

# (11): Interactive Lecture of Nervous System



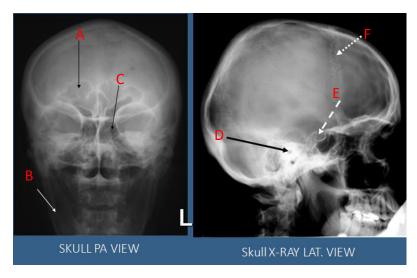
Done By:

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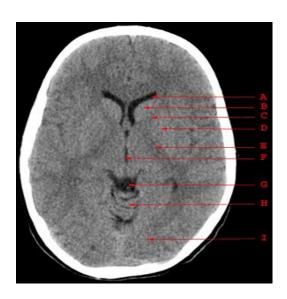
**Reviewed By:** Eman AlBedaiea



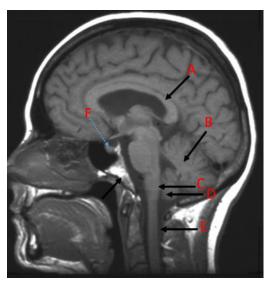
# Name the structures:



- A. Frontal sinus
- B. Mandible.
- C. Ethmoid air cell.
- D. Petrous Bone.
- E.Sella turcica.
- F. Coronal suture.



- A. Anterior horn of the lateral ventricle.
- B. Head of the caudate nucleus.
- C. Anterior limb of internal capsule.
- D. Lentiform nucleus.
- E. Posterior limb of internal capsule.
- F. Third ventricle.
- G. Quadrigeminal cistern.
- H. Vermis of cerebellum.
- I. Occipital lobe.



- A. Corpus callosum.
- B. Cerebellum.
- C. Medulla oblongata.
- D. Cerebellar tonsils. → commonly involved in case of brain herniation
- E. Spinal cord.
- F. Pituitary gland.

On x-ray, we can only see pituitary fossa but not the gland itself.

## **Which is true in CT?**

- A. Bone is black
- B. CSF is black
- C. Gray matter is darker than white matter  $\rightarrow$  the opposite is correct.
- D. Gray and white matter cannot be differentiated →This happens in ischemia or edema.

## **Contraindication of MRI include all the following EXCEPT:**

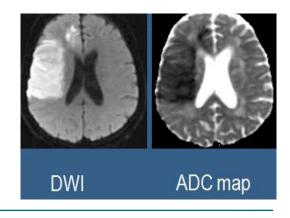
- A. Cardiac pacemaker → Absolute contraindication
- B. Cochlear implants → Relative contraindication
- C. Metal close to the eye → Absolute contraindication because it can result in significant damage to the eye
- D. Neurostimulators → Absolute contraindication
- **E.** Pregnancy (3rd trimester) → only early pregnancy is a contraindication.

## Brain MRI diffusion (DWI) is particularly helpful in assessment of:

- A. Infarction
- B. Abscess
- C. Tumors
- D. Trauma
- E. Myelination disorders → Not helpful at all in most cases

#### MR diffusion is very helpful in assessment of:

- -Early brain infarction.
- -Brain abscess.
- -Certain types of brain tumor.



# **\*** Which of the following is true:

- A. This is CTA study
- B. This is MRA study
- C. This can only be done with contrast
- D. This is good to diagnose cerebral venous thrombosis
- MRA vs. CTA → bone is white on CTA.
- MRA can be done with or without contrast.
- If a patient has a contraindication (e.g. renal insufficiency) to contrast medium → use MRA without contrast.



- An MRI showed <u>intra-axial</u> lesion that is <u>necrotic</u>, <u>irregular</u>, strongly enhancing, and <u>crossing midline</u>. This lesion is most likely:
- A. Meningioma
- B. Infarction
- C. Multiple sclerosis
- D. Glioblastoma multiforme (GBM).

#### GBM characteristics:

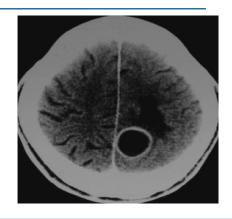
- 1. Crosses midline.
- 2. Shows very irregular peripheral enhancement.
- 3. Area of central necrosis (Dark)
- 4. Nodularity.

#### • DDx:

- Meningioma enhances as a whole and does not show only peripheral enhancement. + Can arise in the midline but does not cross the midline if it arises somewhere else.
- > Lymphoma but it usually enhances as a whole NOT just ring enhancement.

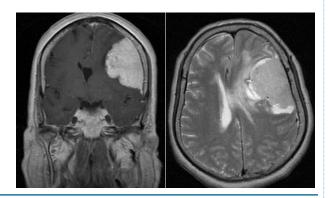
## **The lesion on this CT is:**

- A. Meningioma
- B. Abscess → very regular borders + ring enhancement
- C. Multiple sclerosis
- D. Glioblastoma multiforme



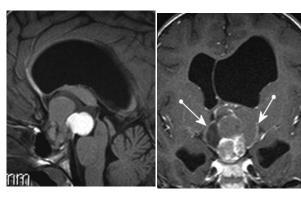
# This lesion on MRI is:

- A. Menigioma → Homogenous enhancement
- B. Infection
- C. Metastasis → more heterogeneous + multiple
- D. Abscess.



## The lesion on MRI is:

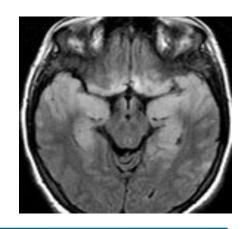
- A. Pituitary adenoma
- B. Craniopharyngioma because it is outside brain parenchyma +multicystic + some enhancing component.
- C. Meningioma
- D. Glioblastoma multiforme





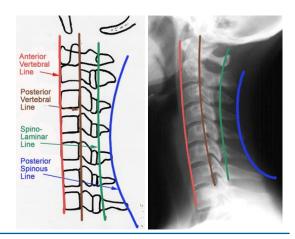
## **❖** The abnormalities on this MRI are due to:

- A. Multiple sclerosis → not corrected because in this image most of the abnormality is seen in gray matter and MS is a white matter disease.
- B. Meningitis
- C. Brain tumor
- D. Encephalitis → Diffuse process bilaterally + mostly affecting temporal lobes with some extension to frontal.



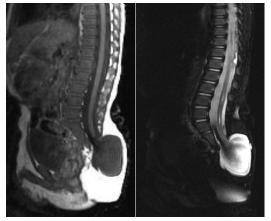
# **\*** Which of the following is true about the lines of the cervical spine? important

- A. Red is intervertebral line
- B. Brown is posterior spinous line
- C. Green is spinolaminar line
- D. Blue is posterior vertebral line



# This MRI of the spine shows:

- A. Meningocele
- B. Extradural tumor
- C. Discitis
- D. Vertebral fusion



# **\*** What's the difference?

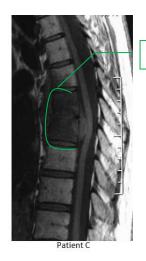
Thickening of prevertebral soft tissue.



Patient







Bones look abnormal

Intramedullary

Extramedullary intradural

Extradural

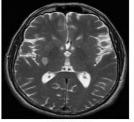
#### **\*** Characteristics:

#### • Extramedullary intradural:

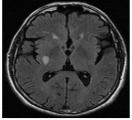
- Spinal cord is pushed & displaced.
- Tumor is outside the spinal cord but within the spinal canal.

#### • Extradural:

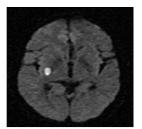
Mostly arise from vertebral bodies due to infection, metastasis, compression fracture or hematoma.



T2WI



FLAIR



DWI

## **\*** This MRI shows an infraction in the right basal ganglia. The infarction is:

- A. Acute (recent)
- B. Chronic (old) → appears normal on DWI
- C. Hemorrhagic → appears dark on T2 and FLAIR
- D. In PCA territory → Wrong. It is in ACA.

# This patient is likely to have:

- A. Left monoplegia
- B. Left hemiplegia
- C. Diplegia
- D. No symptoms

<sup>\*</sup>The infracted brain area stays bright on DWI up to two weeks from onset.

# \* This CT shows:

- A. Subdural hematoma.
- B. Subarachnoid hemorrhage.
- C. Intraventricular hemorrhage.
- D. All of the above.

Normal calcification of choroid plexus



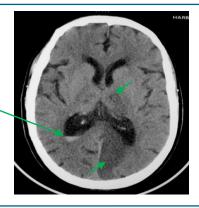
# The hematoma pointed by the arrow is:

- A. Acute epidural
- B. Chronic epidural
- C. Acute subdural
- D. Chronic subdural
- Subarachnoid hemorrhage → crosses sutures.
- Epidural hematoma → crosses midline but NOT sutures.



## **\*** This CT shows:

- A. Acute PCA infarct + Interventricular hemorrhage.
- B. Chronic ACA infarct
- C. Subarachnoid bleeding
- D. Meningioma
- E. Abscess



- This is brain metastasis.
- Multiple abscesses is a DDx.
- NOT MS because these lesions are more peripheral towards gray matter + all are enhanced.
- If CT was done for the diagnosis of MS, it may miss some demyelinated lesions. MRI will show most of the missed lesions → favors demyelinating disease.

