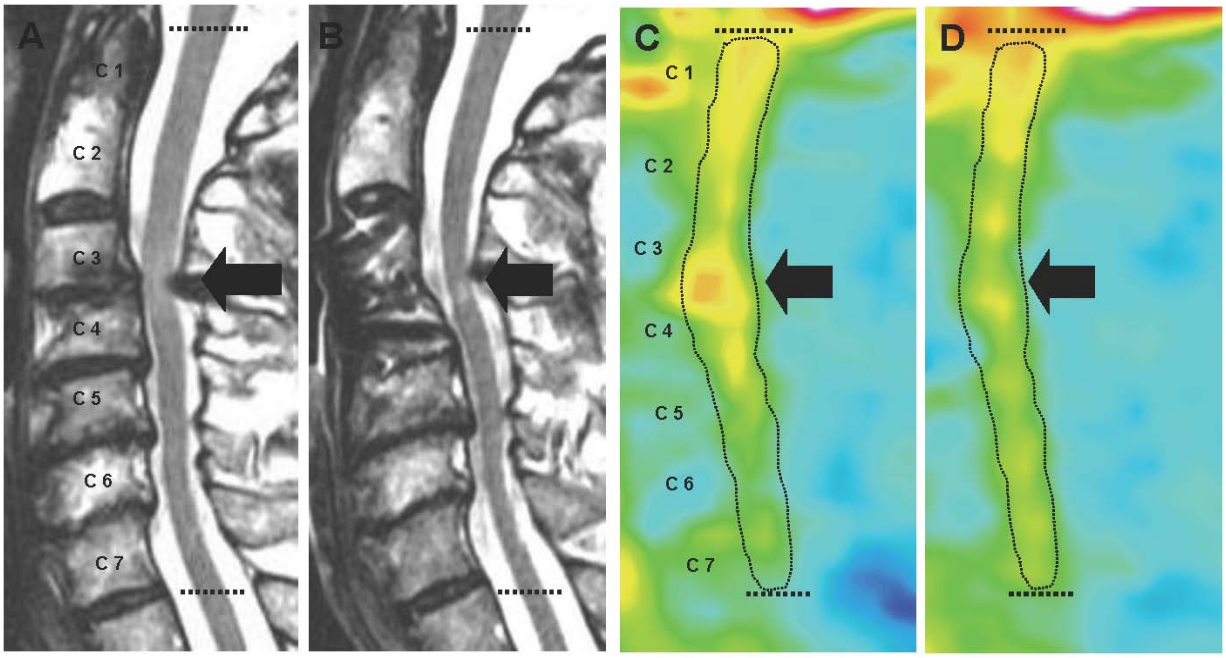
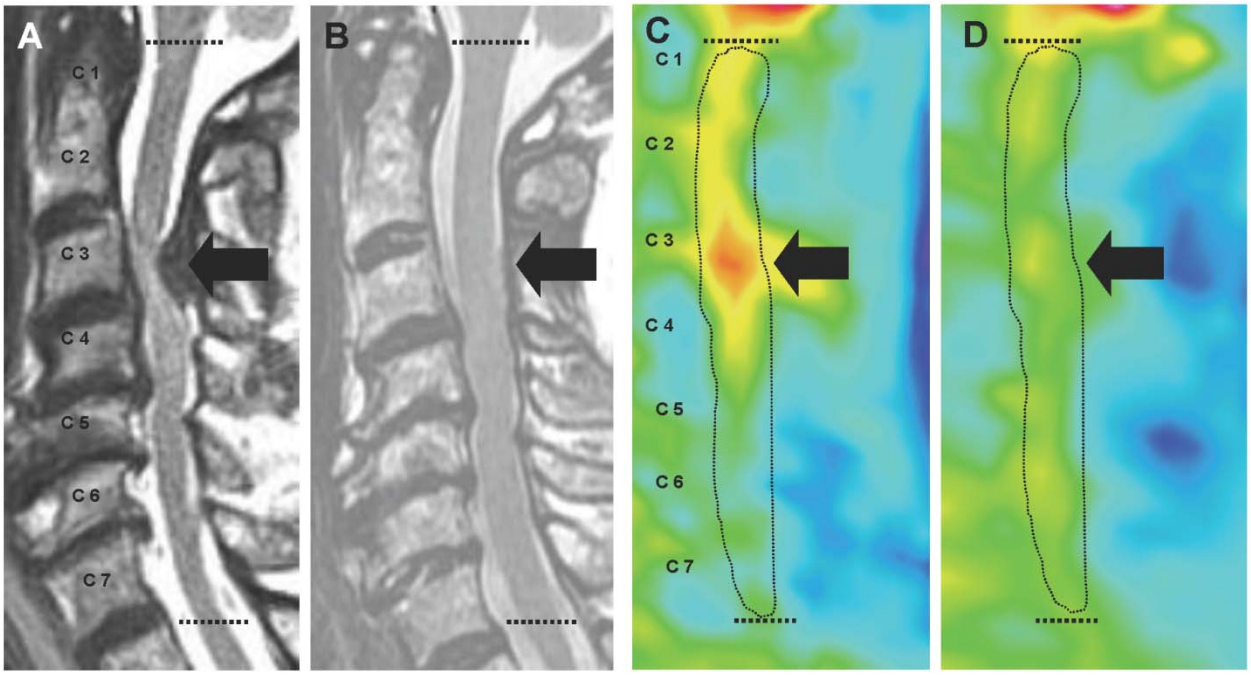


Supplemental Figure 1: Patient with myelopathy type 1 (patient #4). The T2-weighted MRI (A) shows a stenosis with compression of the cervical spinal cord and an intramedullary hyperintensity at the level C3/4 (arrow). The corresponding ^{18}F-FDG PET (C) shows an increased ^{18}F-FDG uptake at the level of stenosis at C3/4 (arrow). The dotted line indicates the position of the spinal canal. Postoperatively, symptoms of cervical myelopathy improved considerably (increase of JOA score, 6 points). One year after decompressive surgery, MR imaging shows the re-established flow of cerebrospinal fluid around the cervical spinal cord and the intramedullary hyperintensity at the level of the former stenosis at C3/4 (arrow) is unchanged (B). In contrast, corresponding ^{18}F-FDG PET (D) indicates a complete decline of ^{18}F-FDG uptake at the level of the former stenosis at C3/4 (arrow).



Supplemental Figure 2: Patient with myelopathy type 1 (patient #6). The T2-weighted MRI (A) shows a stenosis with compression of the cervical spinal cord and a diffuse intramedullary hyperintensity at the level C3/4 (arrow). The corresponding ^{18}F-FDG PET (C) shows an increased ^{18}F-FDG uptake at the level of stenosis at C3/4 (arrow). The dotted line indicates the position of the spinal canal. Postoperatively, symptoms of cervical myelopathy improved considerably (increase of JOA score, 7 points). One year after decompressive surgery, MR imaging shows no compression of the cervical spinal cord and the intramedullary hyperintensity at the level of the former stenosis at C3/4 (arrow) is vanished (B). The corresponding ^{18}F-FDG PET (D) indicates a complete decline of ^{18}F-FDG uptake at the level of the former stenosis at C3/4 (arrow).