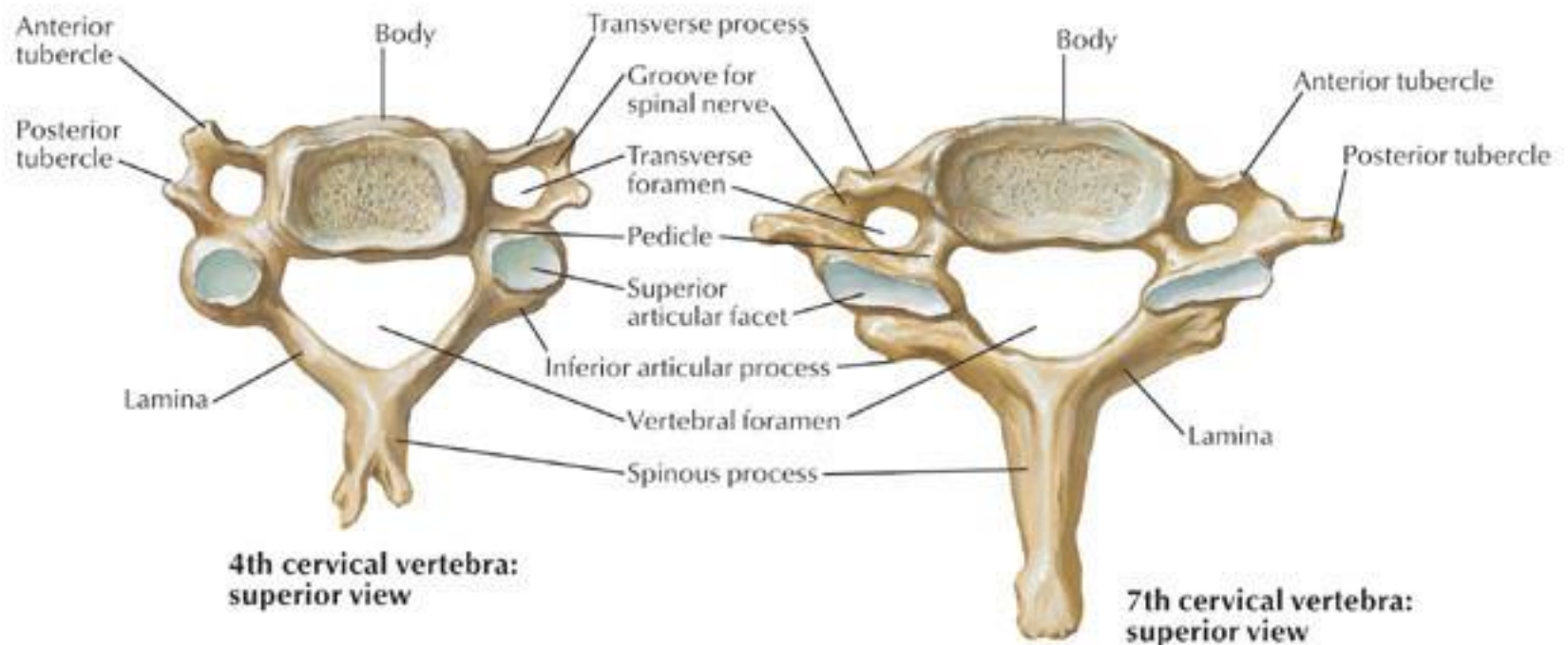
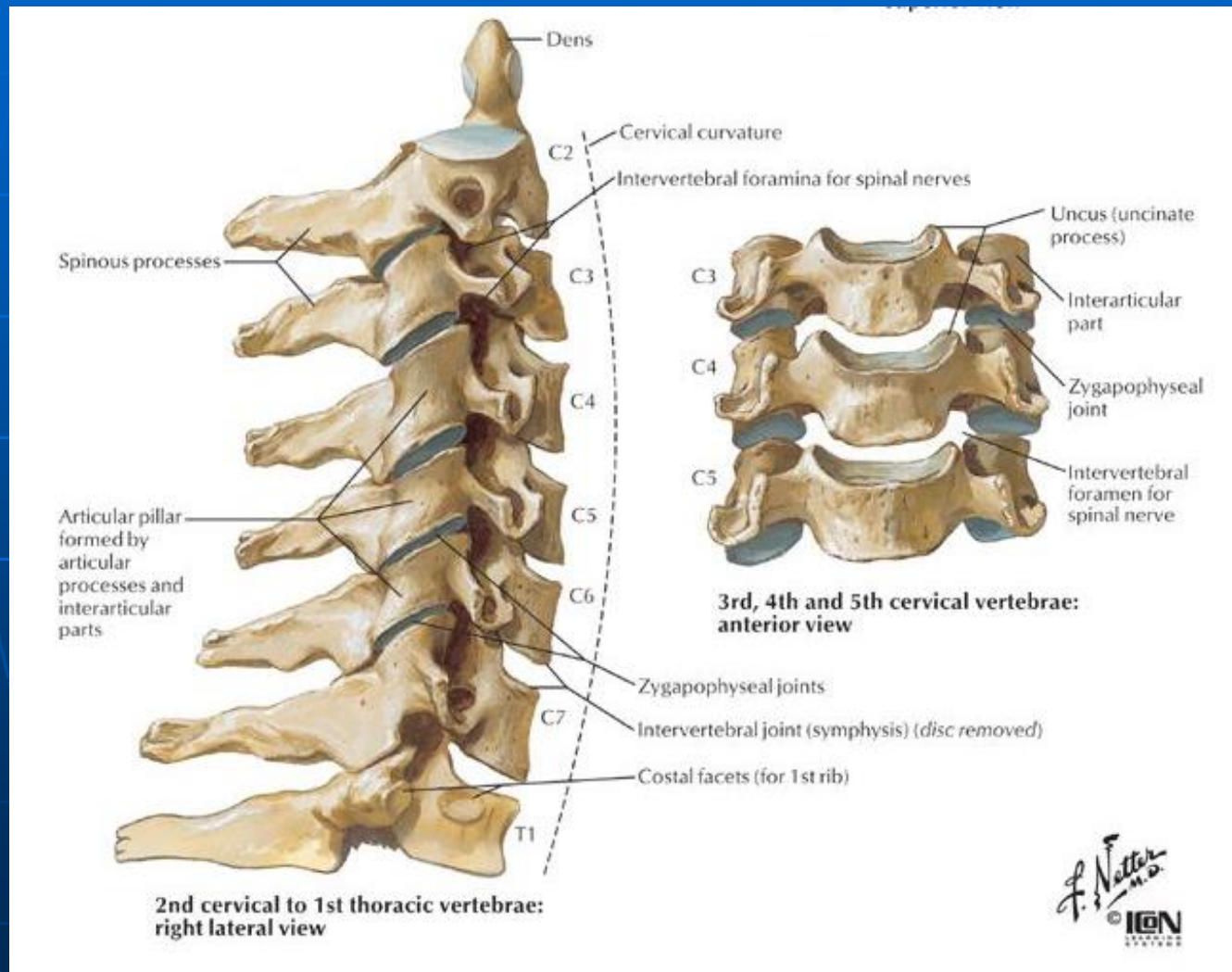
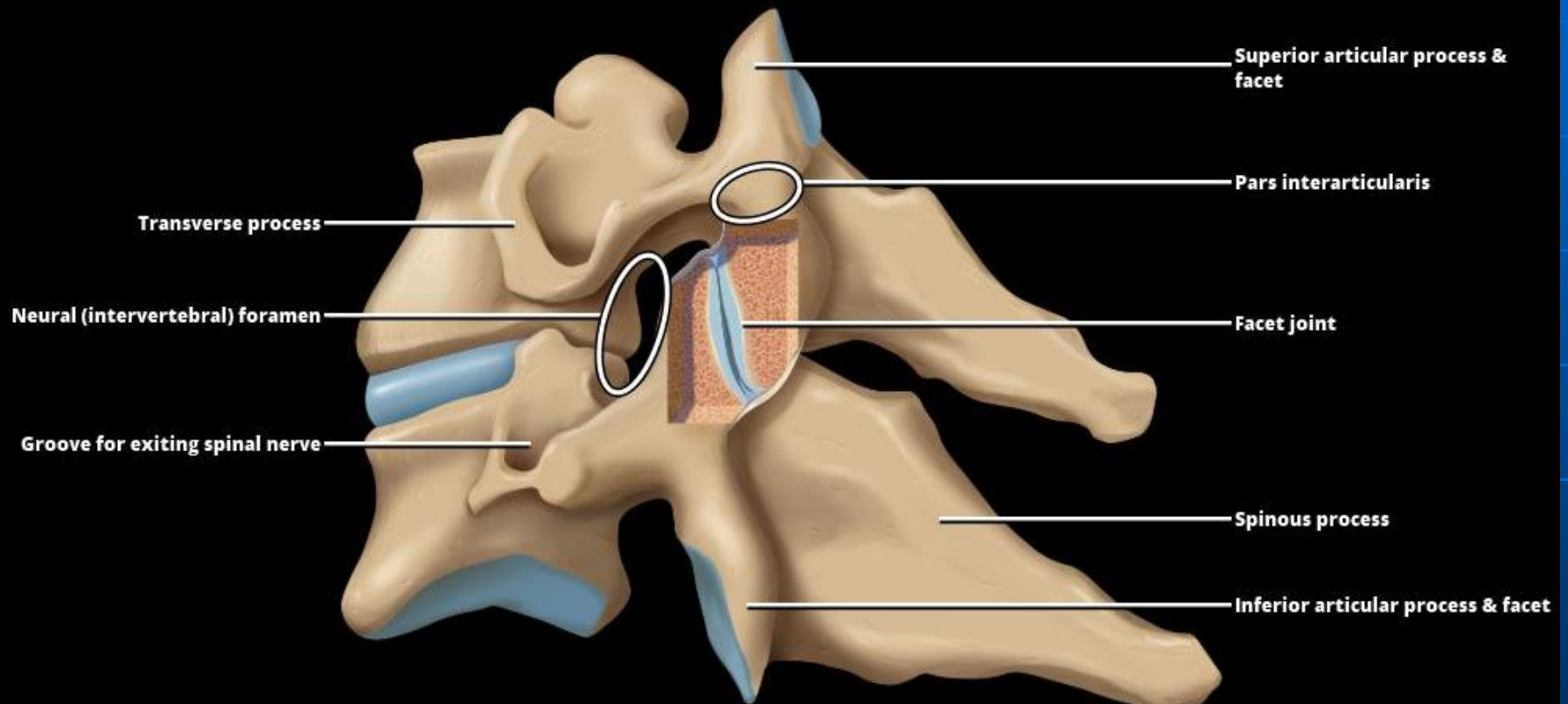


Axial

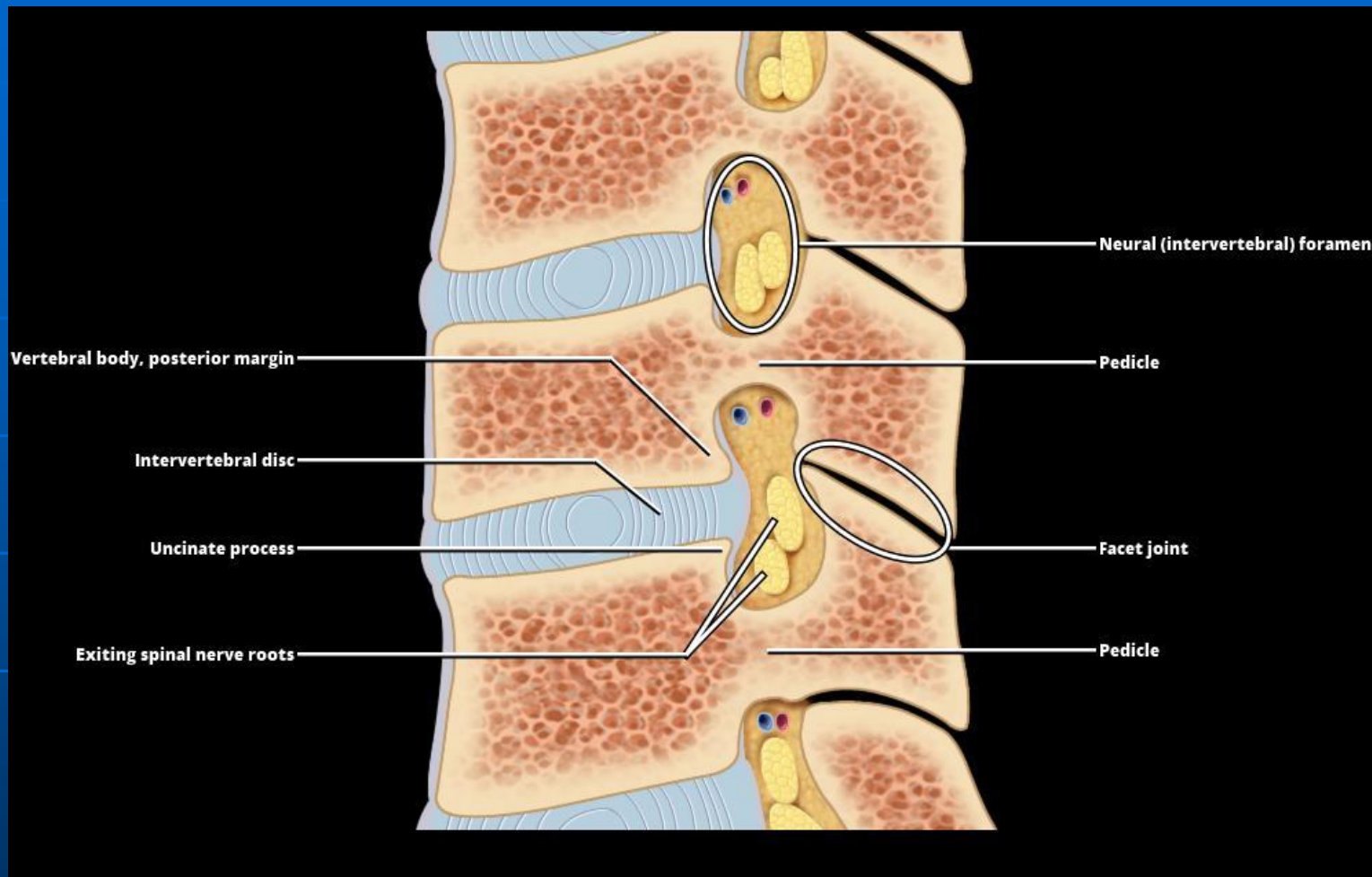


Coronal & Saggital





Lateral graphic of 2 consecutive typical cervical vertebrae with cutout shows facet (zygapophyseal) joint detail. Note also the prominent groove on superior surface of transverse process for exiting spinal nerves.



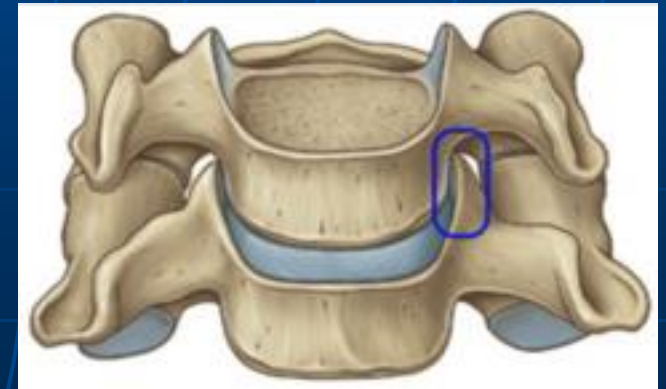
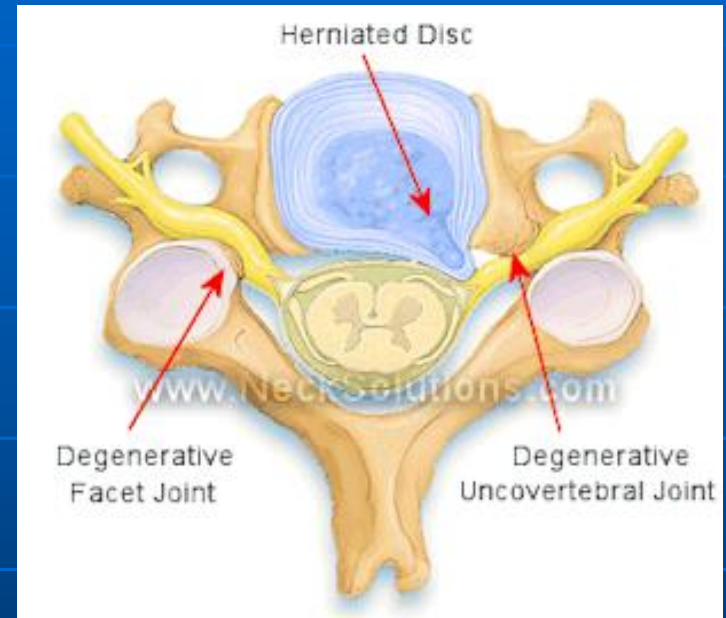
Sagittal graphic through cervical neural foramen shows position of exiting spinal nerves within lower part of neural foramen.

Neural foramina are oriented anterolaterally (compare with thoracic and lumbar regions).

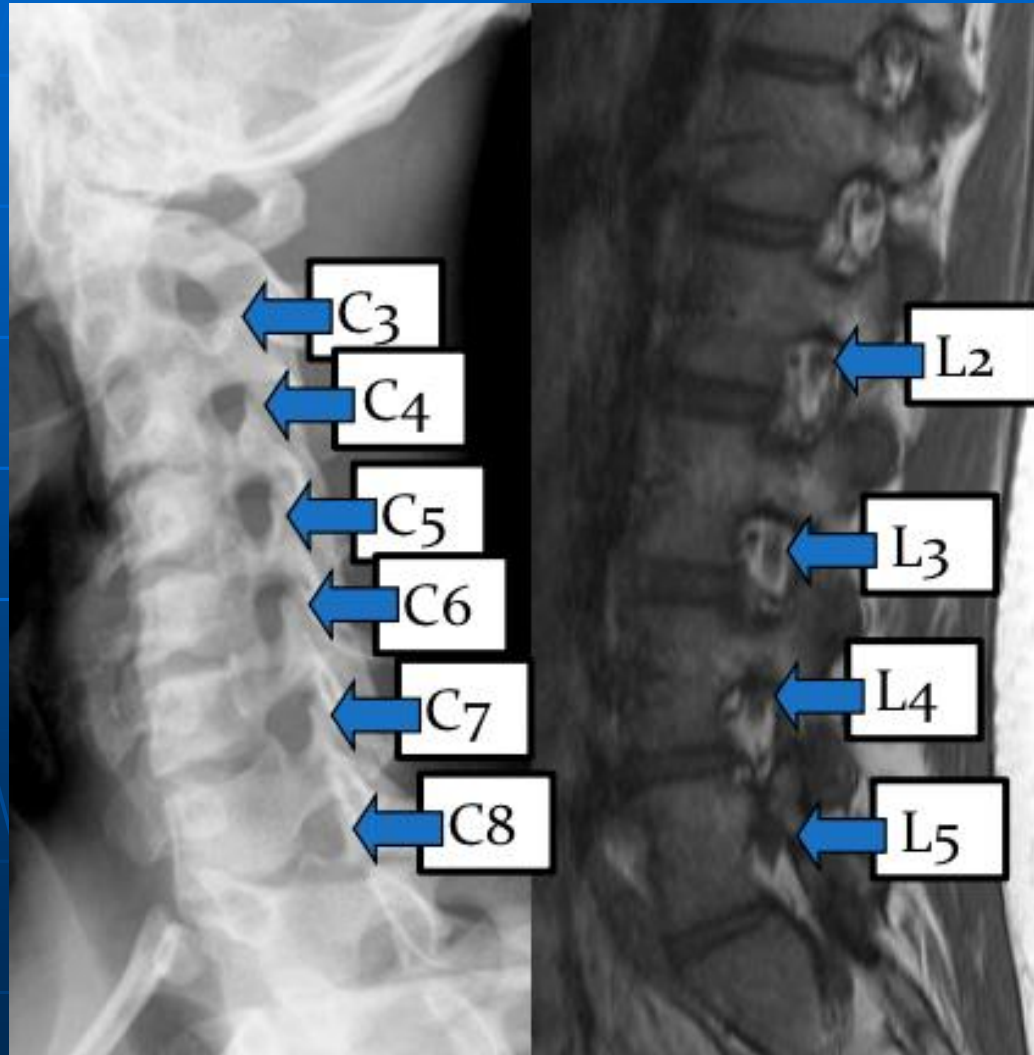
Anterior boundary of neural foramen includes uncinat process, intervertebral disc, and vertebral body from inferior to superior. Pedicles form superior and inferior boundaries. Posterior boundary is the facet joint complex.

Uncovertebral joints (of Luschka)

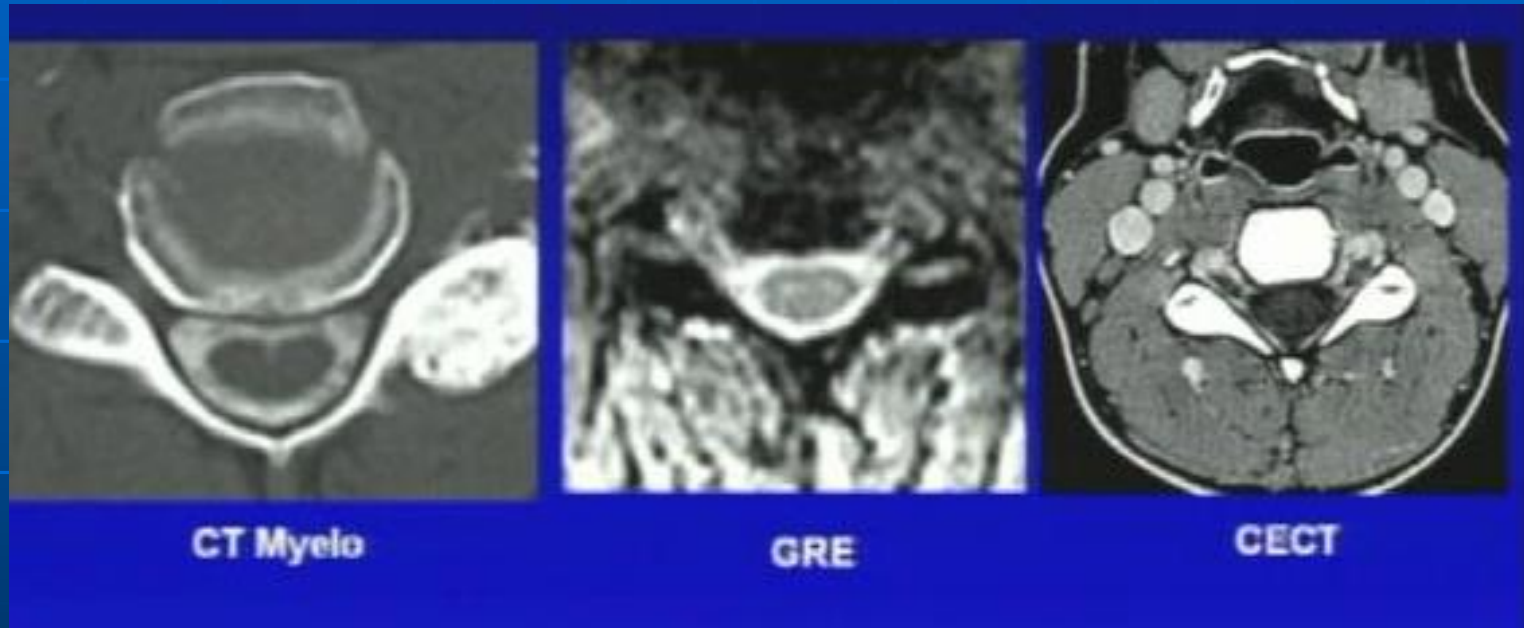
- C2-3 thru C6-7 @ posterolateral vertebra/disc
- None at C7-T1
- Barrier to posterolateral disc herniations in C-spine
- Osteophytes often narrow neural foramina



C –Spine Nerve Roots



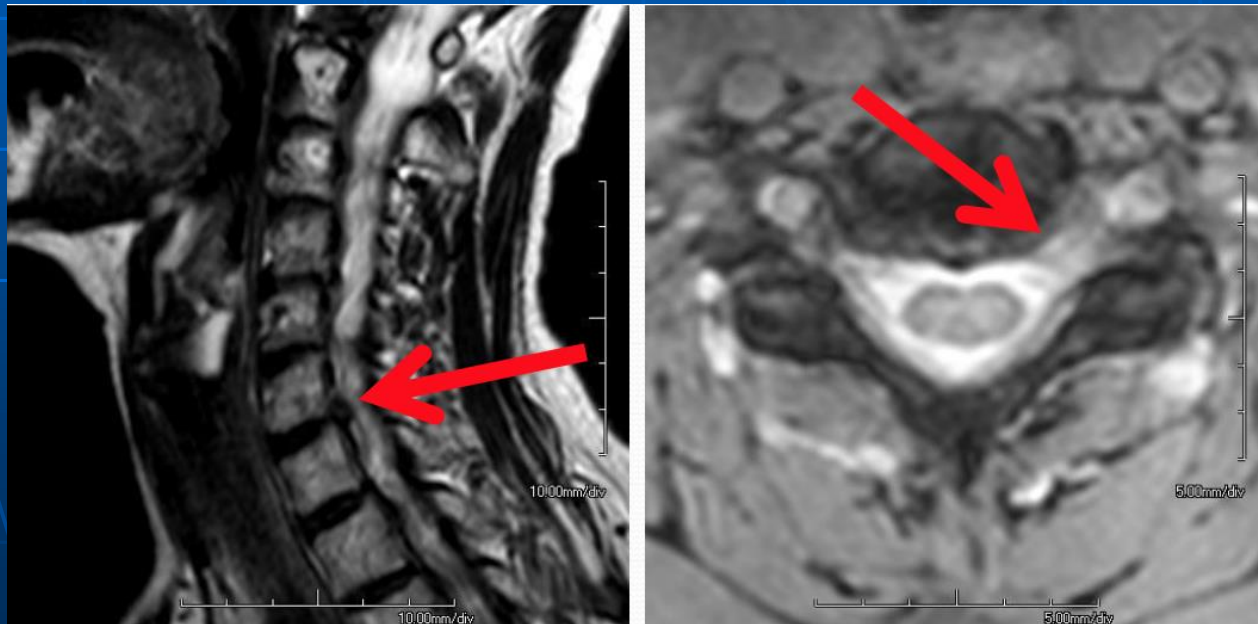
Cervical Spine



Prominent T2 signal in Neural foramen is not CSF, it is normal prominent Venous epidural plexus.

Look out for very small HNPs

- Small HNPs can still be very symptomatic



Osteophytes

- Disk/osteophyte complex" or "hard disc"
- Gradient-echo imaging in cervical spine helps distinguish disc from osteophyte
- Hypointense → osteophyte;
Hyperintense → disc