A 44-year-old woman, with a childhood history of motor vehicle accident, was referred to neurosurgery due to progressive tetraparesis, inability to walk, generalized hyperreflexia, and bilateral extensor plantar reflexes (American Spinal Injury Association Impairment Scale D/Japanese Orthopaedic Association score 7), without bowel/bladder dysfunction. Dynamic MRI (Figures 1 and 2) showed spinal cord edema/gliosis at the C1 level and atlanto-axial subluxation. During flexion, severe canal stenosis was observed, confirming atlanto-axial instability. Posterior arthrodesis was performed and resulted in resolution of instability after 3 months. Dynamic MRI in the supine position can be an accurate technique to unveil occult cervical canal stenosis.\textsuperscript{1,2} Although most cases are revealed or aggravated during extension, flexion should also be tested.\textsuperscript{2}

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The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.
Axial T2-weighted imaging at rest at the level of C1 confirms the bilateral spinal cord hyperintense lesion, in keeping with gliosis/edema.

References


Appendix Authors

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miguel Quintas-Neves, MD</td>
<td>Department of Neuroradiology, Hospital de Braga, Portugal</td>
<td>Acquisition of data, clinical and imaging data review, literature review, final manuscript writing</td>
</tr>
<tr>
<td>Angelo Carneiro, MD, MSc</td>
<td>Department of Neuroradiology, Hospital de Braga, Portugal</td>
<td>Clinical and imaging data review, literature review, final manuscript writing</td>
</tr>
</tbody>
</table>
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Miguel Quintas-Neves and Ângelo Carneiro
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