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The role of magnetic resonance imaging (MRI) cervical spine in otorhinolaryngology, head and neck surgery our experience —a retrospective study

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Background: Magnetic resonance imaging (MRI) cervical spine is not a routine investigation in otorhinolaryngologyhead and neck surgery as its specific indications are not well-defined. Generally, cervical radiculopathy is a recognized indication however, clinical investigation of tinnitus, cervicogenic dizziness, neck pain and referred otalgia remains challenging, due to their, subjective nature and the complexities involved in establishing their aetiology in the presence of extensive differential diagnoses. These symptoms can be associated with upper limb paraesthesia or weakness, and span into numerous specialities including neurology, physiotherapy, and psychiatry. This retrospective study assessed a series of consecutive MRI cervical spine with aims to provide speciality guidelines for ordering this modality for otorhinolaryngological disorders.

Methods: An audit was performed on 131 MRI—cervical spine, ordered from a single neurotological clinic in Limerick between 2013–2022. The indications, results and role in patient management were reviewed in a cohort of 111 patients with the aforementioned symptoms.

Results: The majority were useful in assisting diagnosis and subsequent management in physiotherapy. A small number were referred for neurosurgical opinion. Two were referred

for surgical intervention.

Conclusions: MRI cervical spine as isolated armamentarium in the management of cervicogenic symptoms is rare but beneficial, especially to associated disciplines such as neurosurgery and physiotherapy and in collaborative patient care.

Keywords: Cervical spine; cervicogenic disorders; magnetic resonance imaging (MRI); paraesthesia; tinnitus

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Footnote

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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