DEDICATION

I would like to dedicate this work to my family who supporting me in everything

To my teachers who never failed to teach and guide me

To my friends who helping me to finish this research

To my husband who encourage me all the time and

To my lovely son

ACKNOWLEDGMENT

Grateful thanks and grace to Allah for guiding and helping me finishing this research.

I would like to express my deepest thanks to my Supervisor Dr.Ekhlasabdalaziz for her guidance.

Also great thanks for all people who help me to finish this work

ABSTRACT

Analytic descriptive study MRI examination of lumber inter vertebral disc spine was done for 50Patients in three hospitals in Khartoum state (royal care, alribat, almoalem)

To evaluate the efficiency of MRI image for detections of inter vertebral disc prolapse at lumber spine.

Study content samples29 male and 21 female almost all those complaining of lower back pain, this study carried out which equipped by high quality machine 1.5 Tesla.

The result of studyfound is Disc prolapse affect the lumber spine in people at the age of 20-80 years old.

And found the axial and sagittal protocol is the best to demonstrate disc prolapse diseases and coronal protocol seldom used in this disease because is better in case of abnormal curve in spine.

Disc prolapse can be detected with MRI by 99%.MRI is procedure to choice in evaluation of inter vertebral disc prolapse. but it is not the only factor to determine the inter vertebral disc prolapse etiology, for that proper history and clinical examination are very necessary to determine the type of image needed, and also allow the technologist to focus the effort of examination at the proper disc prolapse level.

ملخص البحث

أجريت دراسة فحص التصوير بالرنين المغناطيسيفي الفقرات القطنية وتتكون المجموعة من 50 مريض في ثلاثه مستشفيات (رويال كير ,الرباط,المعلم)لتقييم كفاءة صورة التصوير بالرنين المغناطيسي للكشف عن تدلي القرص بين الفقرات في العمود الفقري

العينة بها 29من الذكور و 21 من الإناث تقريبا جميعهم أولئك الذين يشكون من آلام أسفل الظهر، نفذت هذه الدراسة التي تم تجهيزها من قبل آلة ذات جودة عالية 1.5 تسلا

نتيجة الدراسة وجدت تدلى القرص يؤثر على الفقرات القطنيه في الناس في سن 20-80 سنة.

ووجد أن البروتوكول المحوري والسهمي هما الأفضل للتدليل على أمراض هبوط الأقراص وبروتوكول الإكليل نادرا ما يستخدم في هذا المرض لأنه أفضل في حالة منحنى غير طبيعي في العمود الفقري.

اوضحت هذه الدراسه ايضا ان فحوصات الرنين المغناطيسي ذات دقه عاليه لها اثر كبير في اكتشاف أمراض تدلي القرص التي تحدث في الفقرات القطنيه لكنه ليس العامل الوحيد لتحديد مسببات تدلي القرص الفقري ، لذلك التاريخ الصحيحوالفحص السريري ضروريان للغاية لتحديد نوع الصورة، وكذلك السماح للتقني أن يركز جهد الفحصعلى مستوى تدلي قرص .

List of tables

Table no	descriptions	page
4.1	distribution of patients with respect to age	27
4.2	distribution of patients with respect to gender	28
4.3	distribution of patients with respect to protocol used	28

List of figures

Figures	descriptions	page
no		
2.1	The spine has three natural curves that form an S-shape	4
2.2	The five regions of the spinal column	5
2.3	While vertebrae have unique regional features, every	6
	vertebra has three main parts	
2.4	Intervertebral discs	7
2.5	The vertebral arch (green) forms the spinal canal (blue)	8
	through which the spinal cord runs	
2.6	The ligamentumflavum, anterior longitudinal ligament	8
	(ALL), and posterior longitudinal ligament (PLL)	
2.7	The spinal cord is covered by three layers of meninges: pia,	9
	arachnoid and dura mater	
2.8	annular disc tear	10
2.9	Types of annular tear	11
2.10	Lumbar osteophytes	12
2.11	Ligamentumflavum thickening	12
2.12	Spinal Stenosis	13
2.13	A spinal disc herniation	14
2.14	This image is a Nuclear Bone Scan of the whole body	16
2.15	Component of MRI machine	18
3.1	open and close MRI machines	22
3.2	MRI room control	23
4.1	distribution of patients with respect to age	24
4.2	distribution of patients with respect to gender	25
4.1	distribution of patients with respect to protocol	25

LIST OF ABBREVIATION

PT	patient
L	Lumber
ALL	Anterior Longitudinal Ligament
PLL	Posterior Longitudinal Ligament
MRI	Magnetic Resonance Imaging
CT	Computed Tomography
T	Tesla
RF	Radio frequency
KW	Kilowatt
PD	Proton Density
FSE	Fast Spin Echo
SE	Spin Echo

List of contents

DEDICATION	i
ACKNOWLEDGMENT	ii
ABSTRACT	iii
مستخلص البحث	iv
LIST OF TABLE	v
Table OF FIGURES	vi
LIST OF ABBREVIATIONS AND SYMBOLS USED	vii
List OF CONTE	viii
CHAPTER I INTRODUCTION	
1.1 INTRODUCTION	1
1.2 OBJECTIVE:	2
1.2.1specific Objective:	2
1.2.2general Objective:	2
1.3 PROBLEM OF THE STUDY	2
1.4 thesis lay out	3
CHAPTER II LITRATURE REVIEW	
2.1 Anatomy	4
2.1.1 the spin	4
2.1.2 Spinal curve	5
2.1.3 The vertebrae	6
2.1.4 The intervertebral disc	7
2.1.5 The vertebral arch and spinal cord	7
2.1.6 The ligaments	8
2.1.7 The muscles	<u>9</u>
2.1.8 Spinal cord	G

2.2 Pathology	10
2.2.1Annular disc tear	11
2.2.1.1Types of annular disc tear	11
2.2.2Osteophytes	12
2.2.3 Ligamentumflavum	13
2.2.4 Spondylosis	13
2.2.5 Spinal stenosis	14
2.2.6 Herniated or disc prolapsed	14
2.2.7 Myelopathy	16
2.3 Diagnosis modalities	16
2.3.1 X-ray	16
2.3.2 C-t	16
2.3.3 MRI	17
2.3.4 Bone scan	17
2.3.5 Discogram	18
2.4 Magnetic resonance imaging	18
2.4.1 Principles of MRI	18
2.4.2 Equipment of MRI	18
2.4.3 The magnet	19
2.4.3.1 Radio frequency	19
2.4.3.2 Coils	19
2.4.3.2.1 Surface coil	19
2.4.3.2.2 Volum coil	20
2.4.3.2.3 Gradient coil	20
2.5 Technique of MRI	20
2.5.1 Equipment	20
2.5.2 Patient positioning	20

2.5.3 Suggested protocol	20
2.6 Previous studies	21
CHAPTER III MATERIALS& METHODS	
3.1 Materials	22
3.1.1 Patients population	22
23.1.2 Machine used	22
3.2 Methods	22
3.2.1 MRI technique	22
3.2.2 Data collection	23
3.2.3 Data analysis	23
3.2.4 Images interpretation	23
CHAPTER IV RESULT	
4.1 Results	24
CHAPTER V DISSCUSION, CONCLUSION AND RECOMMENDATIONS	
5.1 Discussion	26
5.2 Conclusion	27
5.3 Recommendations	28
REFFERANCES	29
APPENDICEX	30