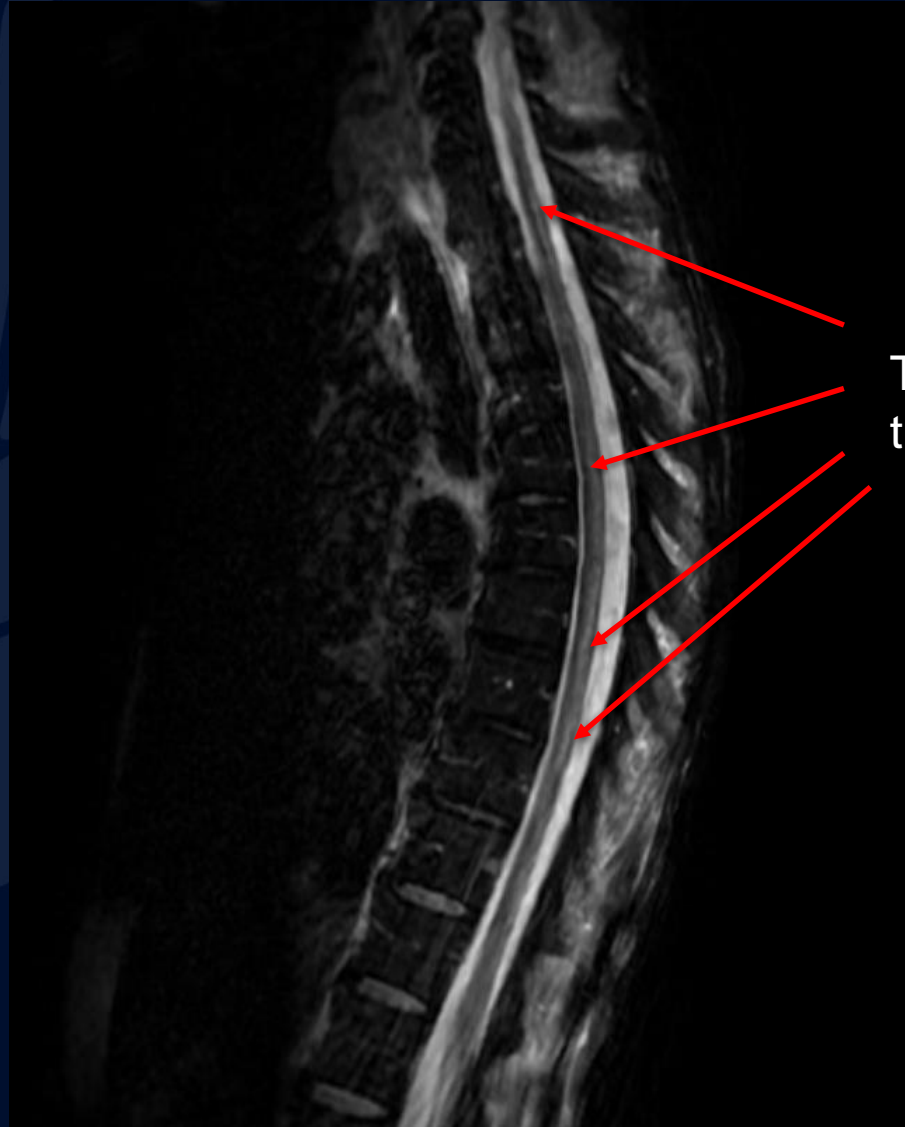
Cervical Sagittal T2



T2 hyperintense signal extending down from C1 to T12 (next slide)

C4-C5, C5-C6, C6-C7 show disc osteophyte complex with uncovertebral hypertrophy resulting in mild to moderate spinal canal stenosis

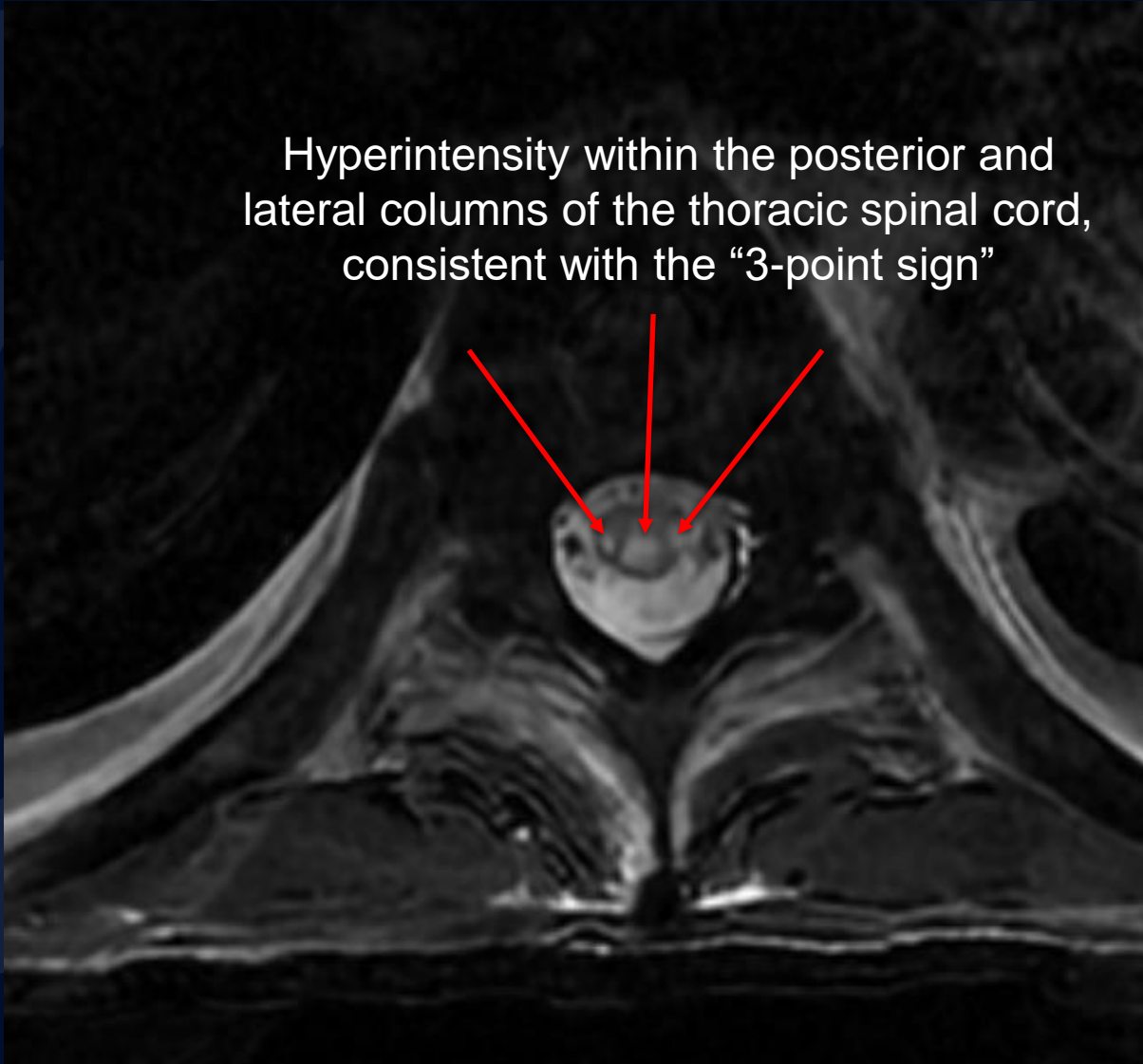
Thoracic Sagittal STIR



T2 hyperintense signal in the thoracic cord

Thoracic Axial T2

Hyperintensity within the posterior and lateral columns of the thoracic spinal cord, consistent with the “3-point sign”



Subacute Combined Degeneration (SCD)

- SCD:
 - Relatively rare myelopathy mainly caused by vitamin B12 deficiency and characterized by demyelination of the posterior columns of the cervical and/or thoracic spinal cord
- Clinical presentation:
 - Progressive weakness, ataxia, symmetric paresthesias that may progress to spasticity and paraplegia
 - Other findings can include depression, irritability, insomnia, cognitive slowing, visual disturbances, peripheral sensory deficits and abnormal deep tendon reflexes
- MRI findings commonly seen in SCD including:
 - Symmetric bilateral hyperintensities within the dorsal columns → Inverted “V” sign
 - Hyperintensities within the lateral columns involving the lateral corticospinal tract and sometimes the lateral spinothalamic tract as well

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