

- A 30-year-old patient
- Presence of HLA-B27
- Dorsal and lumbar pain
- Stiffness for more than 10 months that improves with exercise but is not relieved by rest

Fig. 1 Sagittal SE T1-weighted image (a), sagittal TSE T2-weighted image (b), sagittal TSE T2-weighted images with fat saturation (c–d), sagittal SE T1-weighted image with fat saturation following the administration of contrast medium (e–f). These images show a low signal at T12, L1, L2, and L3 with focal fat infiltration at vertebral corners of L1 and L2 (chronic inflammatory lesions) (a); T2-weighted image shows a mild hyperintensity at the same levels, while fat saturated T2-weighted image shows a more marked hyperintensity of the same lesions (c–d). Contrast medium administration shows enhancement of the vertebral corners and endplates of thoracic and lumbar spine (e, f, *asterisks*). Note how the post-contrast images also show pronounced enhancement of interspinal and supraspinous ligaments, a finding indicative of enthesitis (e–f, *arrows*)

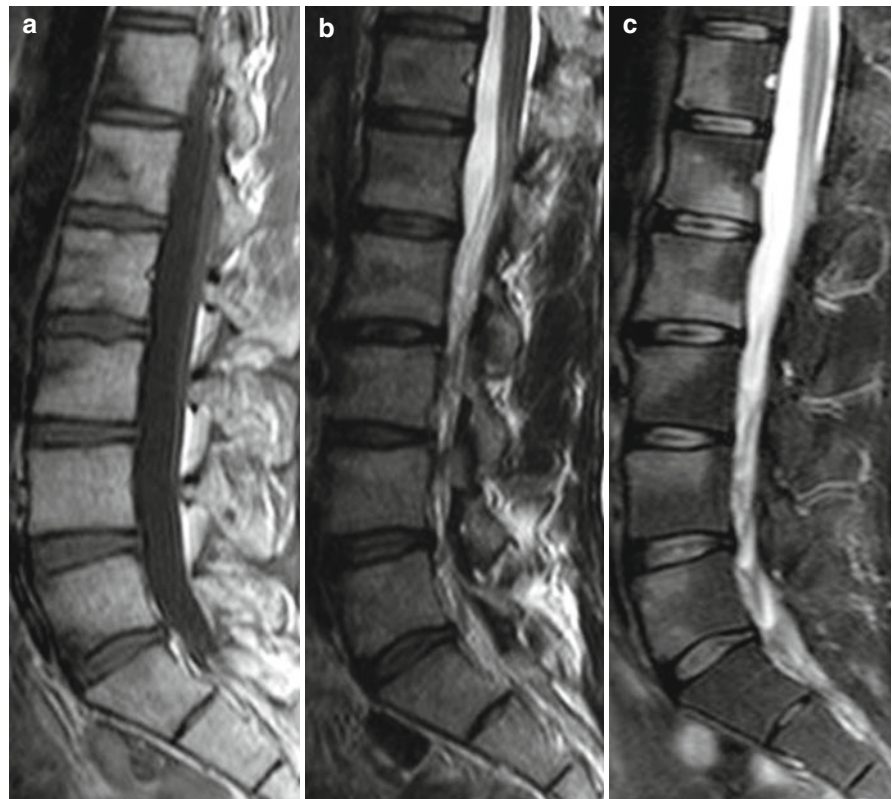
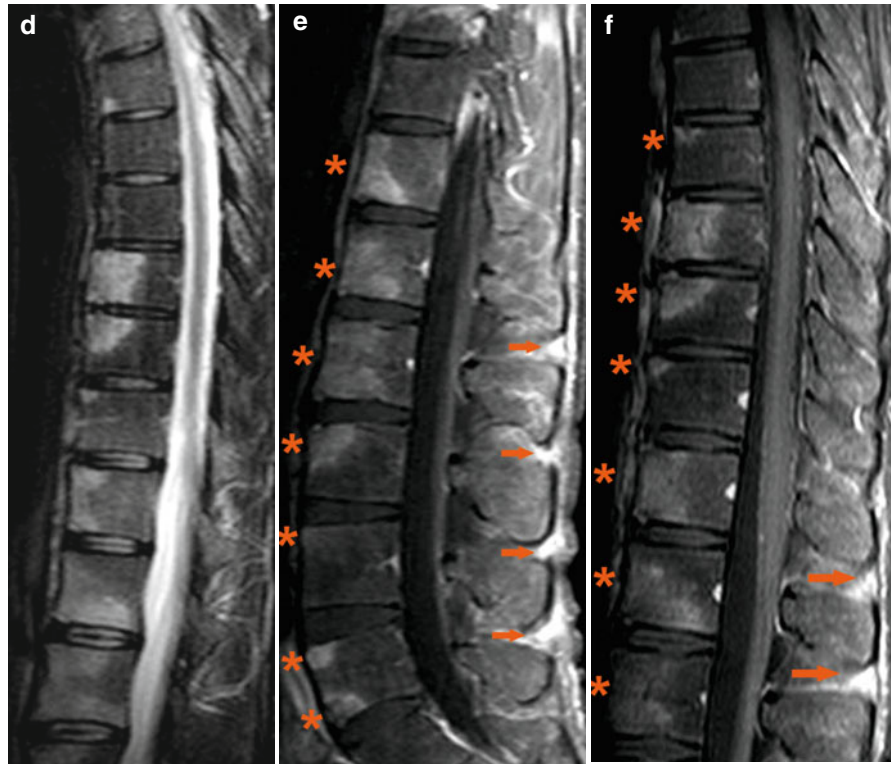


Fig. 1 (continued)

Follow-up after 6 months of TNF-blocker therapy

Fig. 2 Sagittal SE T1-weighted sequences (**a–b**), sagittal TSE T2-weighted images with fat saturation (**c–d**), sagittal SE T1-weighted images with fat saturation following the administration of contrast medium (**e–f**). Focal fat infiltration of the thoracic and lumbar vertebral corners (**a–b**), with the absence of bone marrow edema (**c–d**); images after contrast medium administration confirm the resolution of the inflammation, with a minimal enhancement of the superior corner of T11 (**e–f**)



Fig. 2 (continued)

