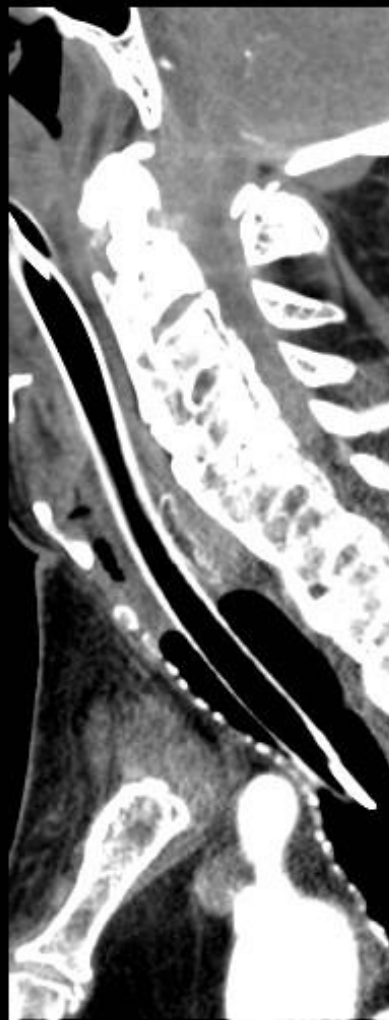
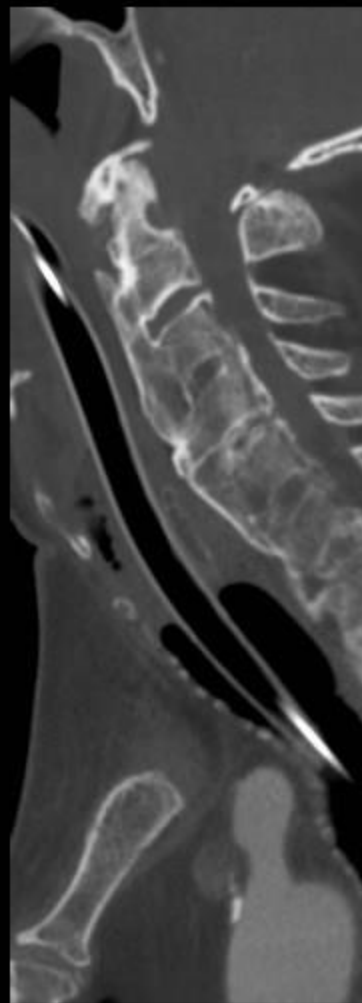
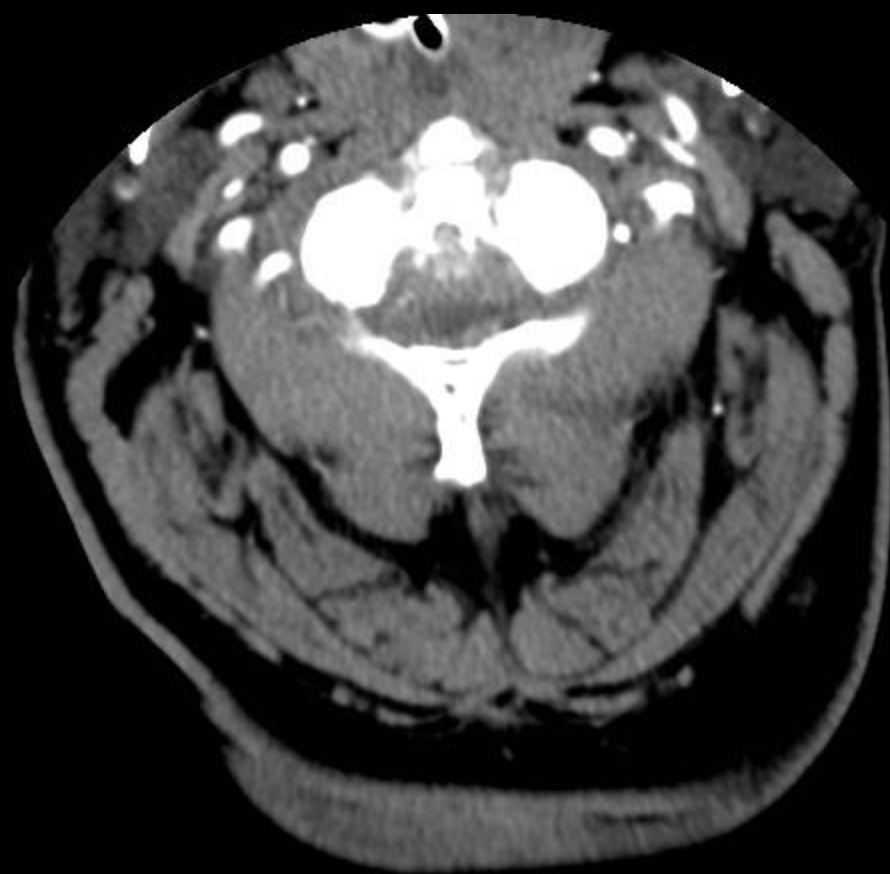
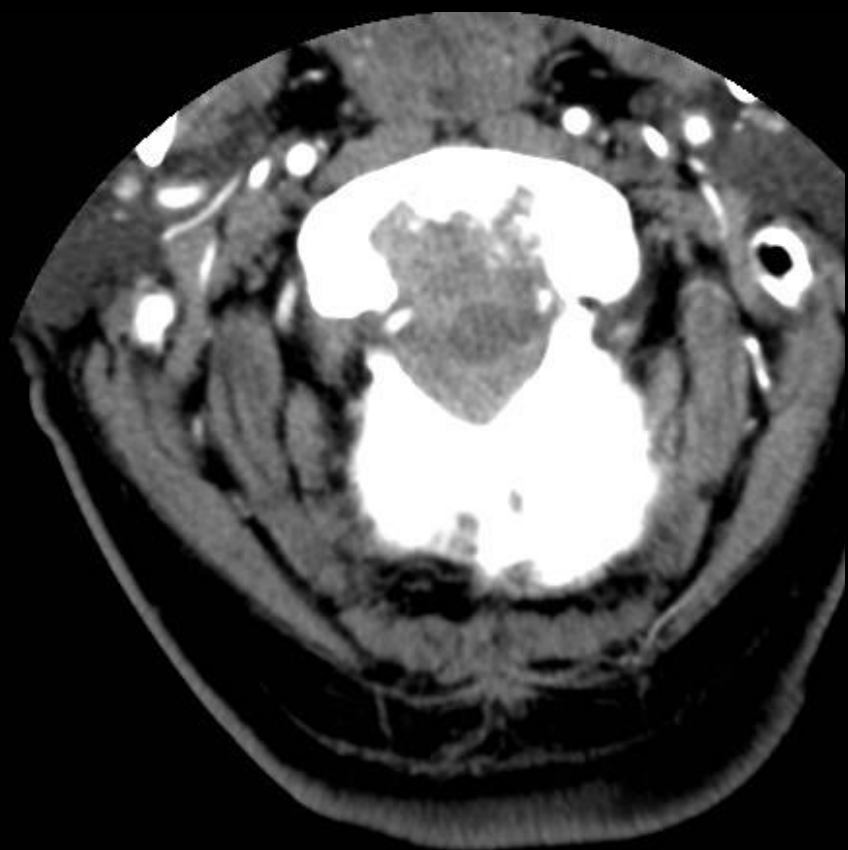


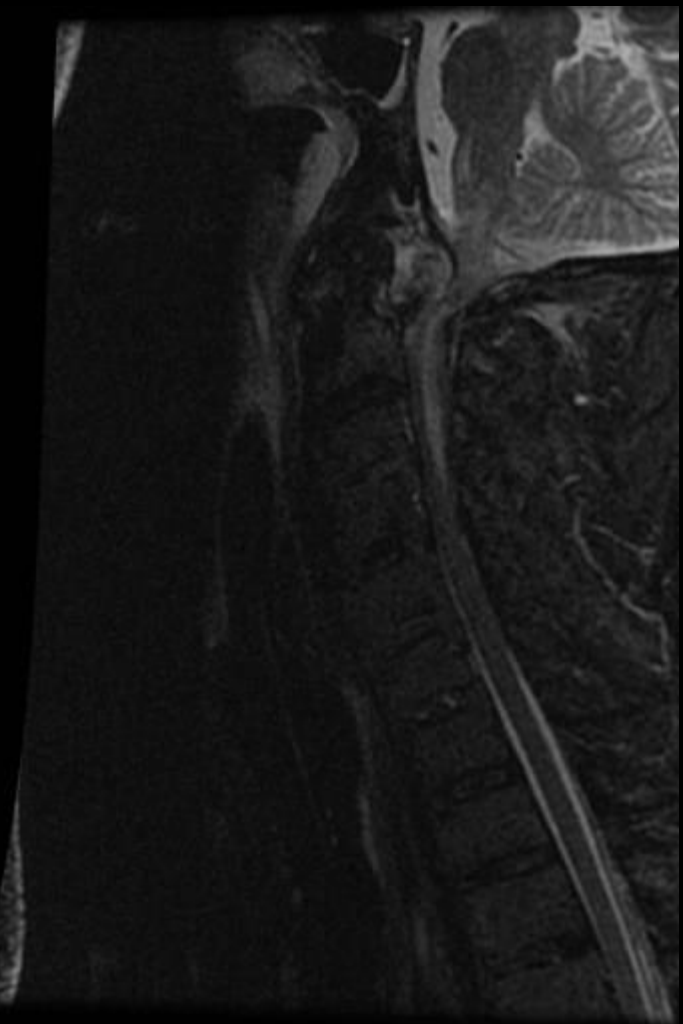
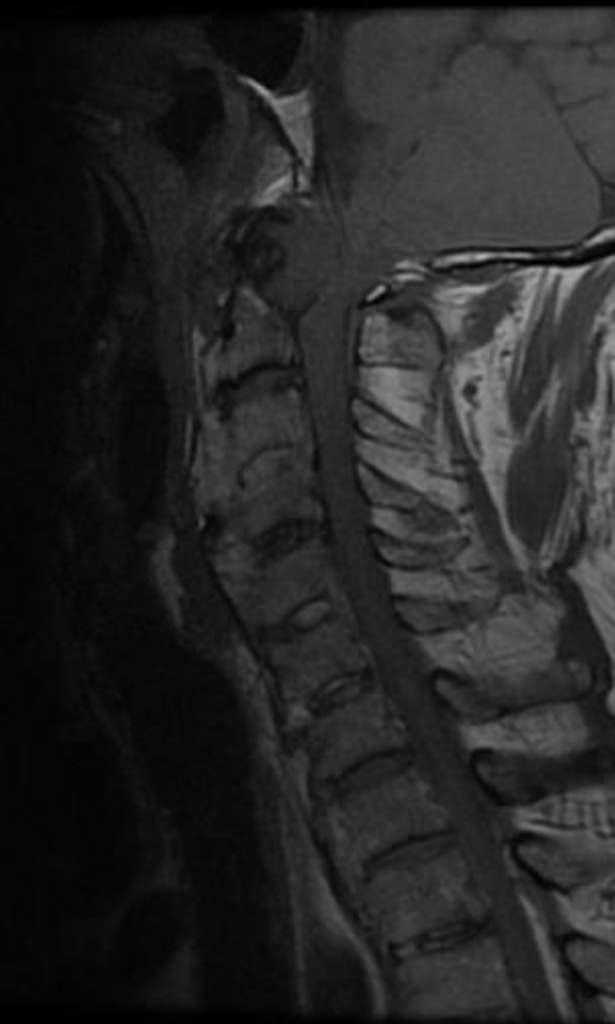


MVA in Mexico

Peachy Piaña









Atlantooccipital CPPD

- Periodontoid pseudotumor
- Can have spine involvement without peripheral skeleton involvement
- 90% of calcification at craniocervical junction occurs posterior to odontoid
 - Develop anywhere around the odontoid including synovial membrane, articular capsule, and alar ligament.
- Transverse ligament- Commonly involved ligament in deposition of CPPD crystals
 - Calcifications curvilinear, stippled or mixed- best dx clue
 - Calcification of transverse ligament common in elderly
 - Symptomatic C1-C2 CPPD very uncommon
- Variable soft tissue mass with effacement of thecal sac
 - May show peripheral enhancement
- Variable cystic or erosive changes within adjacent bone
 - Typically well corticated erosions

Differential Diagnosis

- Rheumatoid arthritis- pannus formation diffusely enhances and lacks calcification
- Osteomyelitis
- OPLL
- Meningioma- intradural extramedullary
- Metastatic disease

Clinical Presentation

- Variable
- MCC incidental finding
- Mass with myelopathy
- Acute neck pain
 - pseudogout: arthritis caused by CPPD crystal inflammation with symptoms like gout
 - Crowned dens syndrome: fever with suboccipital pain, stiffness, elevated inflammatory markers

Complications of CPPD at C1-C2

- Degenerative disc disease
- Spondylolisthesis
- Atlantoaxial subluxation
- Vertebral ankylosis
- Occipitoatlantoaxial joint collapse
- Formation of subchondral cyst or erosions
- Myelopathy
- Type 2 Dens fracture

Treatment

- Conservative for inflammatory symptoms of crowned dens
 - NSAIDS, steroids, physical therapy
- Transoral-transpharyngeal resection of CPPD mass if causing pain or myelopathy

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STATDx