



Supplementary Fig. 3. A pathological lesion with no visible compression lesion in neutral-positioned magnetic resonance imaging (MRI). A 57-year-old male had undergone anterior cervical discectomy and fusion (ACDF) with a standalone cage on C3–4 10 years ago and had upper extremities weakness and ataxic gait aggravation one year previously. He was diagnosed with cervical spondylotic myelopathy, but no cord compression was found. (A) Flexion-positioned MRI showed SI at C3–4 and C5–6 but no cord compression. (B) Neutral-positioned MRI did not show any cord compression. (C) Extension-positioned MRI showed severe cord impingement at C4–5 and an increase in the intramedullary SI (G2) at C5–6. (D) We performed ACDF C4–5–6, and he showed improved gait disturbance and weakness in the upper extremities after surgery.