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**Role of diskography after negative
postmyelography CT scans.**

G S Laros and J S Leo

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Role of Diskography After Negative Postmyelography CT Scans

The article by Abdelwahab and Gould, "The Role of Diskography After Negative Postmyelography CT Scans: Retrospective Review," published in the January/February 1988 issue of *AJNR* [1] reaches an erroneous conclusion because it starts with an erroneous assumption. The erroneous assumption is that diskography is useful only for diagnosing central, posterolateral, or extreme lateral disk herniation. Not unexpectedly, this leads to the conclusion in their study of 15 patients that "when an entirely negative, technically flawless postcontrast CT scan is obtained in a patient with back pain, diskography should not be performed, as it offers no further information."

Diskography is justifiably under attack as a diagnostic test for any type of disk herniation (CT is much better and is noninvasive) or as a diagnostic test for simple disk degeneration (MR is noninvasive, and simple disk degeneration by itself may not produce symptoms or require treatment). There is, however, a condition called "internal disk disruption" by Crock [2] and "annular tear" by others [3] that is characterized by a leakage of irritating nuclear fluid to the innervated, outer layer of annulus fibrosus or beyond it into the epidural canal. This condition produces chronic, disabling back pain that is treatable by total excision of the nucleus, usually from an anterior approach.

Because the diagnosis depends on a pattern of fluid extravasation that can be demonstrated by diskography only, technically flawless CT scans and MR images cannot be used to make the diagnosis, and diskography remains the essential diagnostic test for this entity.

An article by Haughton [4], "MR Imaging of the Spine," states that "MR imaging demonstrates annular tears that formerly were demonstrated only with diskography. . ." and cites an article in press. Until techniques for demonstrating annular tears by MR are verified, published, and widely available, we think it is a disservice to patients to make such a blanket negative statement on the use of diskography.

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