



 IMAGES OF SPINE CARE

Cervical myelopathy caused by anomalies at the craniovertebral junction

A 46-year-old woman was admitted to our department with dizziness for 1 month. Neurologic examination revealed hypesthesia on the left side, hyperreflexia in the right extremities and positive Babinski reflexes bilaterally. Magnetic resonance image and computed tomography scan were performed and demonstrated hyperplasia of the squamous occipital bone and the posterior arch of the atlas and hypoplasia of the posterior arch of C1 (Figure). A dorsal midline approach was performed to decompress the cervicomedullary junction. Postoperatively, the patient did well and had no neurologic deficits.

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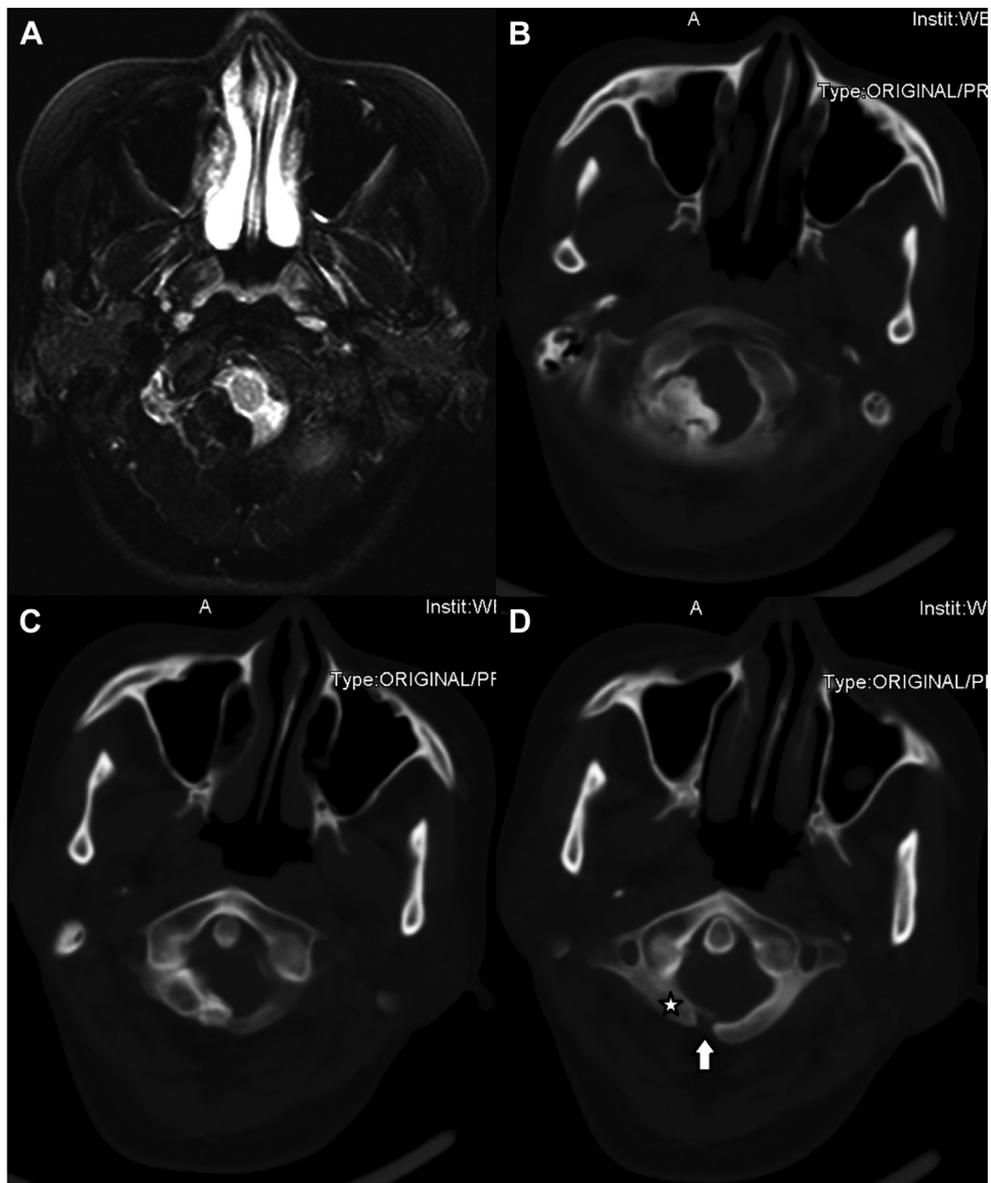


Figure. (A) Axial T2-weighted imaging of the craniocervical junction showing a hypertrophied squamous occipital bone with compression of the medulla and cerebellar tonsils; (B–D) serial axial computed tomography scans clearly demonstrating the hypertrophy of the squamous occipital bone and the posterior arch of the atlas (star) causing significant canal stenosis and a defect of the posterior arch of C1 (arrow).