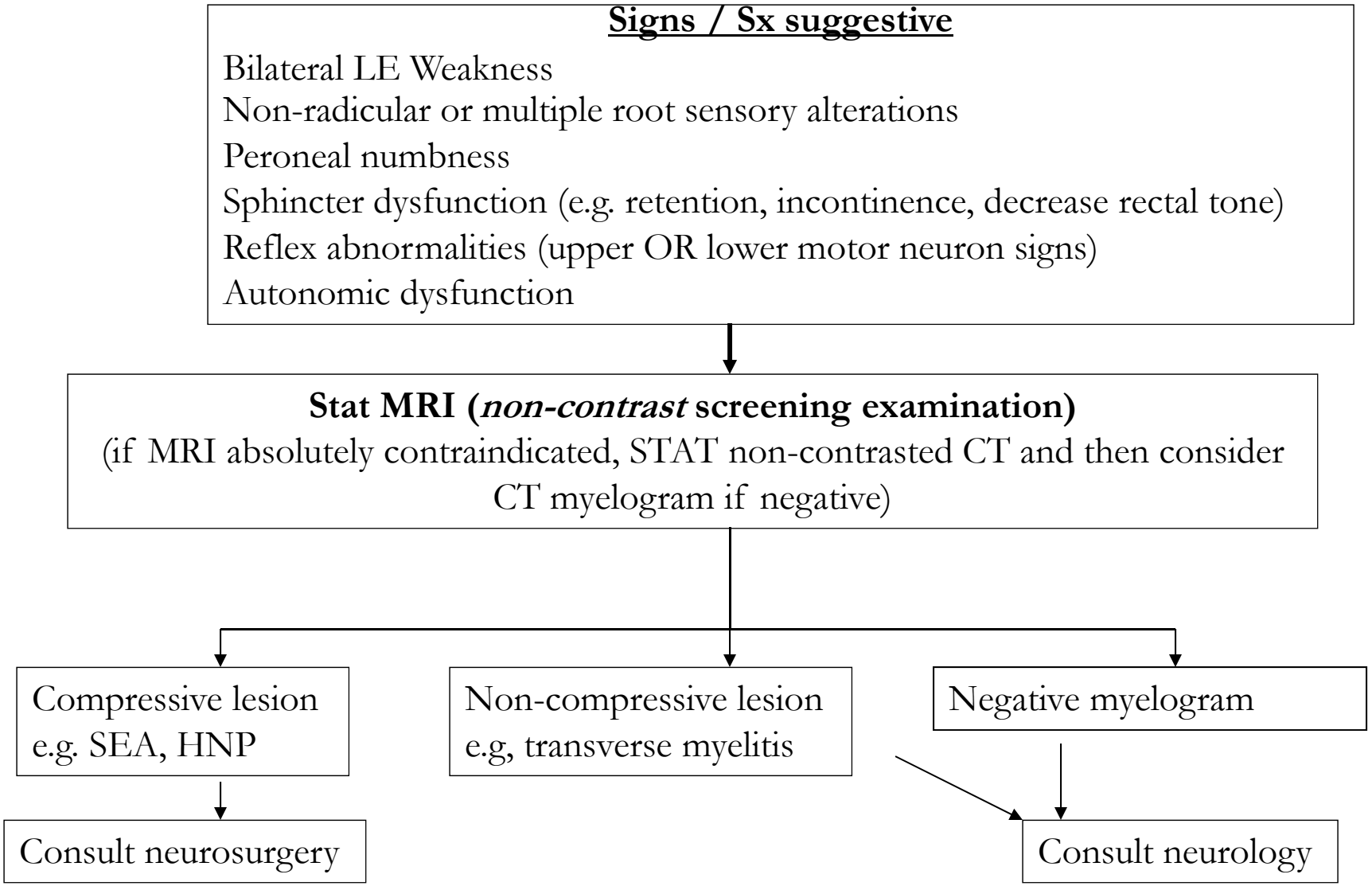
Non-Traumatic Myelopathy and Cauda Equina Syndrome Protocol



Indications for Emergent Spinal MRI

- Acute onset non-traumatic myelopathy
- Traumatic myelopathy after negative CT
- Cauda equina syndrome
- Spinal epidural abscess
- Acute radiculopathy with functional deficit

MRI ***without*** gadolinium will identify the vast majority of pathology and should be the initial screening examination. Gadolinium may be necessary when specifically looking for:

- Primary spinal / intradural tumors
- Drop metastases

MRI contraindications:

- Implantable pacemaker
- Implantable neural stimulator
- Ocular metal FB

All attempts should be made to localize the level of neurologic dysfunction for MRI. If the level can not be reliably established by neurologic examination, then a"large field of view survey" can be performed by MRI to attempt localization.

This guideline was ratified by the emergency department faculty at Maine Medical Center in January 2012. It reflects our expert opinion and is not necessarily applicable to all institutions. It is intended to be a reference for clinicians caring for patients and is not intended to replace providers' clinical judgment.

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