

56 , 4-5  
T1 T2  
가 .

(CT) 4-5  
0.26 - 0.30% ,  
92%가 가 , 가 5%,  
가 3% 가 가  
(1). 17 가 T1 가 가 (Fig. 2A, B, C).  
(2). 가 (Fig.  
3). , 4-5 가 5-6  
4-5 , 5-6  
4-5 5-6  
4-5 5-6  
(microforceps)  
4-5 (Fig. 4).  
2 가 3 56 ,  
가 3  
4/4+ ( / )  
5-6 6-7 가  
5 6 가  
T1 - T2 가  
(MRI) 4-5 가 Marega(3)가 1959  
, 5-6 8 , 6-7  
7 , 3-4 4-5  
1 가 (2). 2  
534 1  
0.187% .

가  
(4). D 'Andrea (4)  
1/3  
가

. Epstein (1)

가

. Clatterbuck (5)

Brown - Sequard 's syndrome

Brown - Sequard 's syndrome

. Iwamura (2)

Sequard 's syndrome  
(transverse  
myelopathy) 8

Brown -

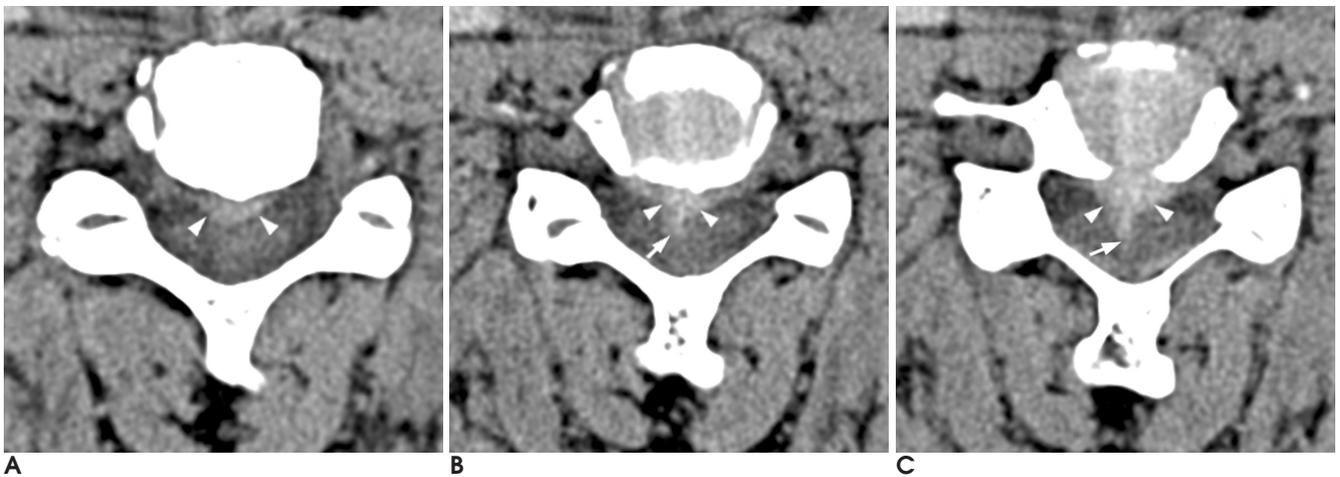
(transverse

1

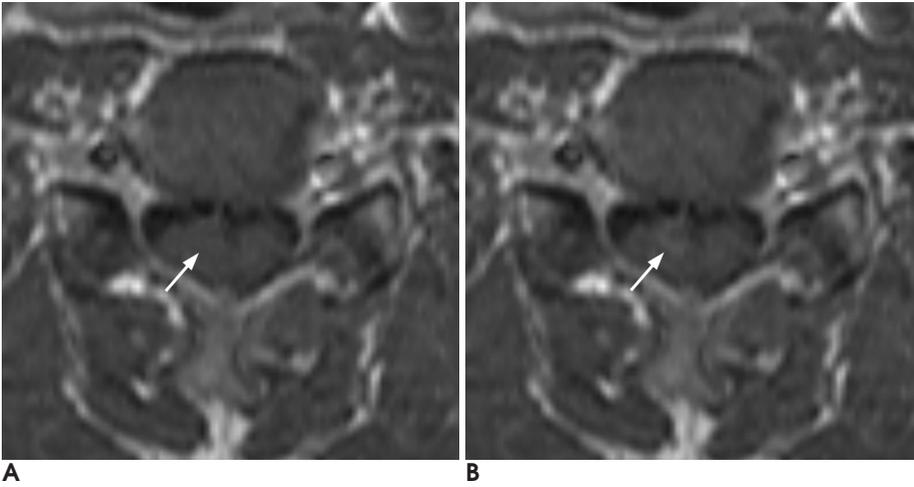
가



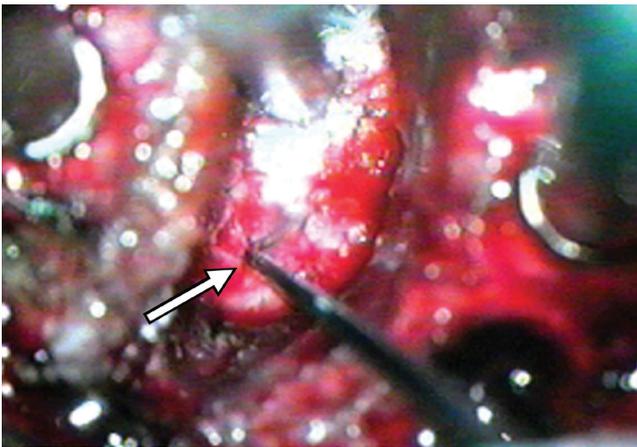
**Fig. 1.** A 56-year-old male presented with posterior neck and both shoulders pain. Sagittal T1- (**A**) and T2- weighted MR image (**B**) show spinal cord severely compressed by an anterior intradural iso-intensity lesion (arrow), with the spinal cord behind the posterior longitudinal ligament (arrow heads) at the C4-5 disc level.



**Fig. 2.** Non contrast CT scans (**A**. lower C4 body level, **B,C**. C4-5 disc levels) show that the sharp edge of intradural herniated disc (arrow) penetrate the dura and press against the spinal cord and subligamentous disc herniation (arrow heads).



**Fig. 3.** The intradural lesion cannot be visualized on precontrast axial T1-weighted image (A). Contrast enhanced axial T1-weighted image shows faint peripheral enhancement of the Rt. intradural lesion (B).



**Fig. 4.** Dural opening (arrow) is observed on the surgical photograph.



**Fig. 5.** Postoperative T2-weighted image shows no residual intradural lesion at the C4-5 disc level.

Brown - Sequard 's syndrome

(myelogram), CT, MRI

. Myelogram 65%  
 Myelogram  
 (4). Hodge (6) 가 . Wasserstrom (8)  
 myelography (vacuum phenomenon) , 6 45  
 Epstein (1) - 가 ,  
 (MyeloCT) 가 MRI  
 MRI MyeloCT가 2 MRI 가 . Whittaker (9)  
 MRI 가 Holtas (7) MRI 가  
 MRI 가 2

