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Teaching Atlas of Spine Imaging.

RG Ramsey

AJNR Am J Neuroradiol 2001, 22 (1) 223

<http://www.ajnr.org/content/22/1/223>

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Teaching Atlas of Spine Imaging. Ramsey RG, Thieme, New York, NY:1999.

I believe that of all the imaging radiologists perform, spine imaging is the most difficult and deserves more consideration than it is given. One needs much time to consider the several dozen joint spaces, all the bone and soft tissue interfaces, and the multiple sources of artifact that can easily mislead the harried radiologist. Some radiologists are tempted to issue lengthy reports that clinicians are loath to read. It takes great skill to review, analyze, and accurately summarize such a difficult part of the human anatomy. The creation of a teaching atlas of the spine holds just as great a challenge, and I think Dr. Ramsey has met that challenge.

Ramsey's focus on MR imaging of spinal disease greatly complements Reznick's exhaustive six-volume work, in which spinal manifestation of disease is addressed as part of each chapter discussion. The depth of Ramsey's work also compares very well with Osborn's treatment of spine imaging in her book *Diagnostic Neuroradiology*. Though her discussion of spine imaging is very instructive, it had to share space with brain imaging.

Ramsey's book is divided into 12 sections organized in logical sequence, starting with the healthy anatomy of the cervical, thoracic, and lumbar spine. Discussion and illustrations of sacral spine anatomy were omitted, however. Sections 2, 3, and 4 cover congenital malformations, primary tumors within the thecal sac, and trauma, respectively. Sections 5 and 6 subdivide metastatic disease to the spinal column from spinal meningeal carcinomatosis. Section 7, on inflammatory disease, ranges from the common (discitis/osteomyelitis) to the rare (cytomegalovirus radiculitis). Degenerative disease and other acquired arthritic

conditions form the substance of sections 8–10 on the cervical, thoracic, and lumbar spine. Cases that do not fit well into the first 10 sections are covered in section 11, and there are a series of unknowns in section 12.

Each case is outlined with a clinical presentation, radiologic findings, a statement of diagnosis and differential diagnosis, and finally, a brief discussion. In the margin are highlighted “pearls” and “pitfalls” emphasizing key points that should not be overlooked. With 869 pages of text and at least as many illustrations, Ramsey's treatment of spine imaging is very comprehensive. Her emphasis is on MR imaging, but deals with conventional radiography and CT when necessary. Every chapter is thoroughly referenced for those who need to research further.

Several illustrations had many arrows of different size and shape, with letters and other markings, which may be somewhat distracting. This is not a criticism, but rather an observation of a hazard inherent in the communication of such a complicated subject. This would be a good book to reproduce on compact disk, with hypertext to aid in searching through the complicated findings, and with a split screen to compare the similarities and differences between differential diagnoses.

This book is an essential resource for radiologists. Dr. Ramsey has taken a monumental subject and condensed it into a form that is clear and logical, yet still comprehensive. She has reduced the entire sum of spine imaging to its irreducible minimum. Radiologists will benefit by having one reference that provides the key illustrations, with a succinct discussion of each case.