Comparison of radiography, CT, and MRI for the evaluation of spinal involvement in MPS IVA (Morquio A)¹

	Strengths	Limitations
Radiography	 Assess bone malformation Assess spinal canal stenosis Assess malalignment Flexion-extension instability Rapid Inexpensive 	 Poor soft tiss Limited by or Ionizing radition Limited to os
CT	 Rapid (may obviate need for anaesthesia) Multiplanar imaging of bony structures Alternative method for assessing flexion-extension instability in difficult cases (recommend low radiation dose protocol^a) Can assess some soft tissue components of canal stenosis and cord compression with appropriate filtering Preoperative planning 	 Suboptimal fand the spin Ionizing radi More expension than plain fill
MRI	 Multiplanar imaging Ideal for soft tissue imaging Preferred method for assessing spinal cord compression and myelomalacia Flexion-extension imaging directly visualizes spinal cord Demonstrate venous collaterals Non-ionizing radiation 	 Long imagin May require Metal and m Limited acce Expensive

^aFocus on area of interest only, with lowest possible dose technique to yield adequate signal-to-noise at bone algorithm displayed at bone window.

Abbreviations: CT, computed tomography; MPS, mucopolysaccharidosis; MRI, magnetic resonance imaging.

Reference: 1. Solanki GA, Martin KW, Theroux MC, et al. Spinal involvement in mucopolysaccharidosis IVA (Morquio-Brailsford or Morquio A syndrome): presentation, diagnosis and management. *J Inherit Metab Dis.* 2013;36(2):339-355. doi:10.1007/s10545-013-9586-2.

sue discrimination overlapping structures iation ossified structures

for visualizing soft tissues al cord iation

sive and less accessible lm radiography

ng times anaesthesia notion artifacts ess