

# DISH

- Exact cause for exaggerated new bone formation stimuli unknown
  - Exuberant enthesial reaction at tendon, ligament, and joint capsule insertions
  - Associated with OPLL
  - Dysphagia related to DISH multifactorial
- Primary diagnostic criteria for DISH
  - Flowing anterior ossification extending over at least 4 contiguous vertebral bodies
  - No apophyseal or SI joint ankylosis
  - Mild degenerative disc changes, no facet ankylosis

# Diffuse Idiopathic Skeletal Hyperostosis

- Older males,  $M \gg F$
- Largely asymptomatic
- “Flowing osteophytes”,  $\geq 4$  levels •  
Preserved disc spaces
- Facets, SI joints not involved
- $\uparrow$  risk of fracture/dislocation
- “High risk” criteria for imaging



Sagittal graphic shows bulky flowing ossification of the anterior longitudinal ligament extending over more than 4 contiguous vertebra. Disc spaces are relatively preserved.



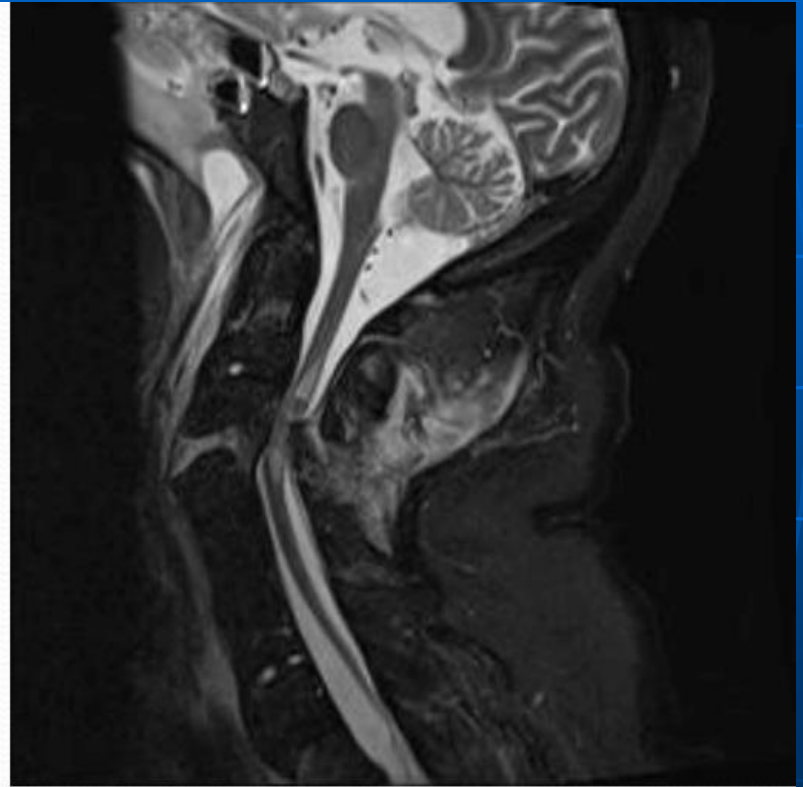
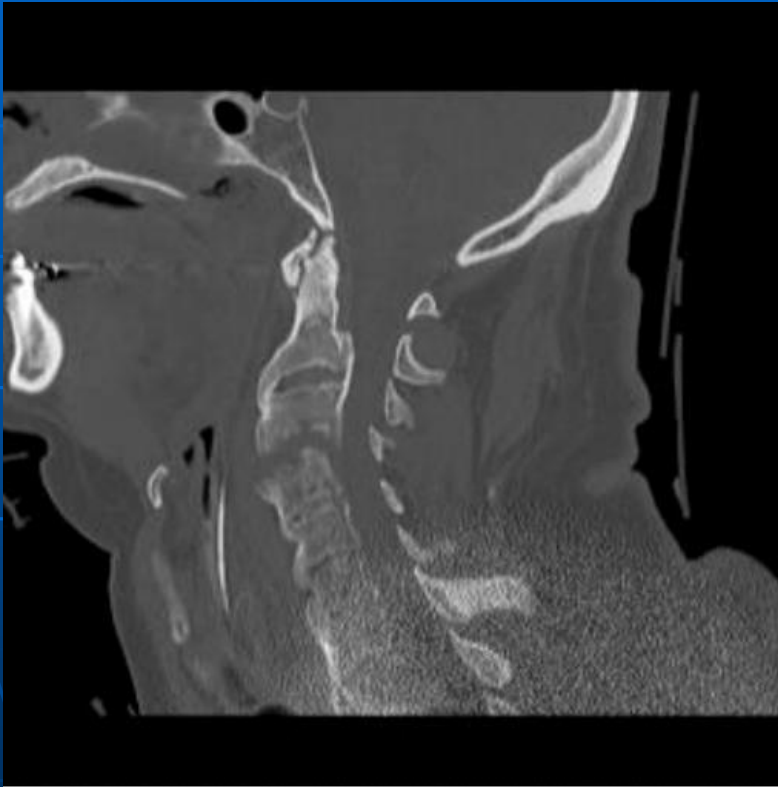
Lateral radiograph shows a large anterior ossified mass that is discontinuous at several disc spaces, a variation implying some degree of continued cervical spine mobility.



Sagittal T1WI MR right parasagittal slice shows bulky flowing ALL ossification (white solid arrow) spanning more than 4 vertebral levels, but minimal disc abnormality that is typical of DISH.



# DISH with Fracture



# DISH w Retro-Odontoid Mass

