CT Myelography

With the introduction of spinal surface coil technology and gradient echo sequences in the late 1980s, MRI rapidly replaced intrathecal contrast myelography as the standard imaging method for assessment of the cervical spinal cord and nerve roots. The two investigations are performed in very different anatomical positions. Standard cervical spine MRI is performed in a coil that is designed to make the patient comfortable, to minimise movement-related artefacts. This generally results in a position of mild extension of the neck. On the other hand, the majority of images for plain cervical myelography are obtained with the patient prone and the neck hyperextended so as to retain myelographic contrast within the cervical lordosis. CT myelography (CTM) is typically performed with the patient supine and with the neck straight or mildly flexed; however, CT myelography can also be performed in the prone position with the neck extended [1].

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Graham CB, Wippold FJ, Bae KT, Pilgram TK, Shaibani A, Kido DK. Comparison of CT myelography performed in the prone and supine positions in the detection of cervical spinal stenosis. Clin Rad 2001;56:35–9