**Prediction of Prognosis in Patients With Cervical Spinal Cord Injury Without Radiologic Evidence of Trauma Using MRI**

**To the Editor:**

We read with interest the recently published article “Prediction of Prognosis in Patients With Cervical Spinal Cord Injury Without Radiologic Evidence of Trauma Using MRI.” The study correlated pre- and postoperative magnetic resonance imaging (MRI) findings with the neurologic outcome of 54 surgically managed adult patients presenting with cervical SCIWORET (ie, spinal cord injury without radiologic evidence of trauma). Following the retrospective analysis of the increased signal intensity (ISI) of the spinal cord on T2-weighted MRI, the authors concluded that “the pre- to postoperative changes of the range and degree of ISI significantly reflected prognosis for surgical outcome in patients with SCIWORET.”

With 54 adults diagnosed with a cervical spinal cord injury and a clinicoradiological mismatch, Sun et al have contributed one of the largest cohorts to the current literature on SCIWORA (spinal cord injury without radiological abnormalities) and SCIWORA-like conditions. Furthermore, the availability of early and follow-up MRI findings and highly reproducible neurologic assessment scores underline the exceptional character of this study.

Interestingly, our recent systematic review of SCIWORA and SCIWORA-like conditions in adults supports the notion that the detection of intramedullary findings on MRI is associated with a poorer neurologic outcome compared with no detectable abnormalities on MRI.

An important limitation of the current study is explained by item 3 of the definition of SCIWORET: “the presence of a cervical spinal cord injury seen on MRI.” Thus, patients with no detectable abnormalities on MRI and patients with isolated extraneural abnormalities were excluded. In addition, there is no description of coexisting extraneural findings of the current cohort. We have recently emphasized the need to use a standardized classification system for MRI findings of patients presenting with SCIWORA and SCIWORA-like conditions. Such a system would have significantly improved the ability to interpret and compare the results of the current study.

The article by Sun et al represents an important contribution to the field that might help to improve our understanding of patients presenting with a clinicoradiological mismatch following spinal cord injury. However, we recommend the application of a standardized classification system for MRI findings in future studies.

**REFERENCES**


**Reply:**

To the best of our knowledge, the so-called real SCIWORA should be termed “spinal cord injury with no neuroimaging abnormality.” Those patients with no detectable abnormalities on MRI and patients with isolated extraneural abnormalities require further evaluation, and MRI diffusion tensor imaging may play a major role in detecting suspected real SCIWORA.

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**REFERENCES**


