

Spine Case 84

EXAM: MRI lumbar spine

INDICATION: 26-year-old female with history of L5-S1 disc herniation causing S1 radiculopathy on the right side, status post right L5-S1 foraminotomy, discectomy, and right L5-S1 hemilaminectomy. Patient returns with right leg pain.

TECHNIQUE: The following MRI sequences were performed: Sagittal and axial T1 and T2, sagittal STIR. Sagittal and axial T1 post-contrast.

FINDINGS:

The right L5-S1 hemilaminotomy defect is appreciated. At this level there is soft tissue impinging upon and dorsally displacing the right S1 nerve root within the lateral recess and mildly narrowing the right L5-S1 foramen without impingement upon the right L5 exiting nerve root. This enhancing ill-defined soft tissue enters the laminectomy defect, tracking around the right side of the thecal sac and to at least some extent wrapping around especially the posterior and lateral aspects of the proximal descending part of the right S1 nerve root. Thus, it appears that there is at least a modest amount of granulation/scar tissue encasing and displacing the S1 right nerve root. This is minimal non-enhancing disk material at this level. Associated moderate disk space narrowing of L5-S1 is seen with decreased T2 signal within the intervertebral disc.

Overall, lumbar spine vertebral body heights are normal. Alignment is maintained throughout the lumbar spine. There are Schmorl's nodes within the inferior endplates of T12 and L1. The mild disc space narrowing at L1-L2 is noted with minimal central loss of T2 signal in the disc indicating early degeneration. Marrow signal appears unremarkable.

Remainder of Levels -

T12-L1: No central canal or foraminal stenosis.

L1-L2: Minimal disc bulge with mild ventral thecal sac effacement, without central canal or foraminal stenosis.

L2-L3: No disc disease, central canal, or foraminal stenosis.

L3-L4: No disc disease, central canal, or foraminal stenosis.

L4-L5: No disc disease, central canal, or foraminal stenosis.

L5-S1: As described above.

The spinal soft tissues superficial to the L5-S1 level show postsurgical scarring. The prevertebral soft tissues appear unremarkable.

IMPRESSION:

1. A combination of predominantly enhancing granulation or scar tissue and a small amount of non-enhancing disk material impinge and encircle respectively the proximal descending part of the right S1 nerve root

