

Evidence Discussion (SP 4)

The precision in identifying thoracic spine diseases is dependent on a meticulous association with the patient's clinical examination and medical history, because the usual observations from imaging studies are frequently ambiguous and non-conclusive.¹ Wood et al. demonstrated that asymptomatic patients may exhibit positive findings on thoracic spine MRI at a rate as high as 70%.² For patients with atraumatic thoracic back pain, data from Linna et al. supports initial conservative management followed by evaluation by a surgical specialist before ordering a thoracic spine MRI.¹ Red flag indications, however, obviate the need for conservative care. Regarding the value of x-rays, Goodwin et al. stated that plain films provide critical information that cannot be obtained with other imaging modalities, and they remain central to providing optimal care for spine patients.³ When there is a history of blunt trauma and a high-risk factor for thoracic spine injury, however, CT imaging is appropriate for initial imaging.^{6,7} Additionally, for patients with diffuse idiopathic skeletal hyperostosis (DISH) or ankylosing spondylitis with a history of low-energy trauma, whole spine MRI or CT imaging is mandatory due to the high prevalence of acute fractures and the low specificity for fracture detection on radiographs.^{4,5}

References

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