

## **Postradiation Changes Of The Cervical Spine**

**Tan HH<sup>2</sup>, Lee AFS<sup>1</sup>, Lian FS<sup>1</sup>**

*Hospital Kuala Lumpur, Malaysia<sup>1</sup>*  
*Universiti Kebangsaan Malaysia<sup>2</sup>*

In the management of head and neck squamous cell carcinoma, radiotherapy is mainstay treatment. During the planning and contouring of radiotherapy, radiation oncologist will concentrate to reduce radiation dose of the cervical cord. However, basal skull and cervical spine are still exposed to high dose radiation. The dose is even higher in conventional radiotherapy, as image modulated radiotherapy is not widely available in Malaysia. Osteonecrosis of bone is the main complication of bone secondary to radiotherapy. Radiotherapy is well known to have delay onset on the complication. It is crucial for us to recognize this complication and differentiate it from bone metastases. Here, we would like presents two cases of radiotherapy changes in the cervical spine. The first case, we concentrated on the CT changes. Osteonecrosis had caused atlanto-axial dislocation, C1 bone erosion and basilar impression. The second case, we would discuss the MR changes. In this case, patient developed quadriplegia due to cervical stenosis. There were also cervical discitis and radiation induced dural thickenings.