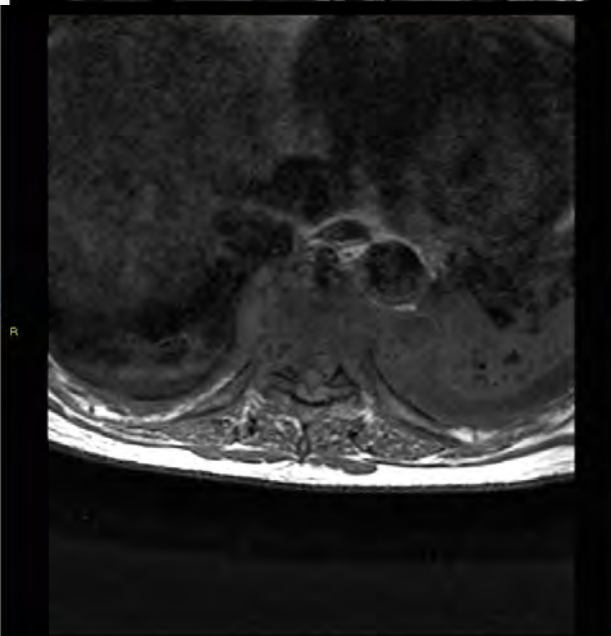
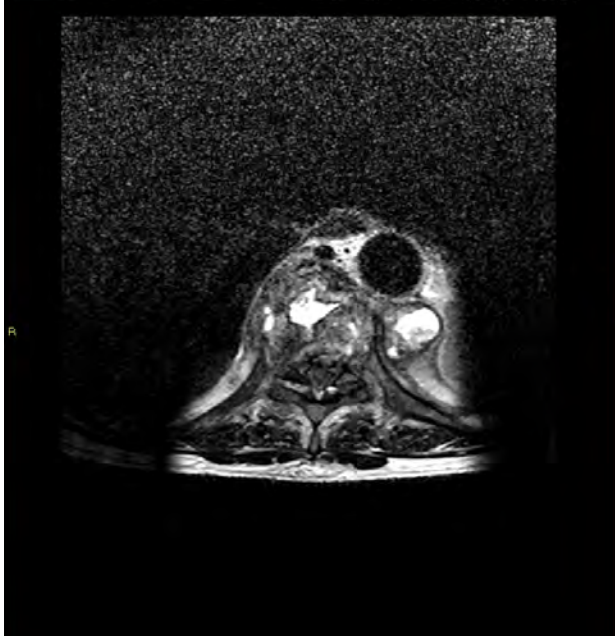
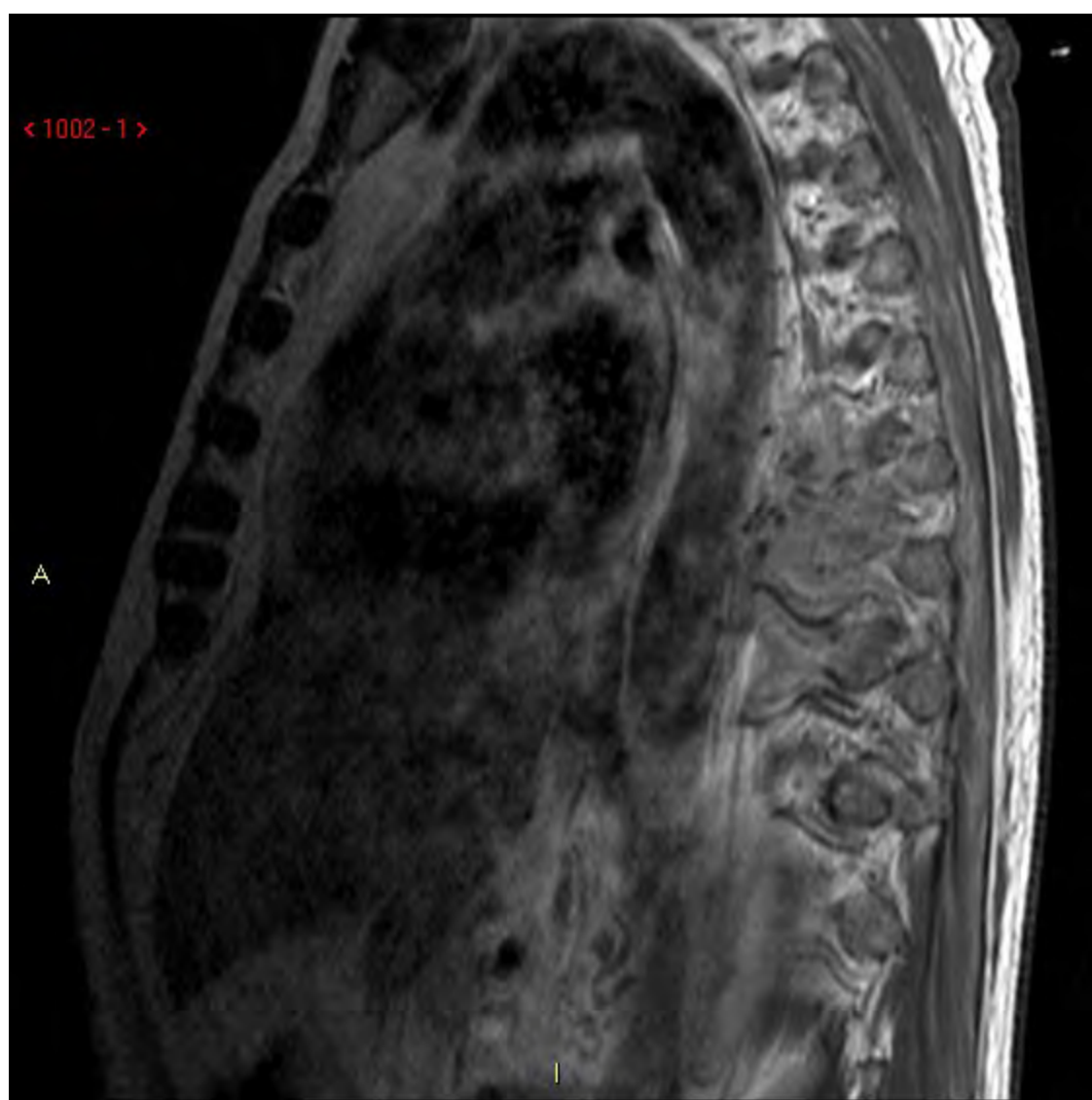


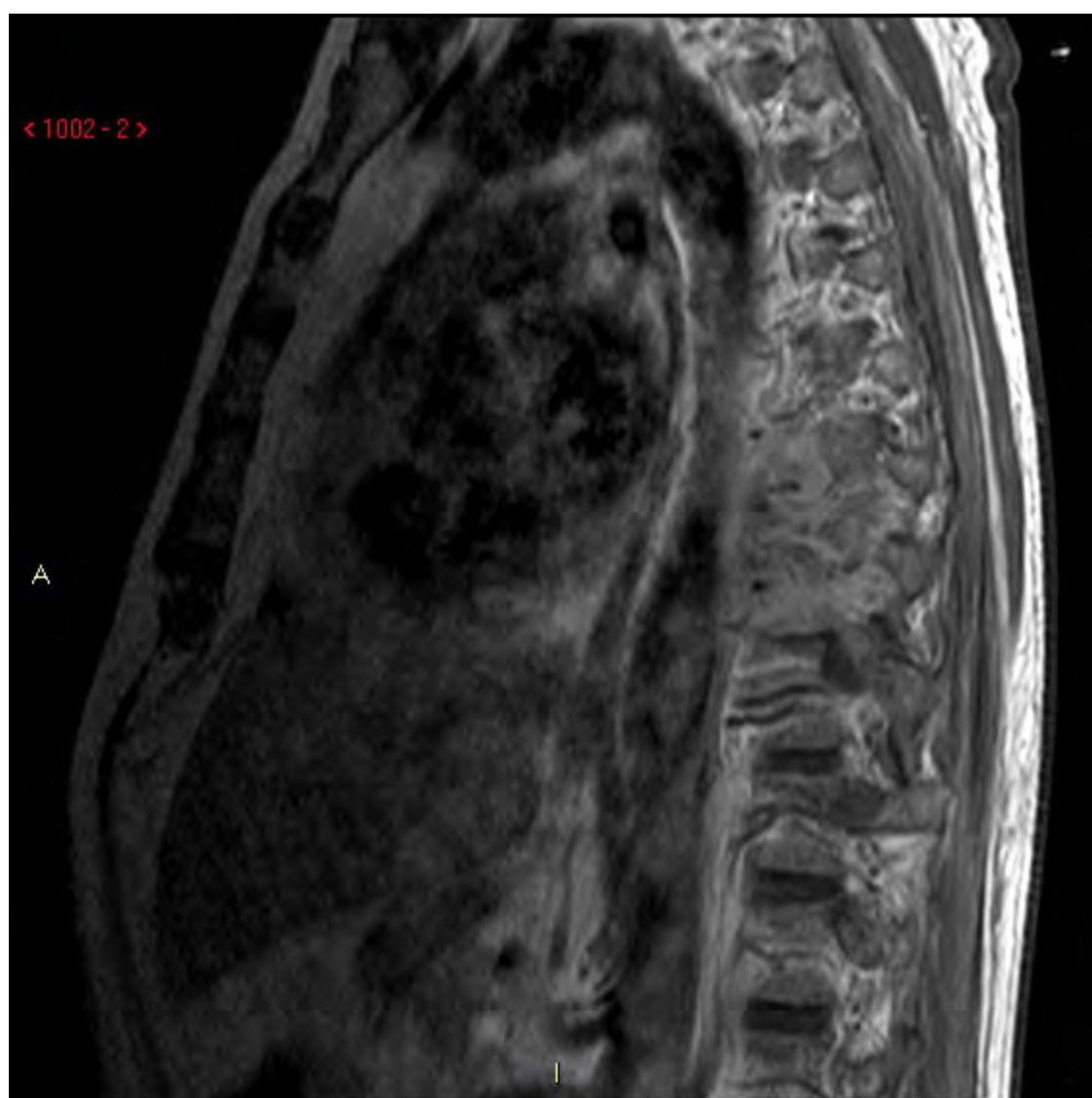
Fall 8B



Fall 8B

Met eller infektion? Ivk kanske hjälper?











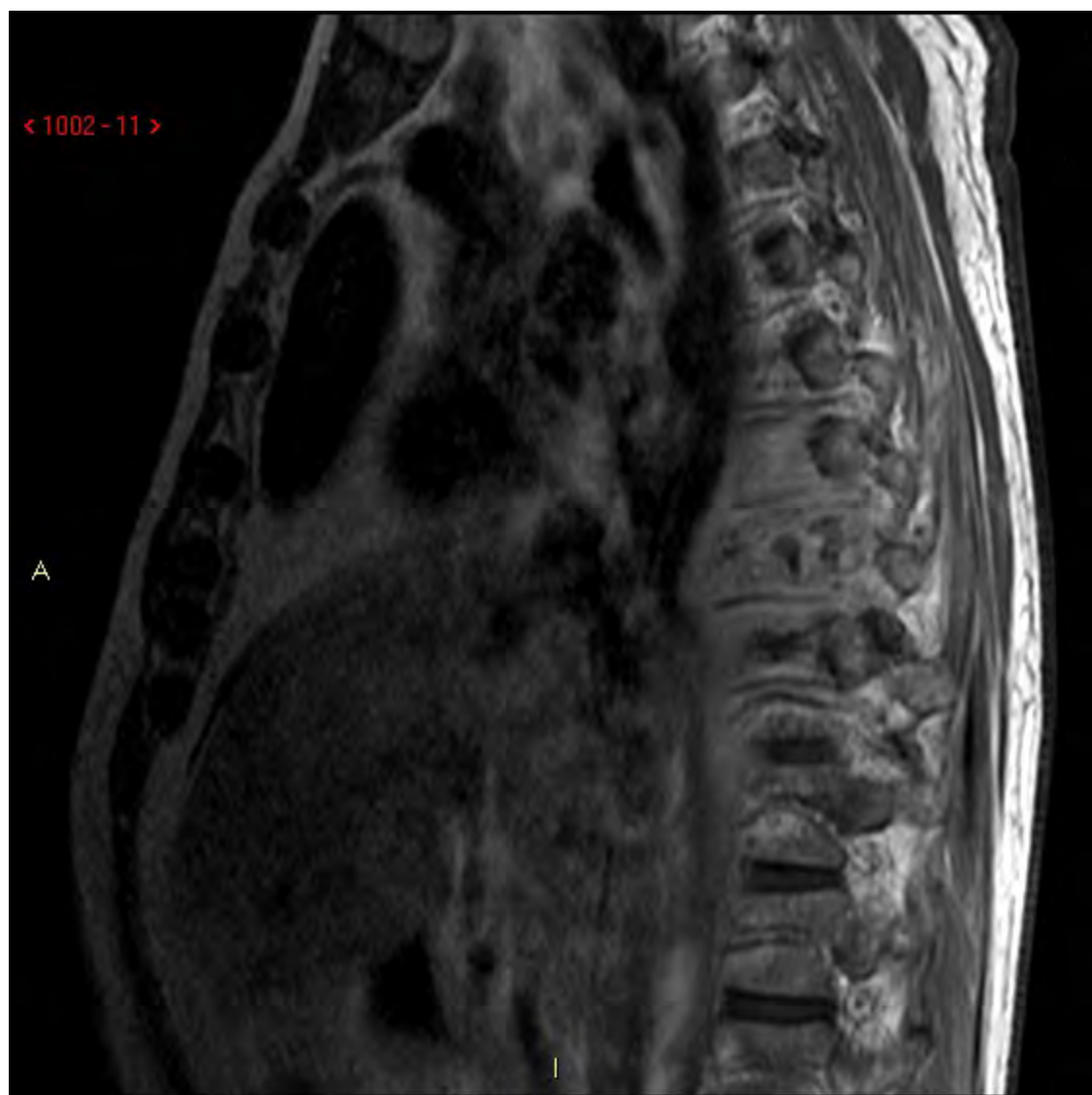


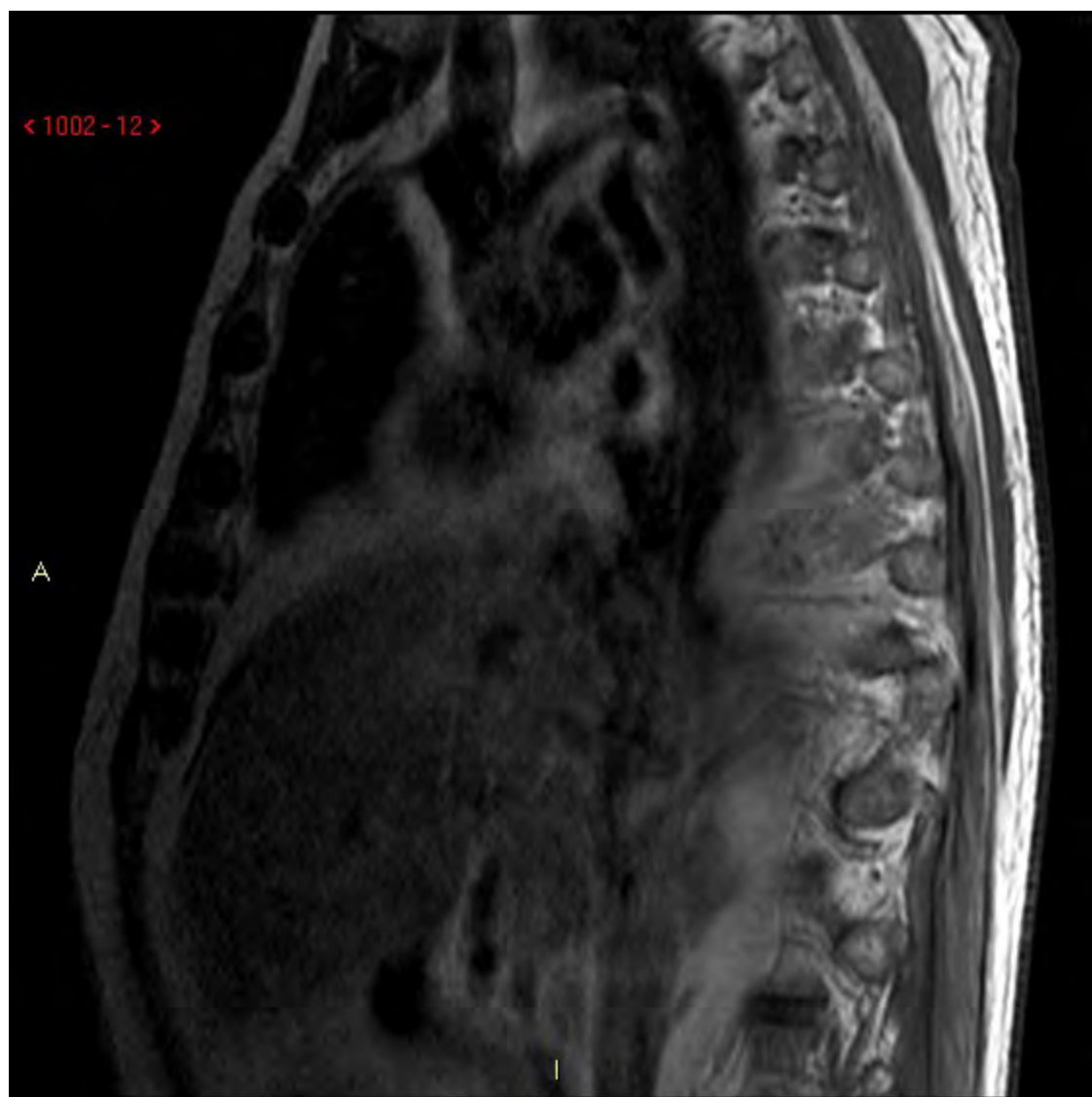


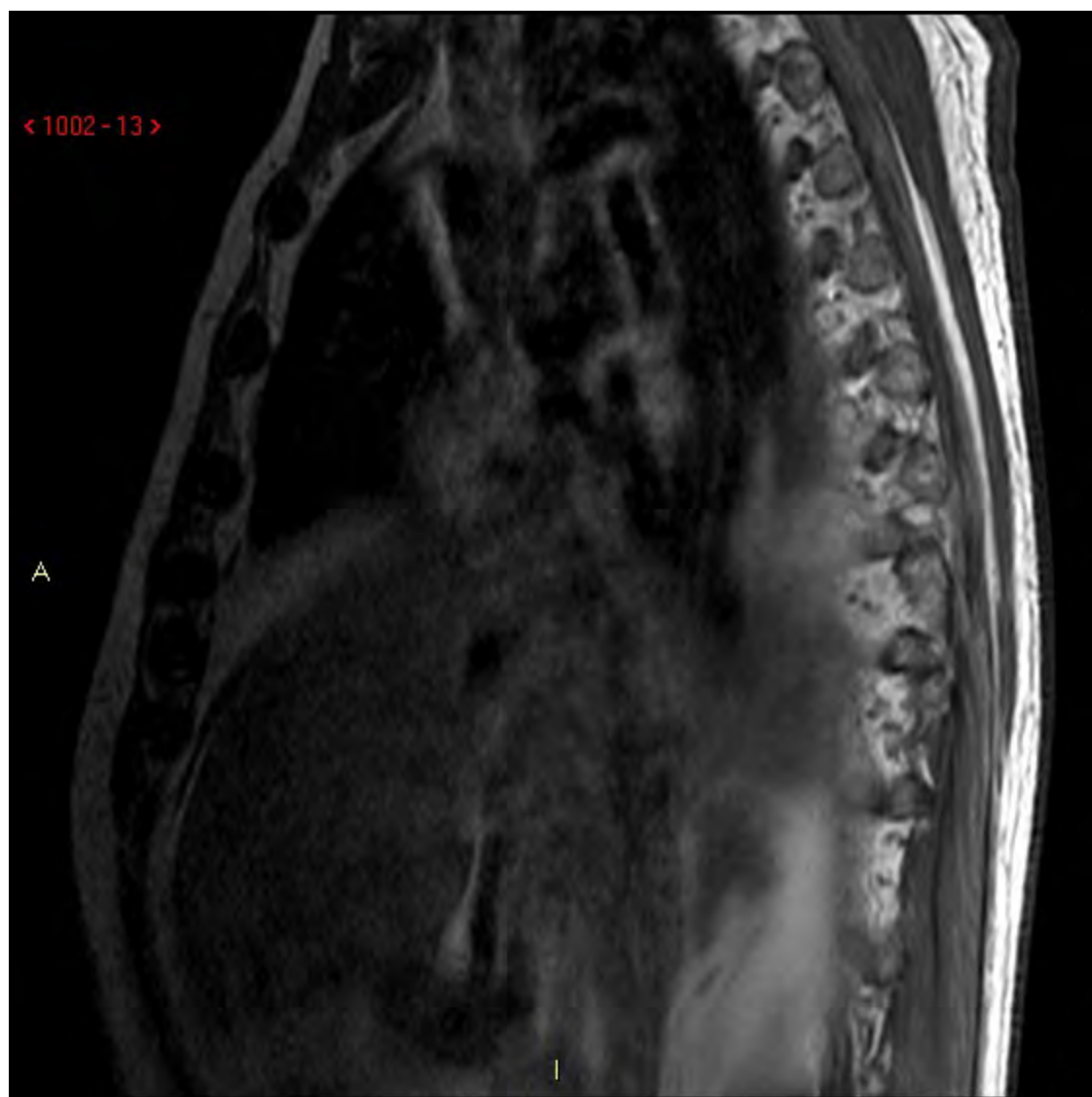


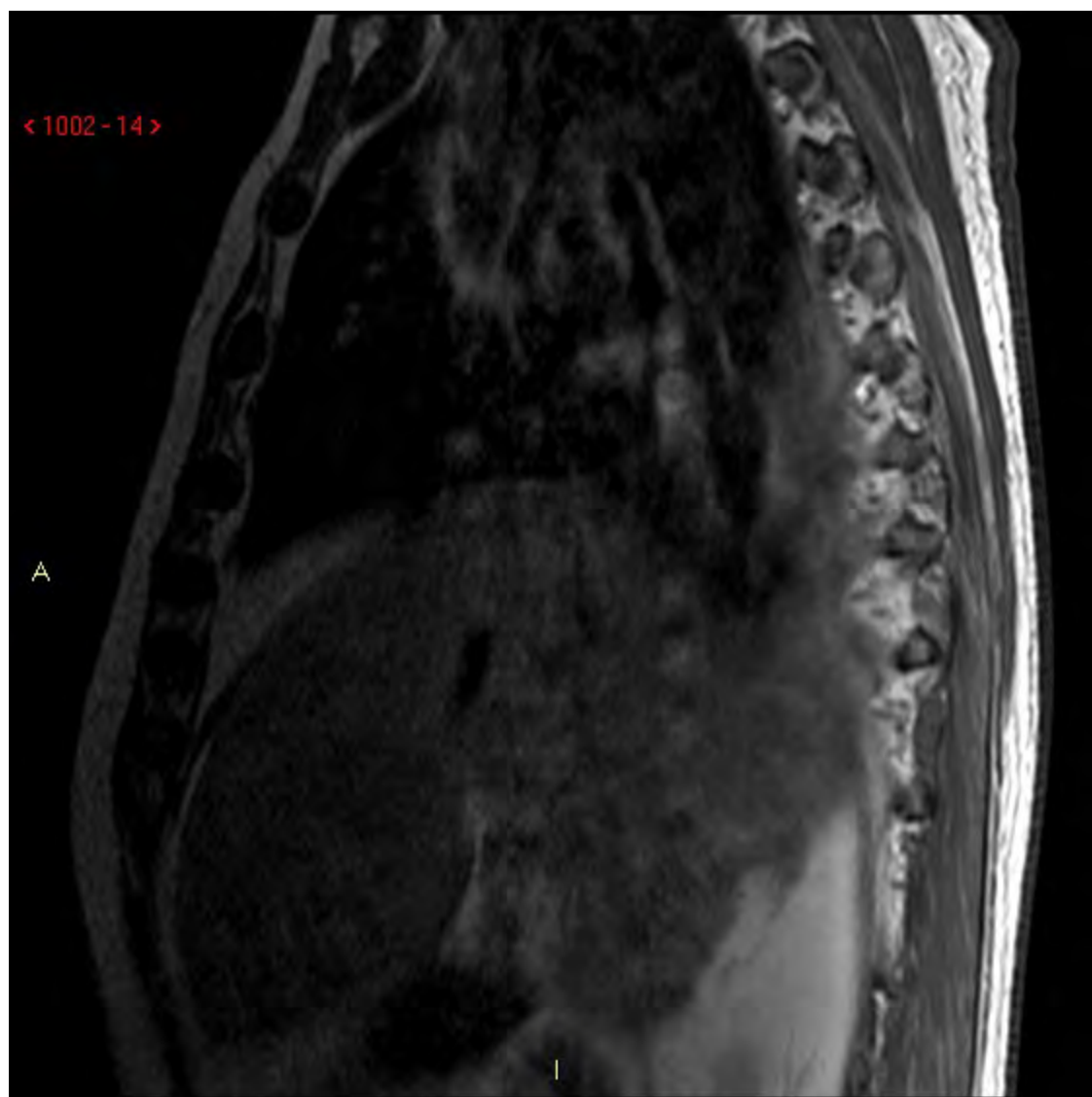


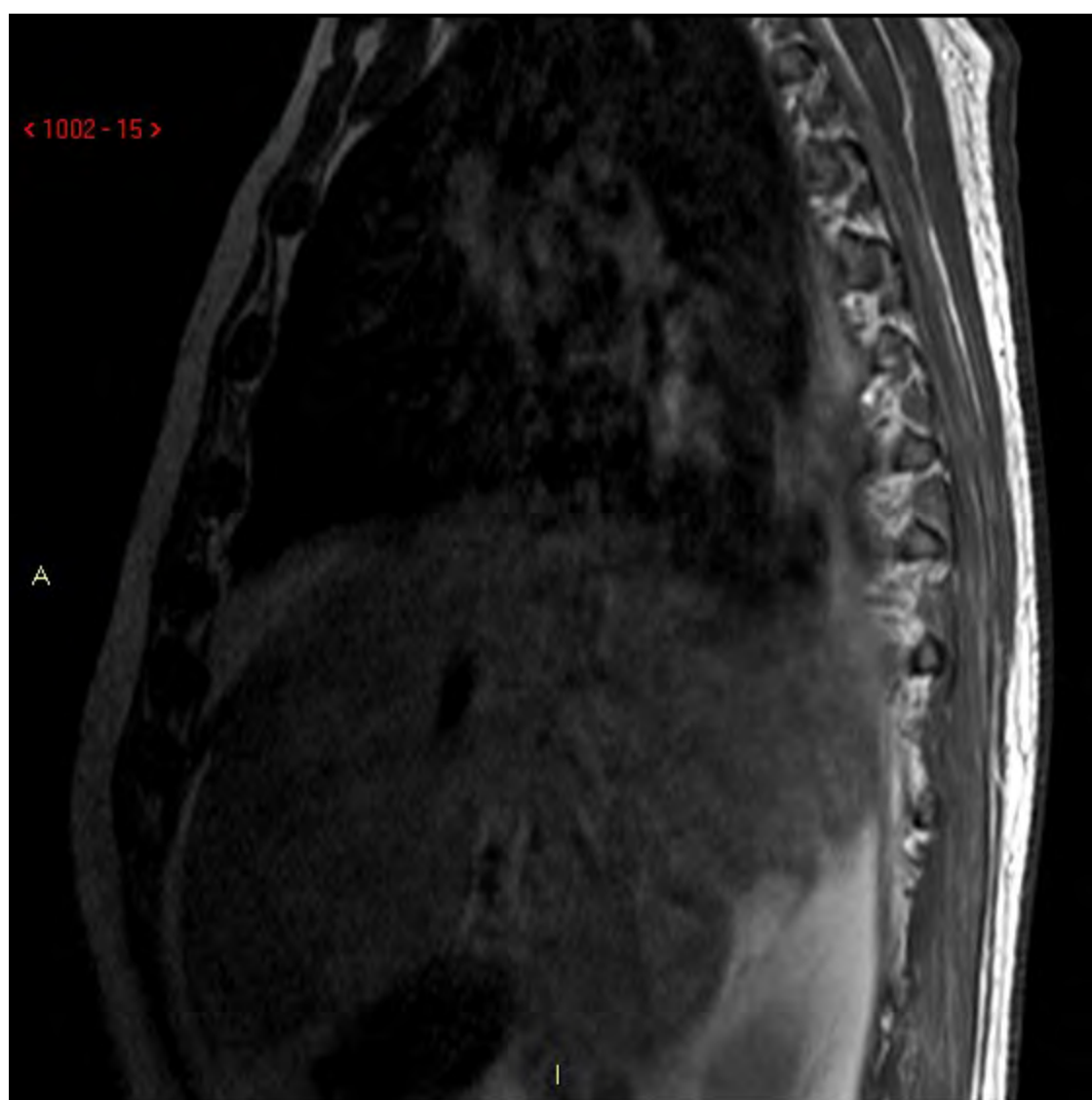


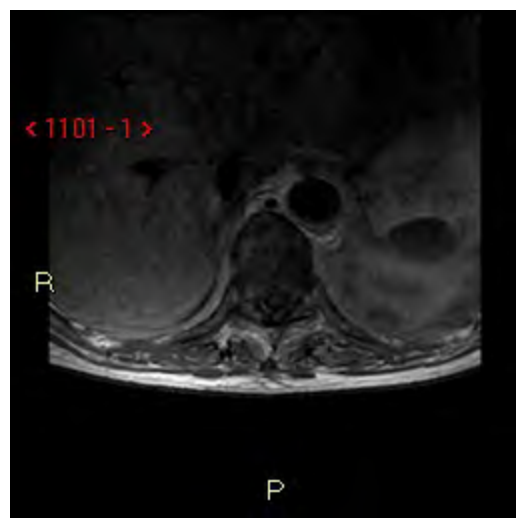


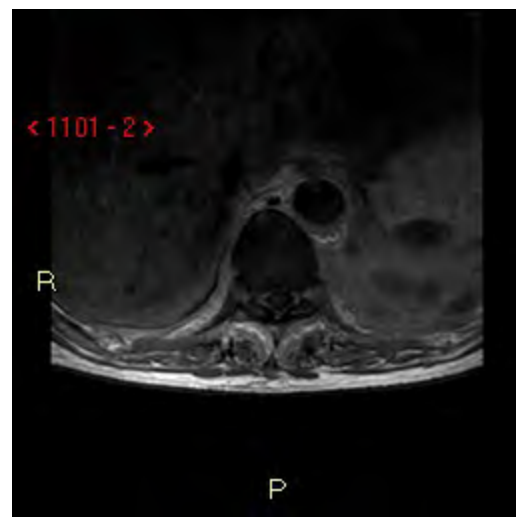


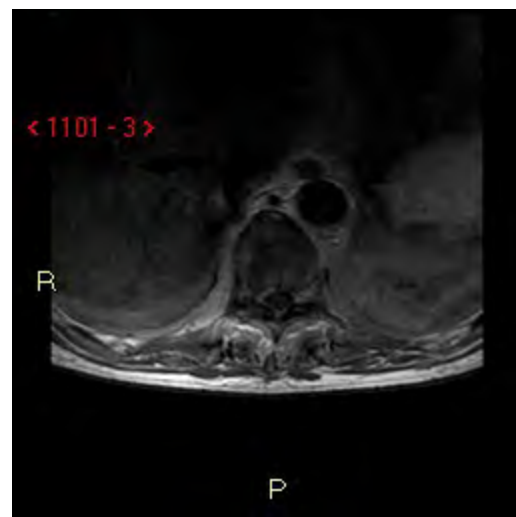


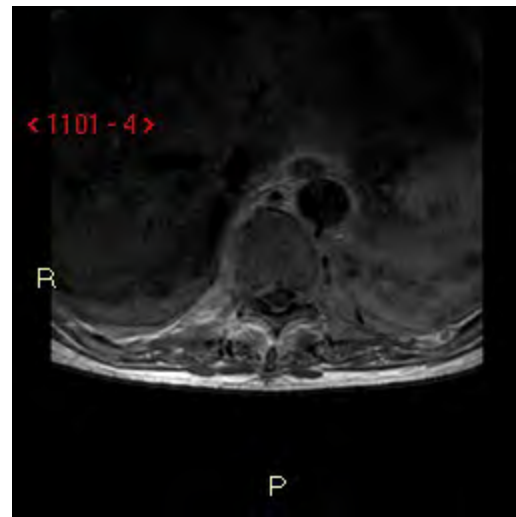


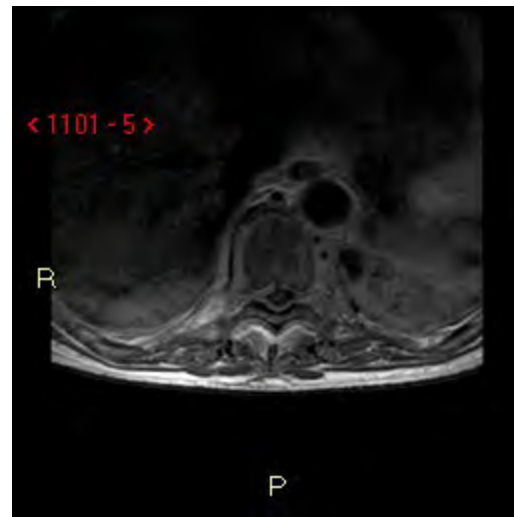


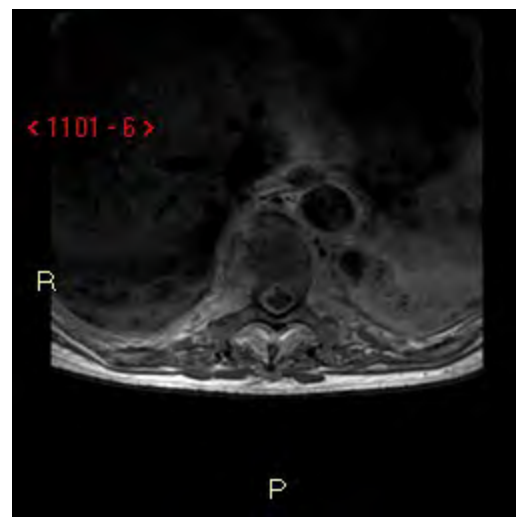


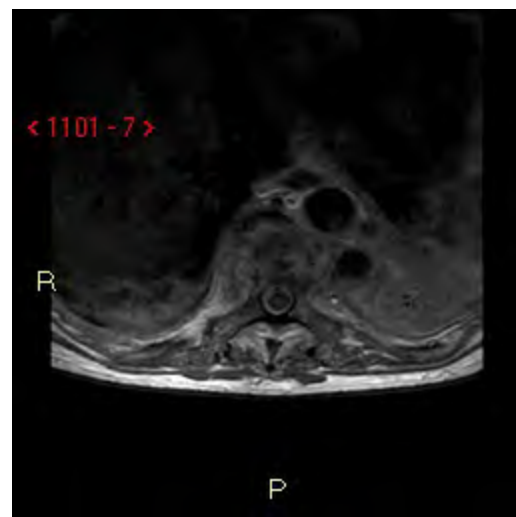


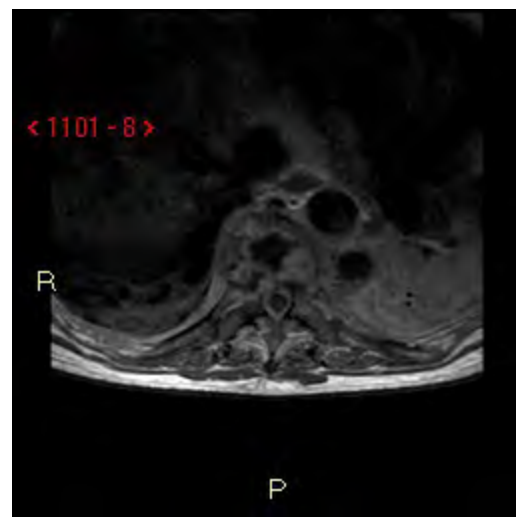


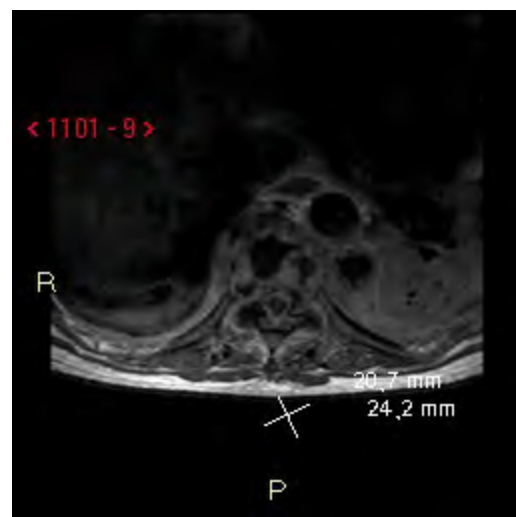


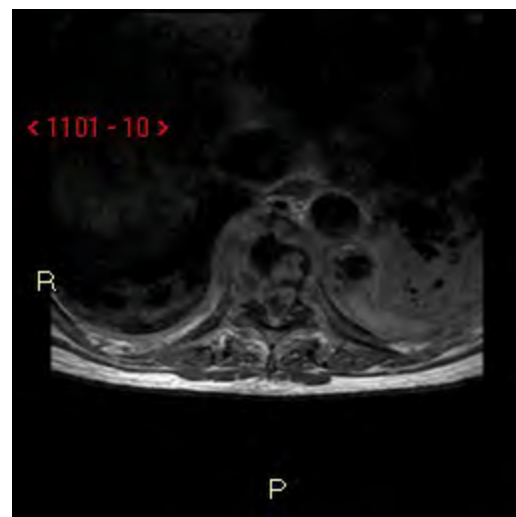


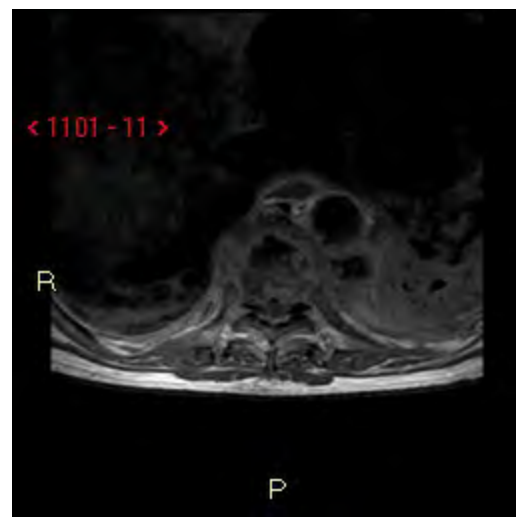


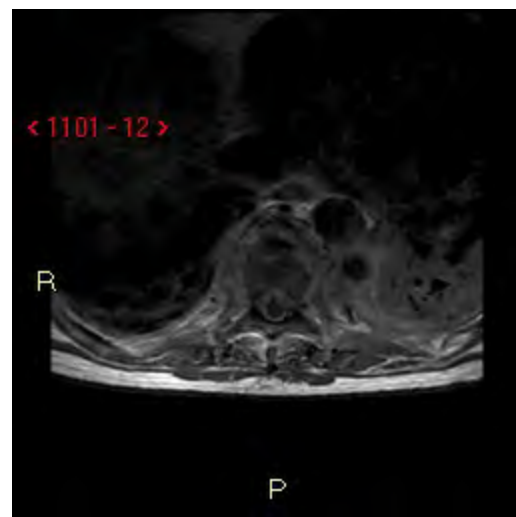


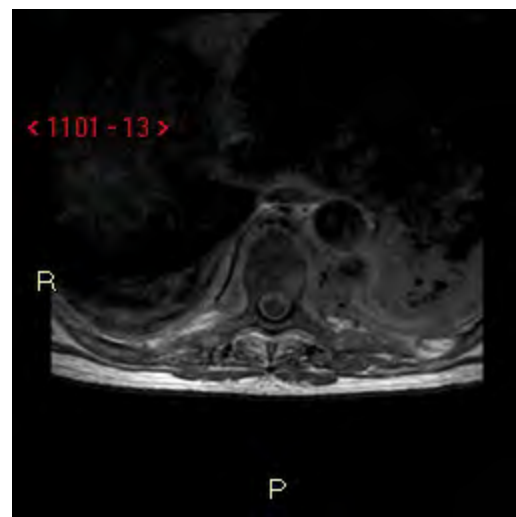


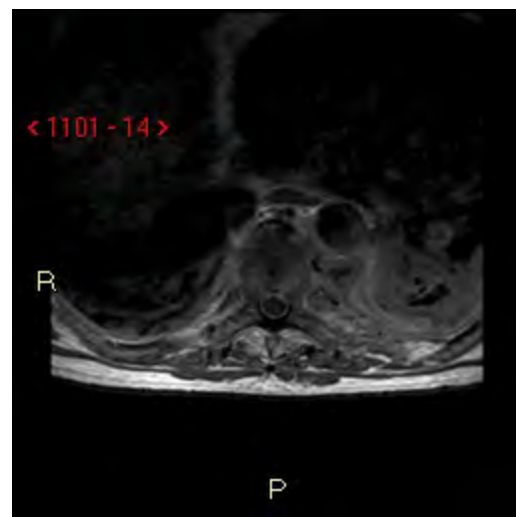


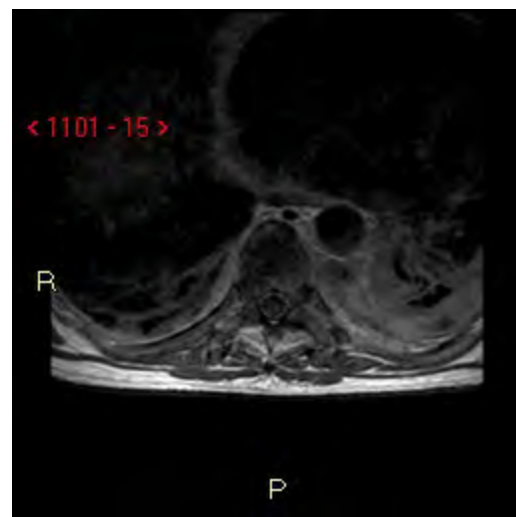


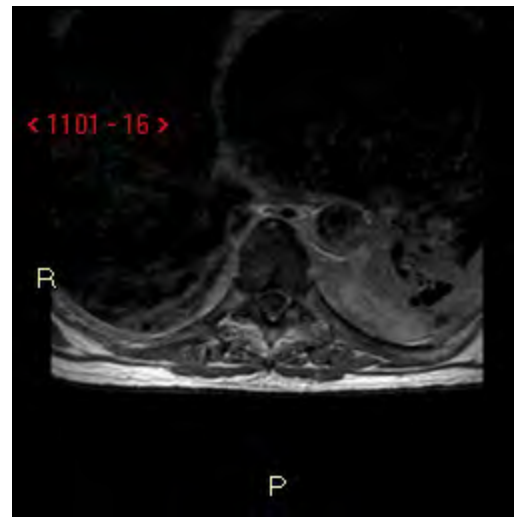


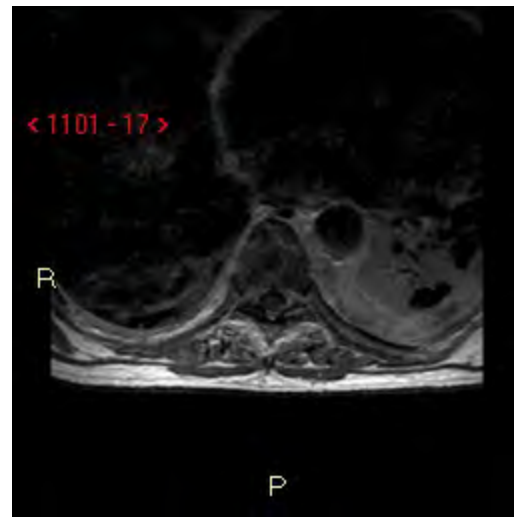


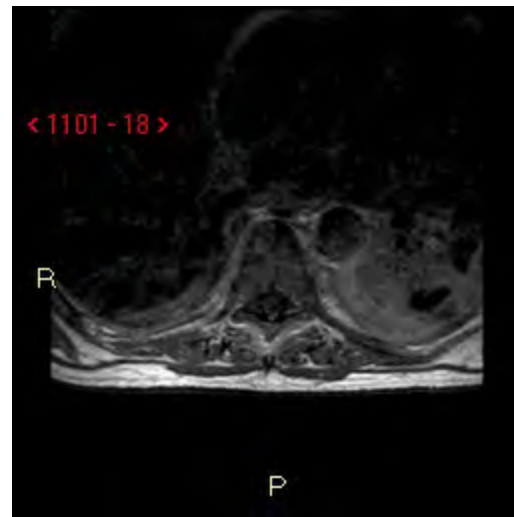


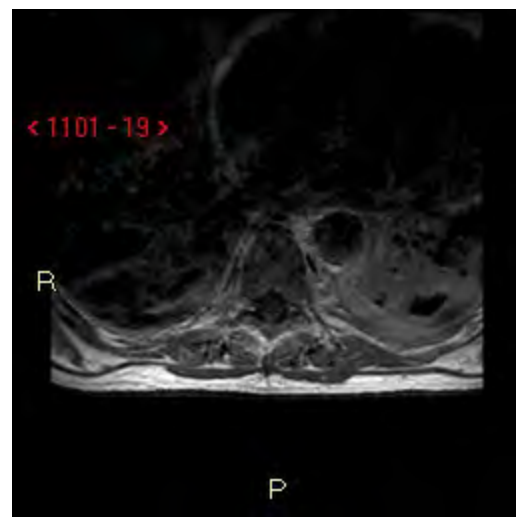


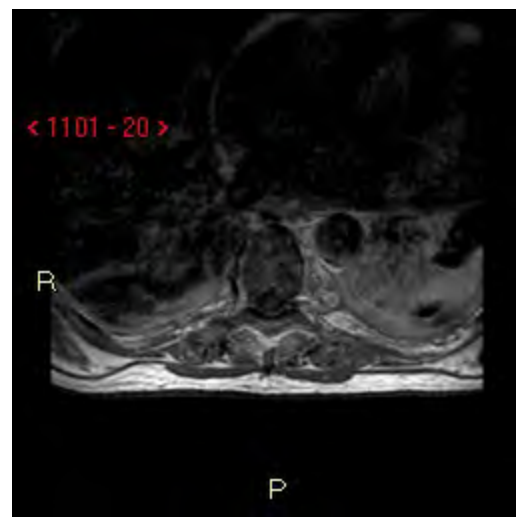








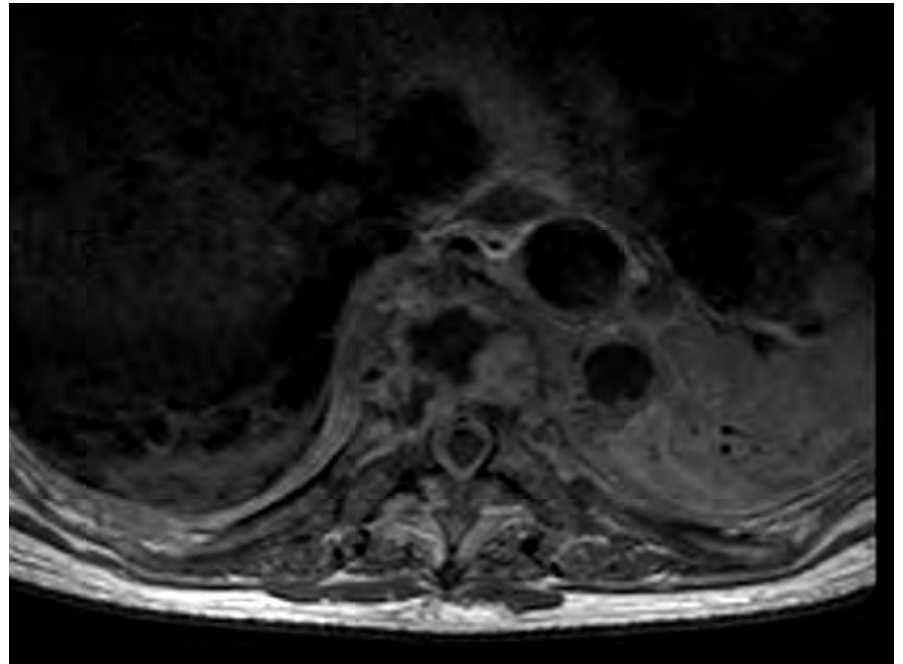




Fall 8B

Fynd?

Fall 8B



Fall 8B

Röntgen:

Akut: normal

Subakut: 1-3v diskhöjd
erosioner ändplattor

Kronisk: >10v, skleros
kollaps senare:
Diskobliteration och
spontan fusion

DT:

paraspinal mjukdelsökning
Jodkontrast?
Fragmentering av
ändplattor,
Destruktion av kotkropp

MRT:

T2-w ↑ + T1-w ↓ signal (ödem)
i kotkropp **och** disk och
ingen gräns mellan
diskkontur och ändplatta

Abscesser, paraspinal och
epidural, isointense med
muskel, T1-w ↓ .
↑ på fat-sat T2-w eller
inversion recovery (STIR).
Gadolinium adm. (T1w fat
sat.)

diffusion-weighted images
(DWIs) kotkropps-
abscesser.

Fall 8B

Klinik
Sjukhistoria
Förlopp

Fall 8B

