***YOU COULD WAIT A LIFETIME AND NEVER SEE THIS CASE. PREPARE FOR THE EXCITEMENT OF THE CASE!***

# DIASTEMATOMYELIA

**This week has been an exceptional clinical experience, especially with this case.**

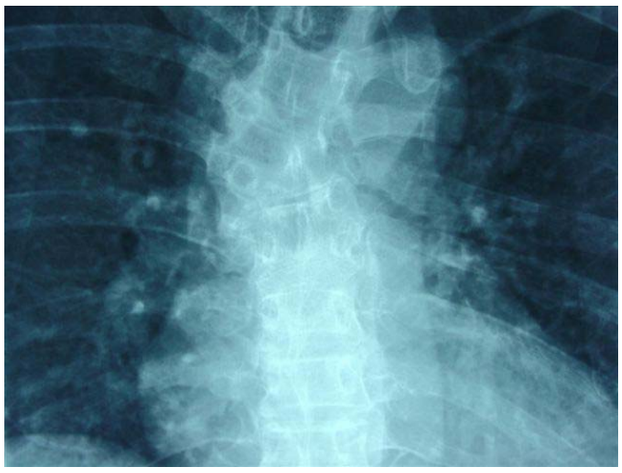

*Figure 1*

**Figure 1: Note the acute right scoliosis with the hemivertebrae present by noting the duplicated pedicles on the reading right side at the T6 level.**

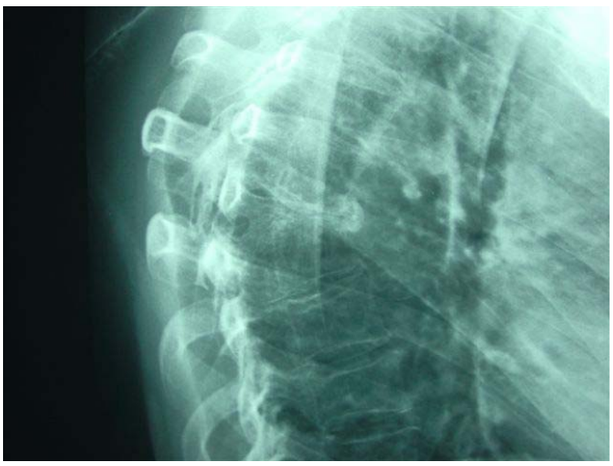

*Figure 2*

**Figure 2: Note the T7 hemivertebrae**.

*Figure 3*

**Figure 3: Note the left lumbar scoliosis**.


*Figure 4*

**Figure 4: On this sagittal MRI can be seen the hemivertebra and the gibbus flexion deformity it creates. Also note the enlarged vertebral canal and enlarged spinal cord.**

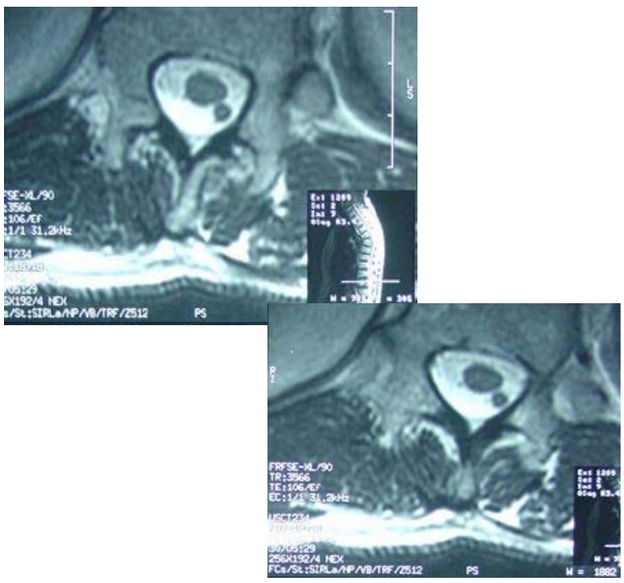

*Figure 5*

**Figure 5: This axial study shows the bifid spinal cord without the presence of an osseous bar between the two parts. There is widening of the vertebral canal dimensions as noted in Figure 4. The common deformities of the vertebral bodies are present: scoliosis, hemivertebrae. It is noted that this spinal cord division extends from the T7 to L1 level.**

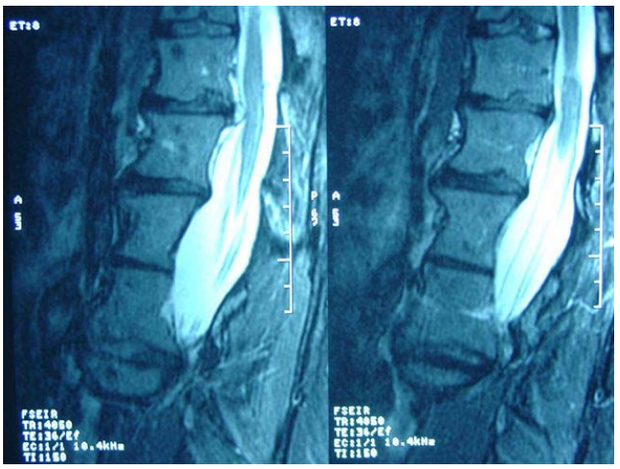

*Figure 6*

**Figure 6: On this T2 weighted sagittal image the enlarged canal dimension is noted with the enlarged spinal cord.**

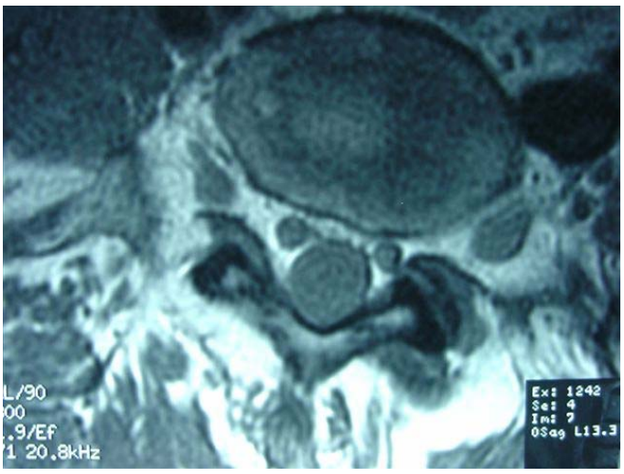

*Figure 7*

**Figure 7: I show the L5-S1 axial disc space to show how normal the cauda equina, exiting S1 nerve roots, and L5 dorsal root ganglions appear. It is somewhat difficult to believe that superior to this level lies the congenital development described above.**

*Figure 8*

**Figure 8: This is a single level appearance of the bifid spinal cord**

**This female patient has no long tract signs, normal genitourinary and gastrointestinal function, and has thoracic, cervical, and lumbar and lumbosacral spine pain. She is most handsomely given relief by long y axis decompression technic of Cox protocol II. She does not tolerate high velocity low amplitude thrust adjustment (duh!!). A case that brings appreciation for our technic.**

**Respectfully submitted,**

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