Supplementary Online Content

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eBox 1. Alternative acute myelopathy diagnoses

eBox 2. Typical SCI MRI findings

This supplementary material has been provided by the authors to give readers additional information about their work.

eBox 1. Alternative acute myelopathy diagnoses

Spontaneous acute myelopathy Intramedullary

- Inflammatory: AQP4-IgG seropositive NMOSD, MOG-IgG demyelinating disease, multiple sclerosis, sarcoidosis, idiopathic transverse myelitis
- Infectious/post-infectious: acute flaccid myelitis, viral myelitis, HIV, syphilis, Lyme disease
- Vascular: hematomyelia, spinal DAVF, vasculitis
- Neoplasm: metastasis, tumor hemorrhage
- Toxic: nitrous oxide, heroin

Extramedullary

 Epidural hematoma, metastatic epidural compression, epidural abscess, severe spondylosis with minor trauma

Periprocedural acute myelopathy (e.g. aortic surgery)

Epidural hematoma, severe spondylosis

Abbreviations: AQP4, aquaporin-4; DAVF, dural arteriovenous fistula; HIV, human immunodeficiency virus; IgG, immunoglobulin G; MOG, myelin oligodendrocyte glycoprotein; NMOSD, neuromyelitis optica spectrum disorders.

eBox 2. Typical SCI MRI findings

LISTED FEATURES ARE NOT REQUIRED FOR CRITERIA

- T2 Axial
- Anteromedial spot
- Owl eyes
- Anterior "U/V"
- Holocord or hologrey
- All signal confined to arterial territory (ASA or PSA)
- Cystic myelomalacia (chronic)
- T2 Sagittal
- Anterior "pencil-like" T2-hyperintensity
- Longitudinally extensive lesion
- Cystic myelomalacia (chronic)
- Gadolinium enhancement
 - Linear craniocaudal strip
 - Arterial territory (ASA or PSA)

Abbreviations: ASA, anterior spinal artery; PSA, posterior spinal artery.