

## Radiology of Common Brain Diseases (RAD366)

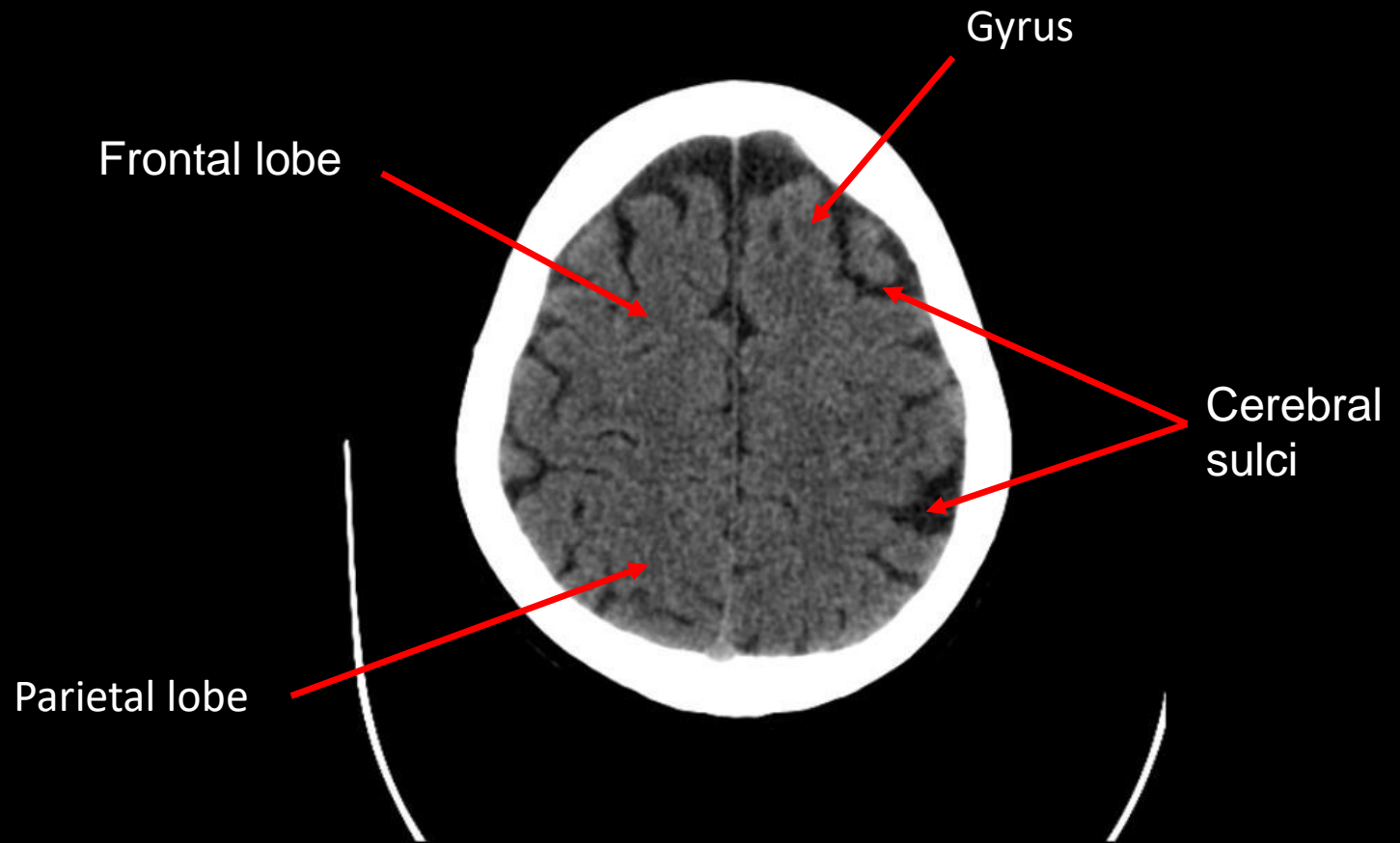


Fahad Essbaiheen, MBBS, FRCPC, DABR  
Interventional & Diagnostic Neuroradiologist  
King Saud University Medical City

# Objectives

- Learn about:
  - Intracranial hemorrhage.
  - Brain ischemia.
  - Intracranial tumors.
  - Intracranial infections.

# Anatomy:



# Anatomy:

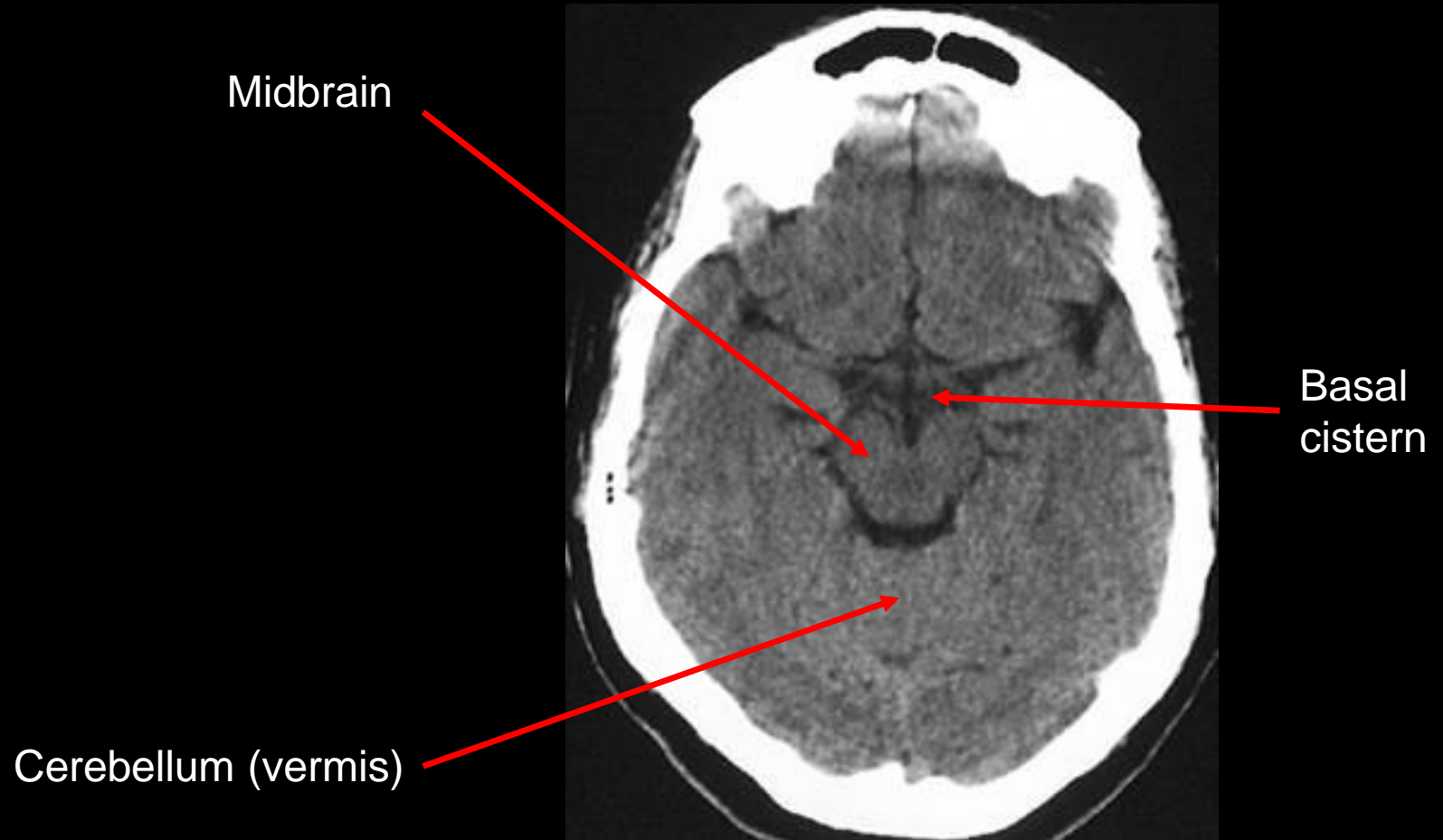
Frontal lobe



Temporal lobe

Occipital lobe

# Anatomy:

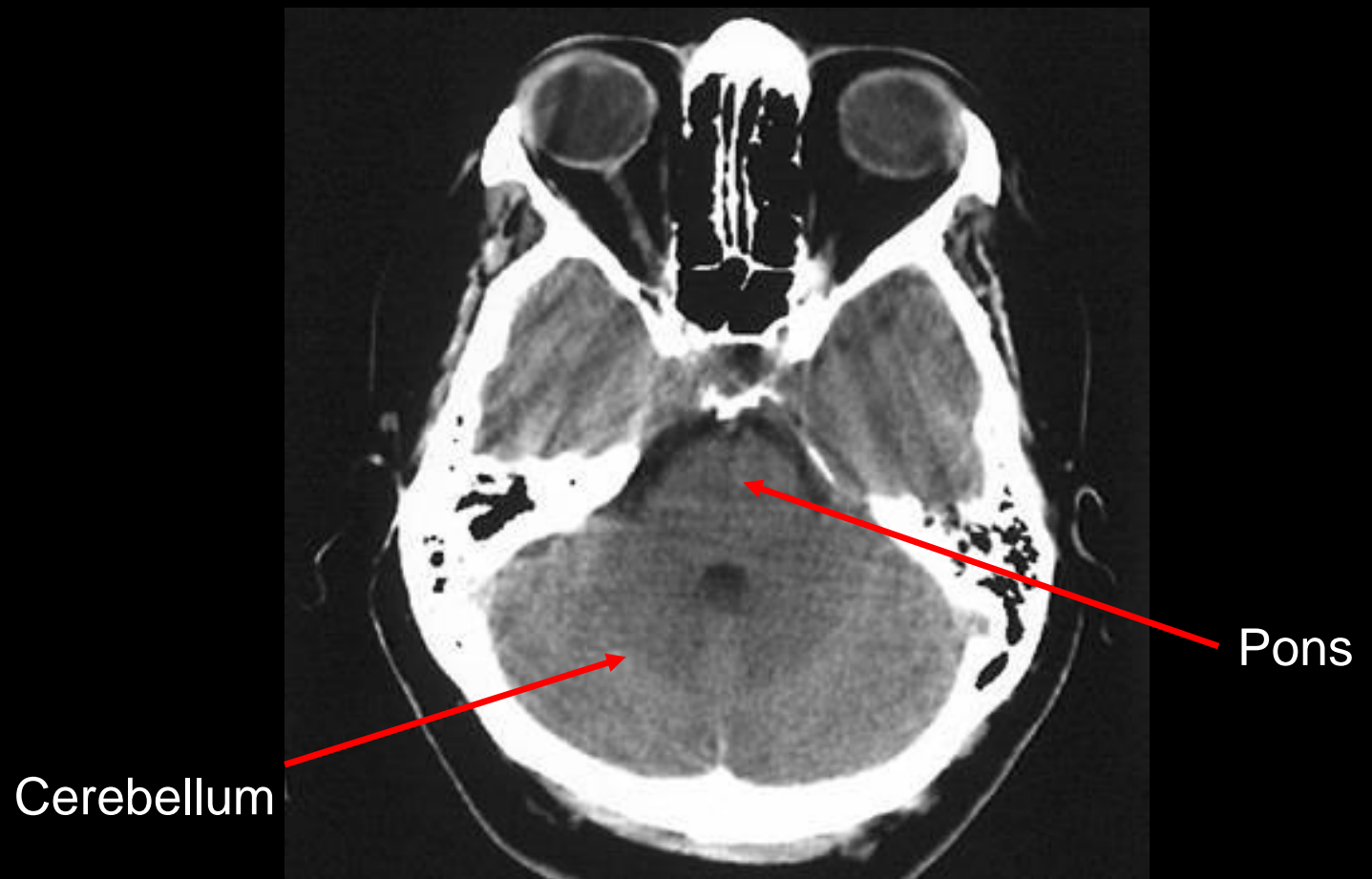


Midbrain

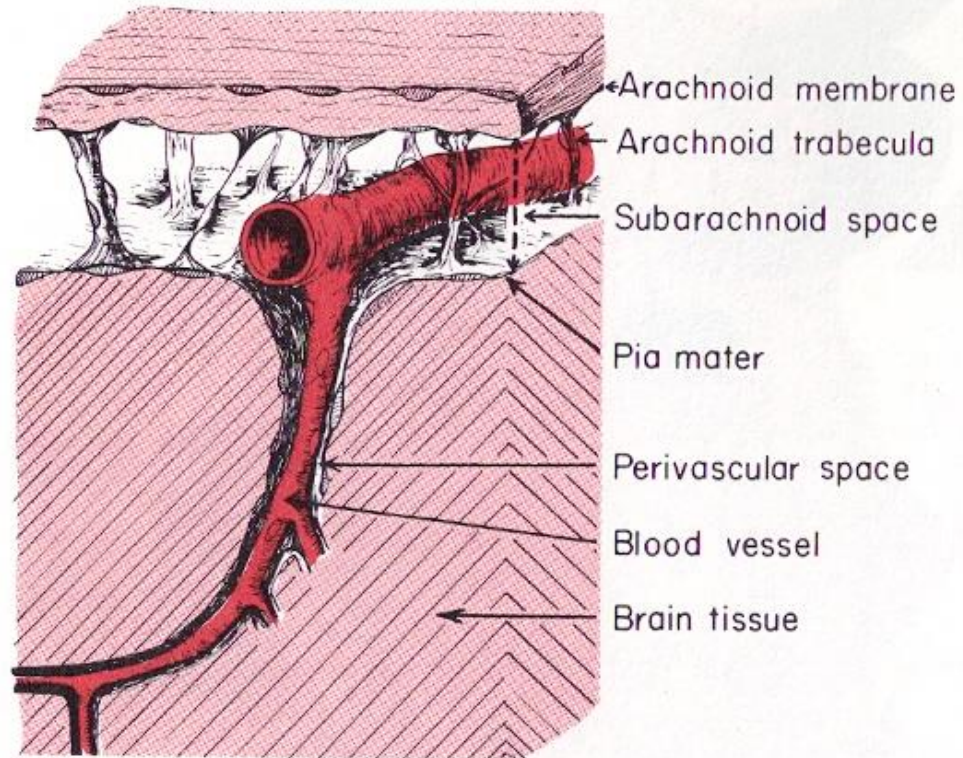
Basal cistern

Cerebellum (vermis)

# Anatomy:



# Anatomy:



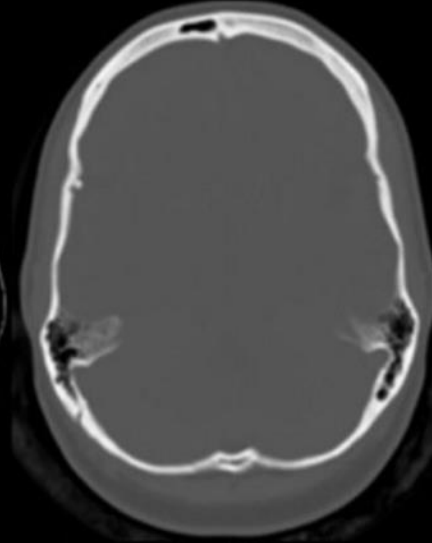


# Windowing:

**Brain window**  
(W 80, L 40)



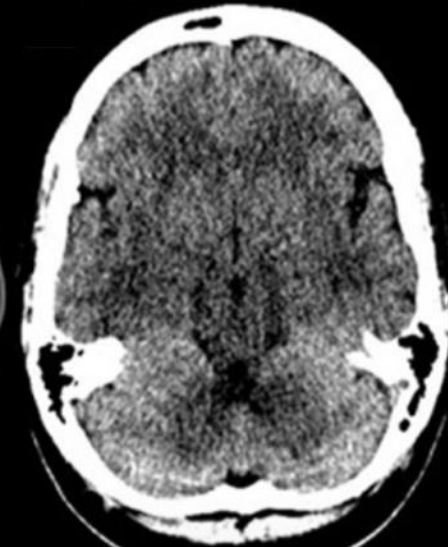
**Bone window**  
(W 3000, L 500)



**Subdural / soft tissue window**  
(W 260, L 80)



**Stroke window**  
(W 40, L 40)





# Windowing:



**Brain window**

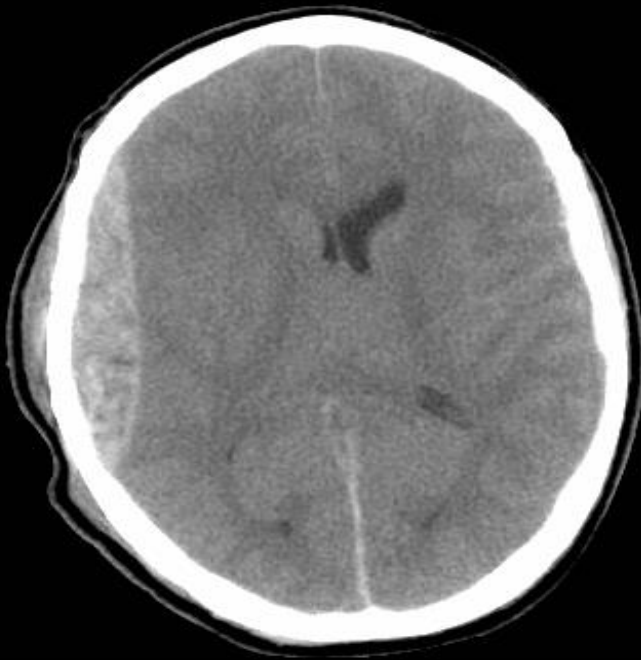
**Stroke window**



**Infarct**

# Windowing:

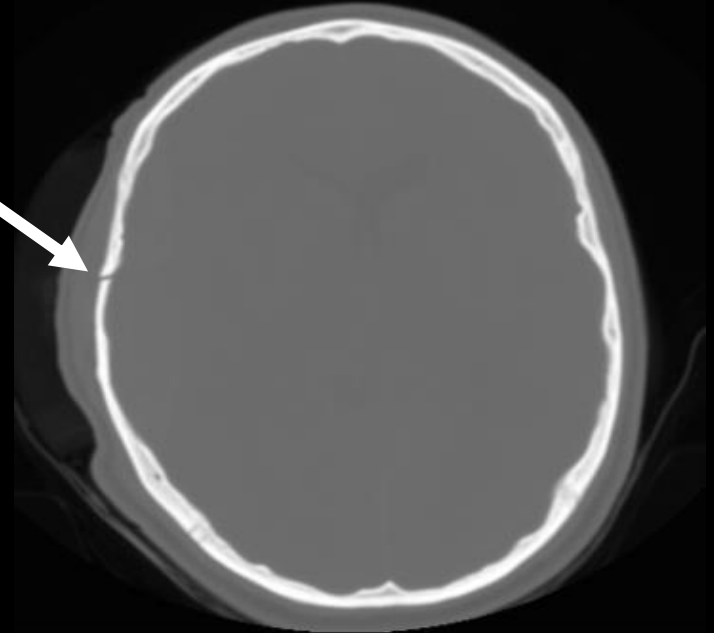
**Brain window**



**Acute epidural hemorrhage**

**Bone window**

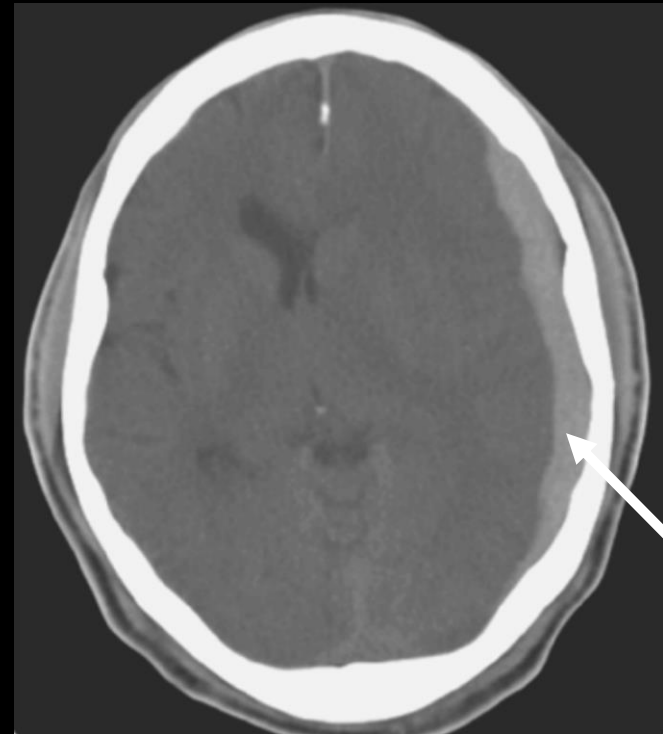
Fracture



# Windowing:



**Brain window**



SDH

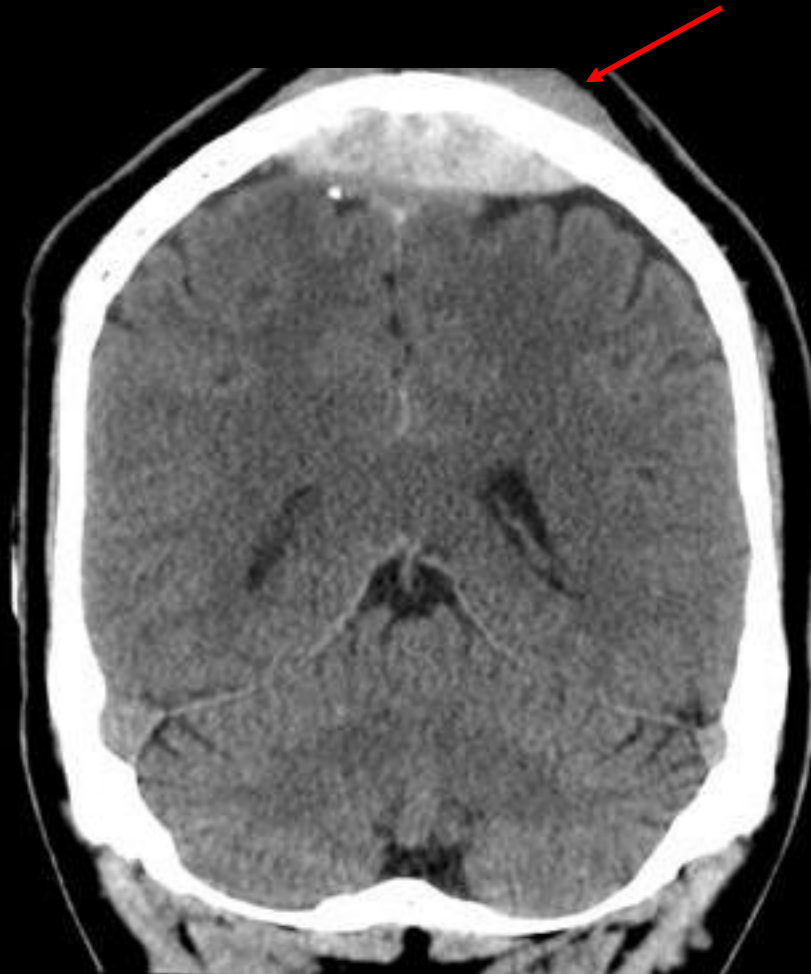
**Subdural / soft tissue  
window**

# Intracranial Hemorrhage

# Intracranial Hemorrhage

## Epidural hematoma:

- Lentiform collection between the dura and skull.
- Almost always traumatic.
- Associated with skull fracture.
- Typically arterial in nature, MMA mostly but could be from venous sinuses.
- It doesn't cross sutures but crosses midline.

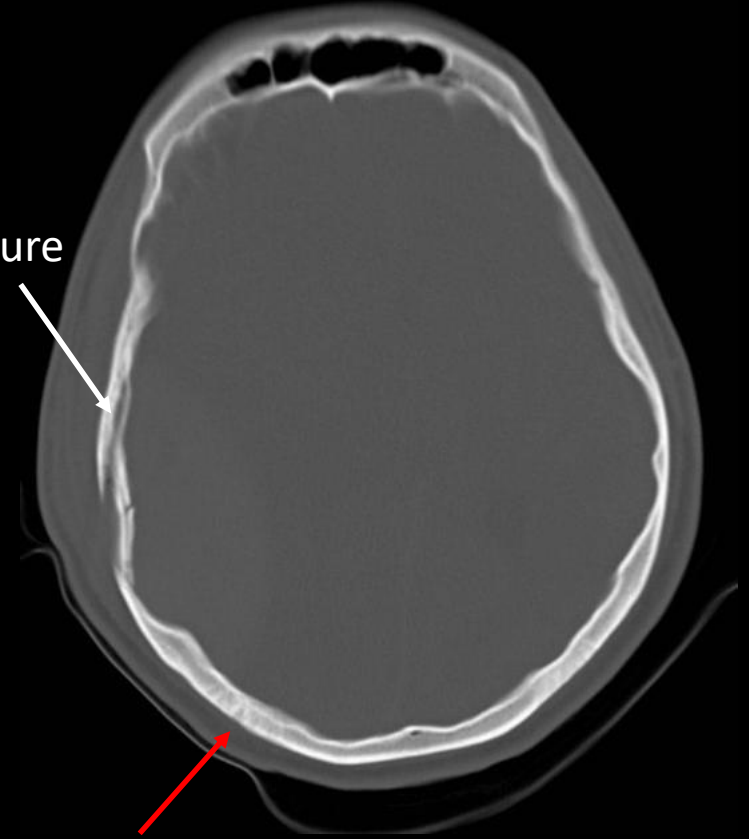


# EDH



Acute epidural hematoma

Skull fracture



# Intracranial Hemorrhage

## Subdural hematoma:

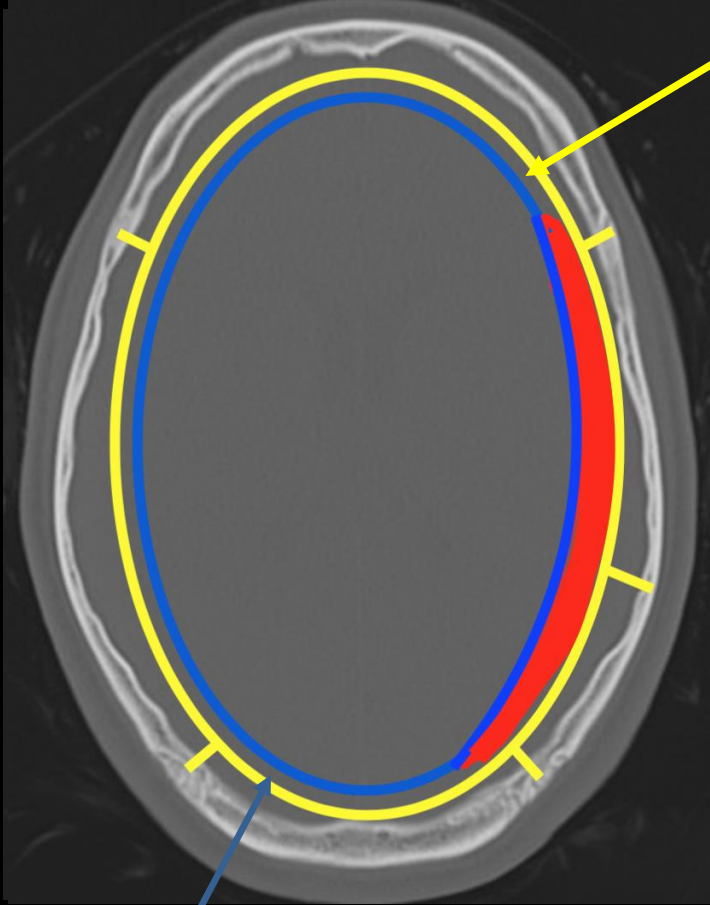
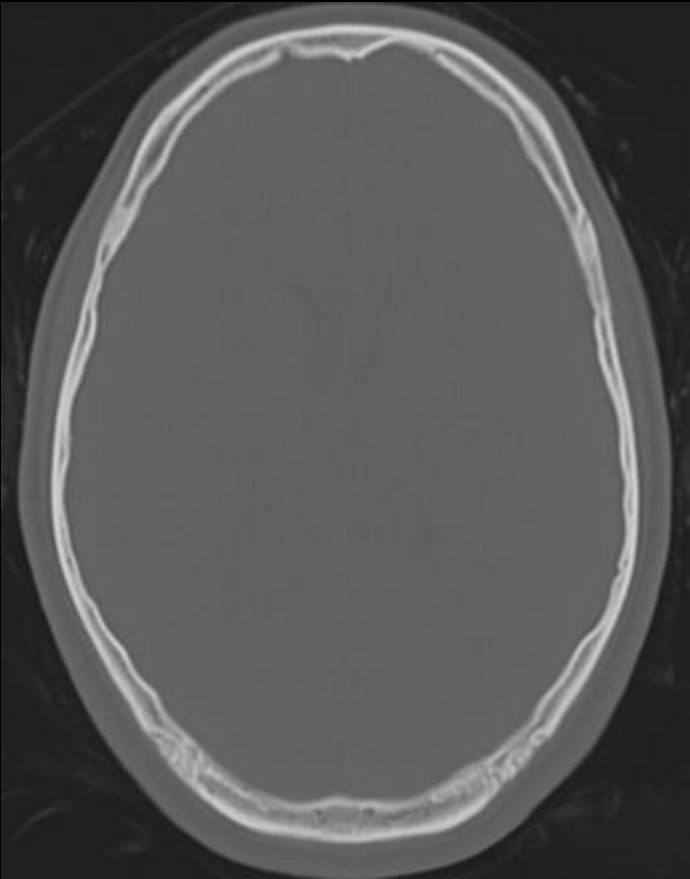
- Crescentic collection between the dura and arachnoid.
- Usually caused by trauma.
- Typically venous in nature.
- It does not cross midline.



Acute SDH



# SDH vs EDH



DURA

ARACHNOID

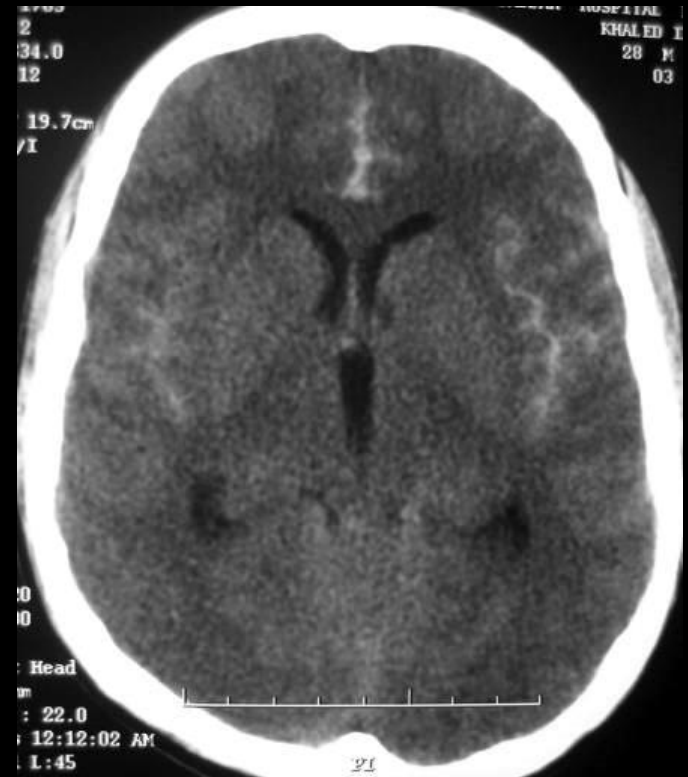
# Intracranial Hemorrhage

## Subarachnoid hemorrhage:

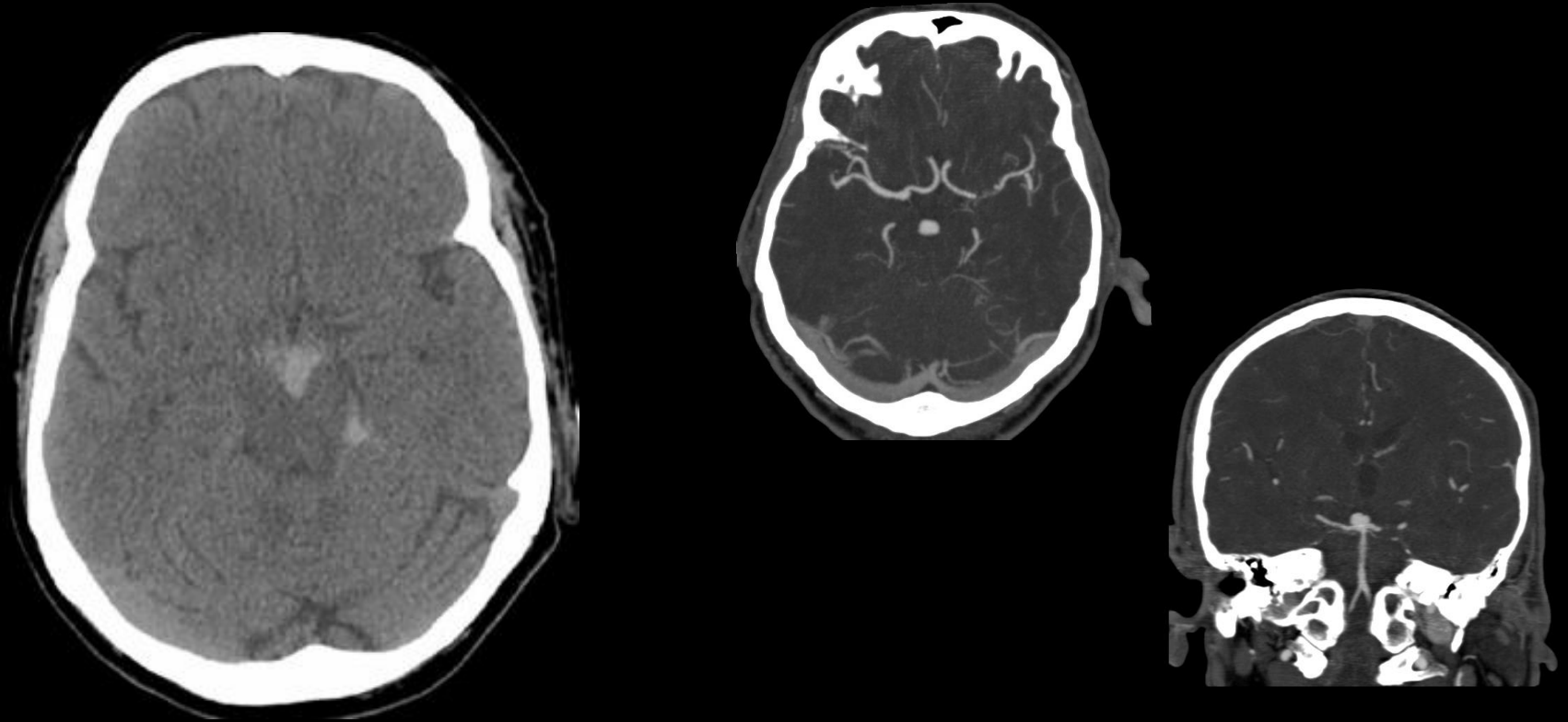
- Collects between the arachnoid and pia.
- Trauma is the most common cause of subarachnoid hemorrhage (SAH).
- Aneurysm rupture is the most common cause of non-traumatic SAH.
- No cause of SAH is seen in up to 20% of cases.
- Clinically, non-traumatic SAH presents with ***thunderclap*** headache and ***meningismus***.



# SAH



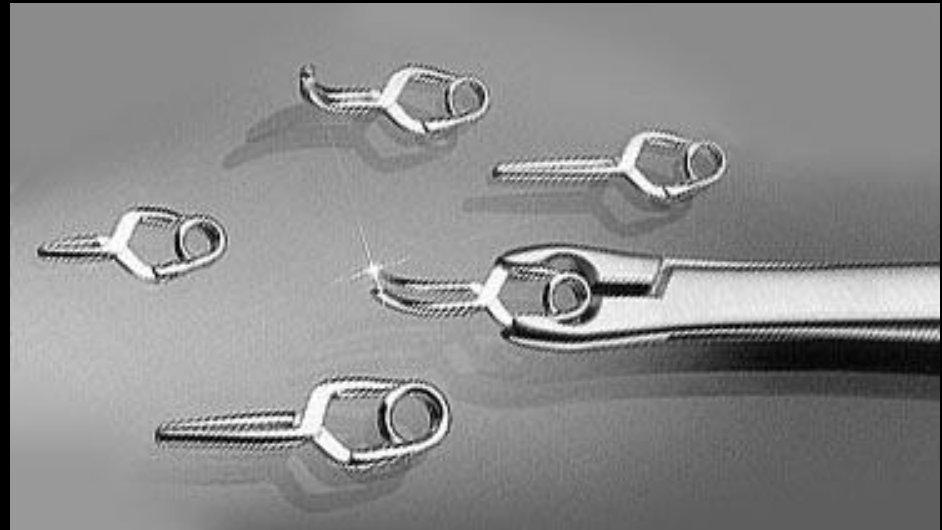
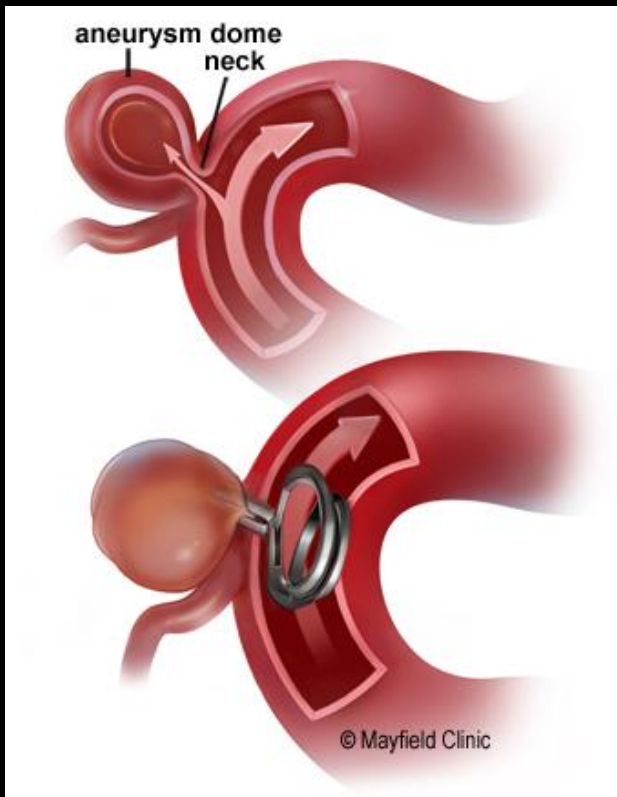
# Aneurysmal SAH



Basilar tip aneurysm (5% of aneurysms)

# Aneurysmal SAH

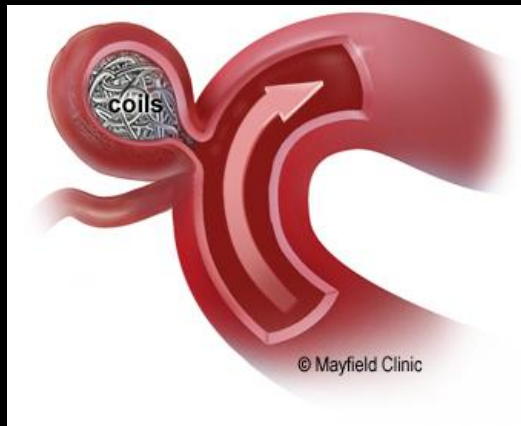
## Treatment of intracranial aneurysms



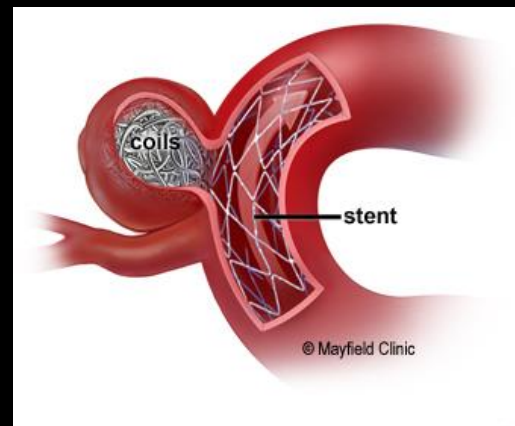
Surgical clipping

# Aneurysmal SAH

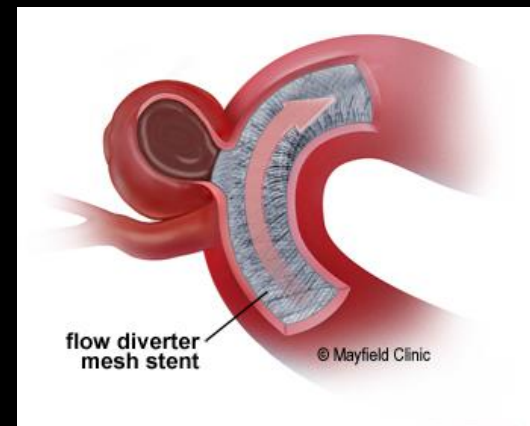
## Endovascular treatment of intracranial aneurysms



Coiling



Stent-assisted  
coiling

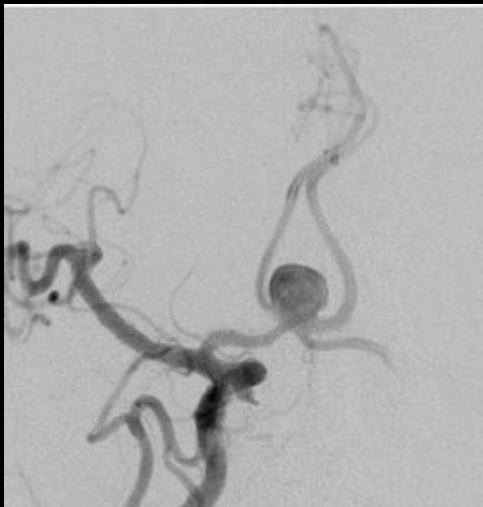


Flow diverter  
stenting

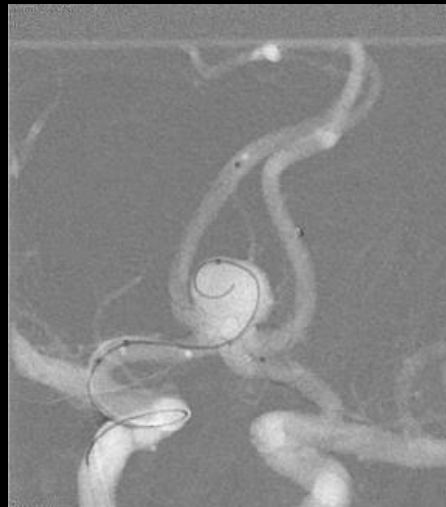


# Aneurysmal SAH

## Endovascular treatment of intracranial aneurysms



Before



During



After

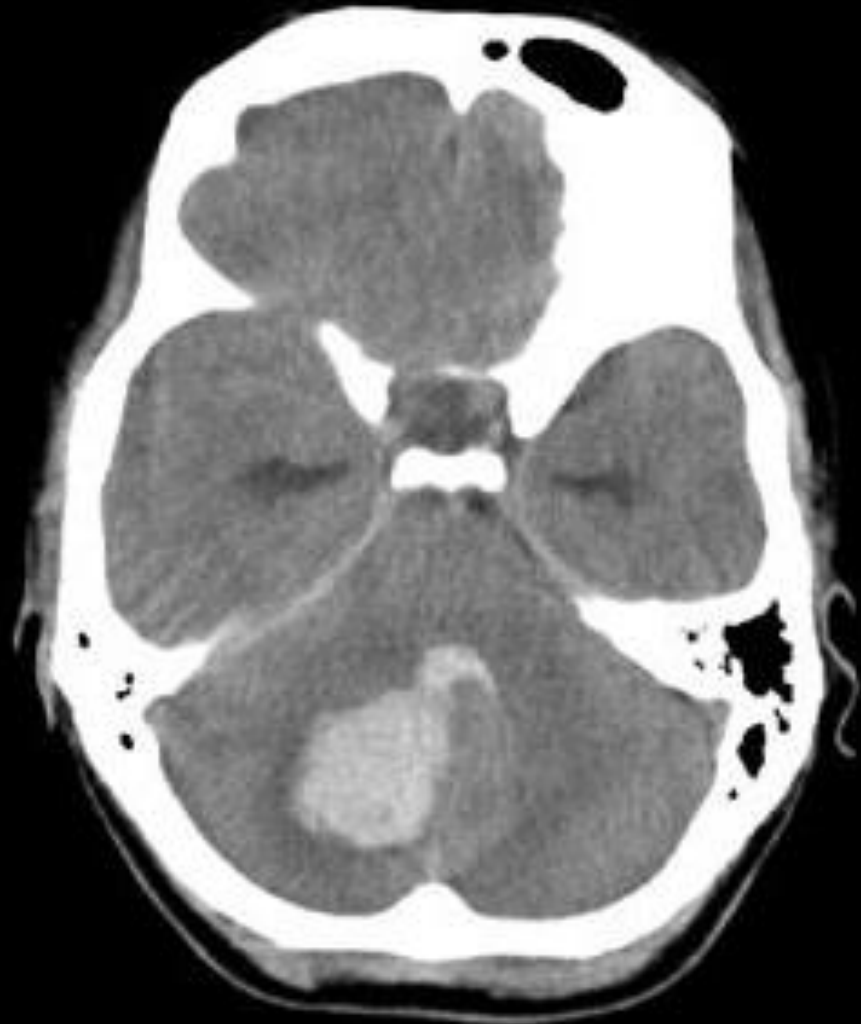


# Intraventricular hemorrhage



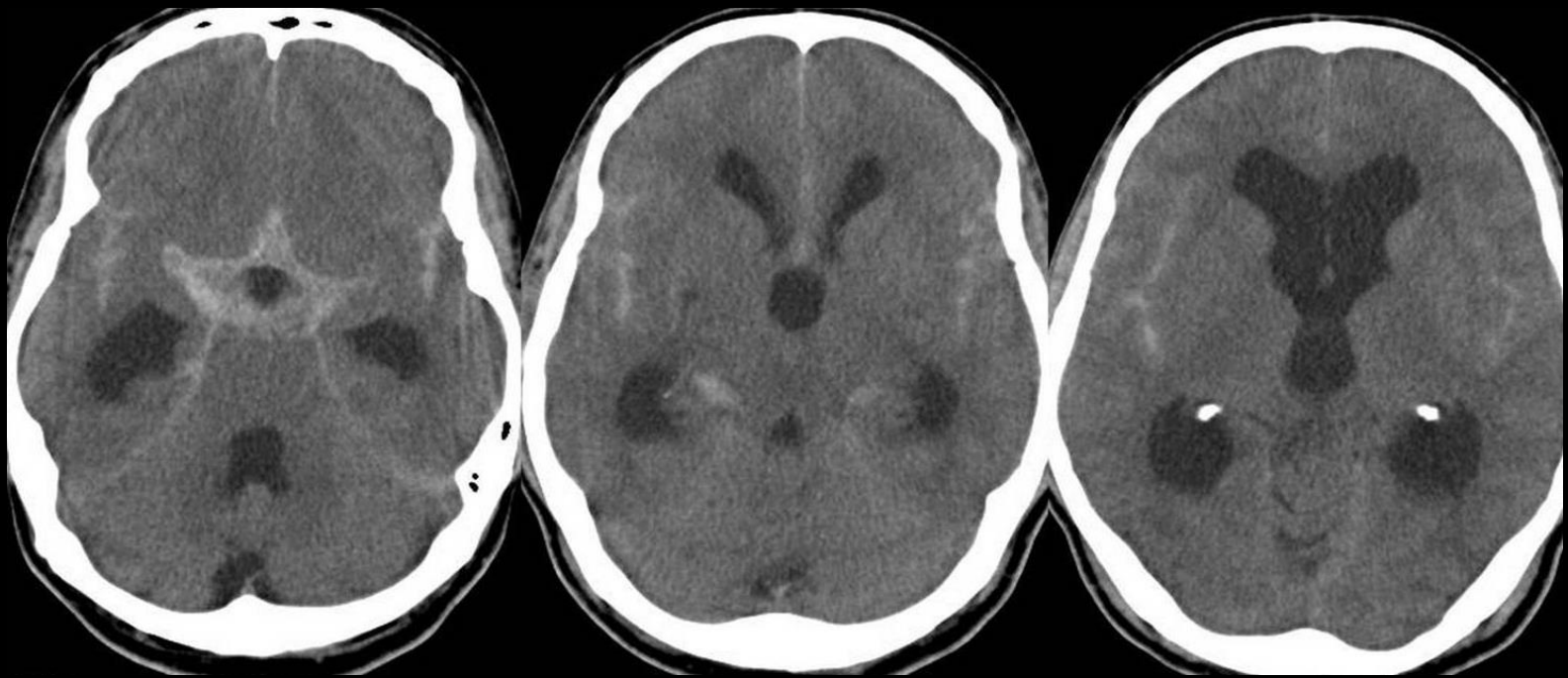
# Parenchymal hemorrhage

- Can be caused by trauma
- Other causes include:
  - Hypertension.
  - AVM malformations.
  - Cerebral amyloid angiopathy.



# Intracranial Hemorrhage

Complication:



Acute hydrocephalus

# Brain Ischemia

# Ischemic stroke

What will you see on head CT immediately after and ischemic stroke?



**Normal head CT**

# Ischemic stroke

What will you see on head CT in the **HYPERACUTE** phase?



**Hyperdense sign**

# Ischemic stroke

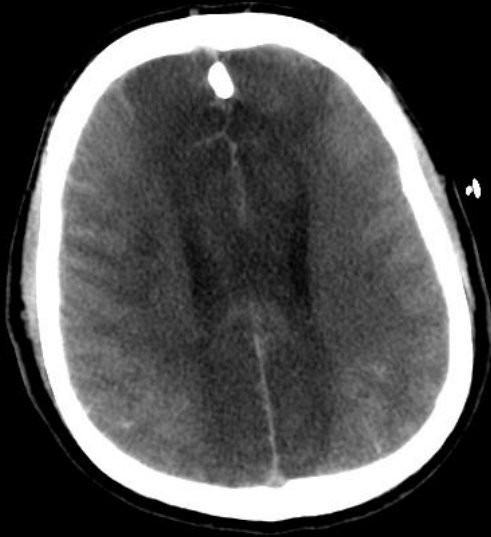


Middle cerebral artery

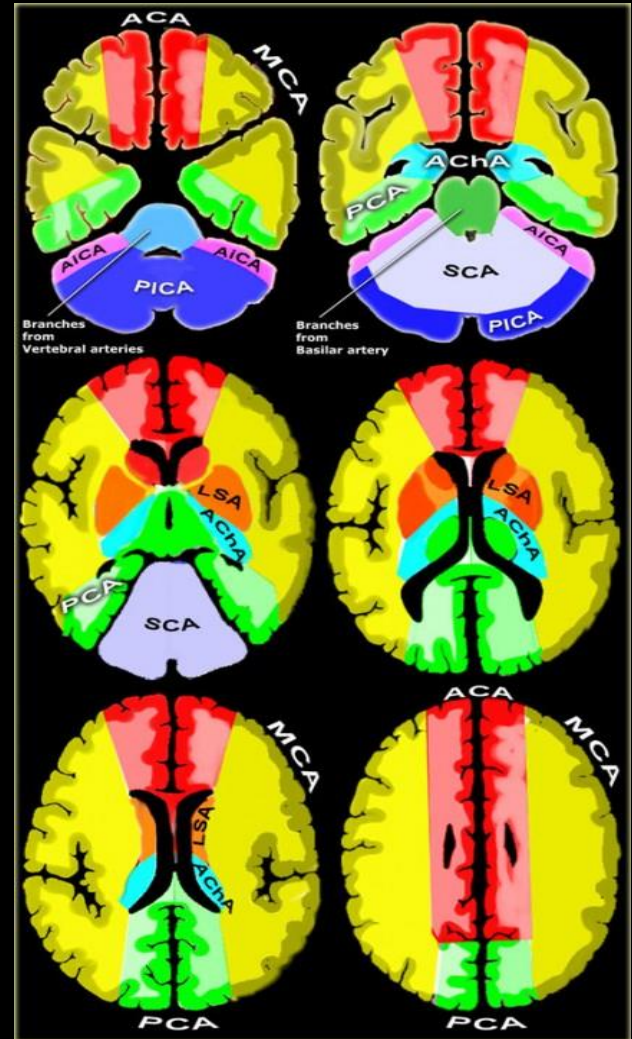
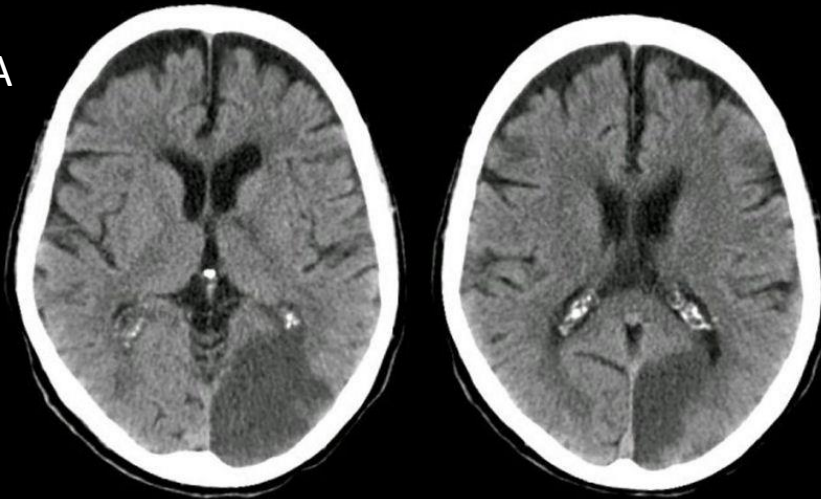


# Ischemic stroke

ACA



PCA

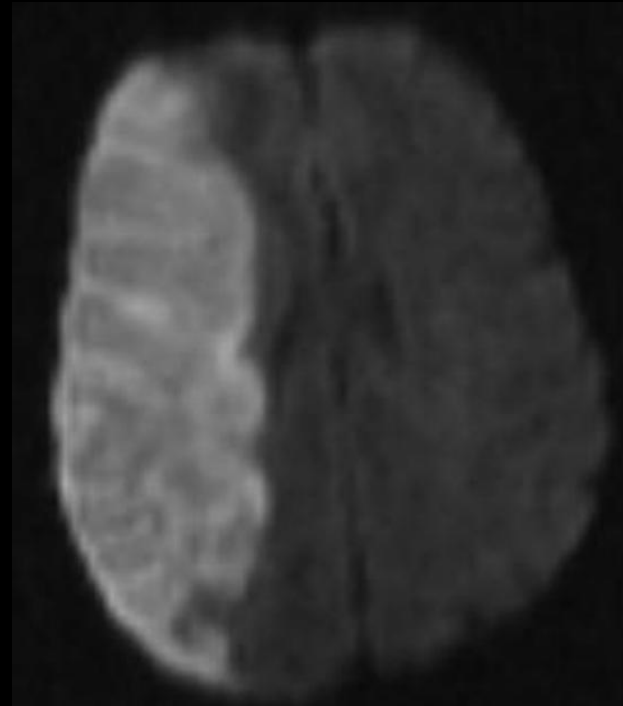


# Ischemic stroke

Where is the stroke?



CT

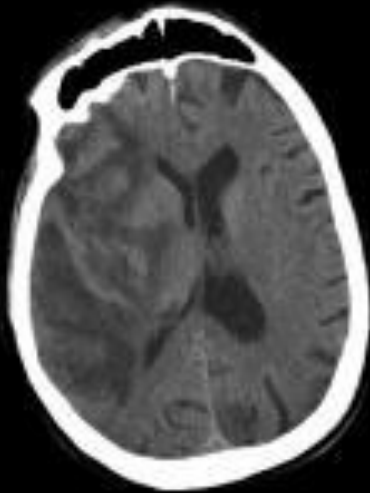


MRI

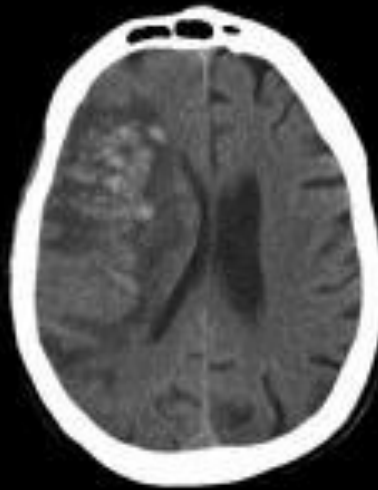
# Ischemic stroke

Complications:

Hemorrhagic transformation



24 hours after  
onset



Next day

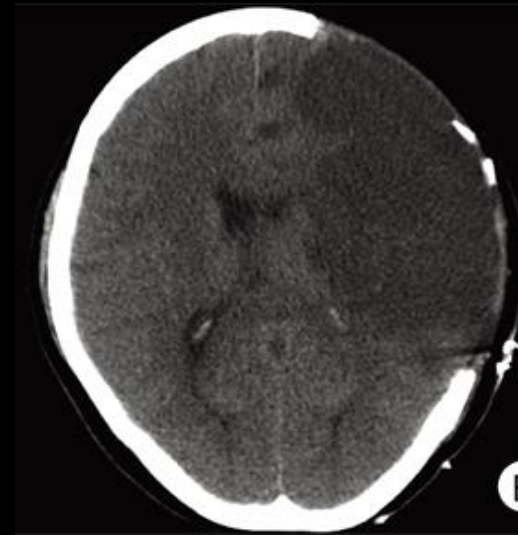


A few hours after

# Ischemic stroke

Complications:

Malignant stroke



Decompressive craniectomy

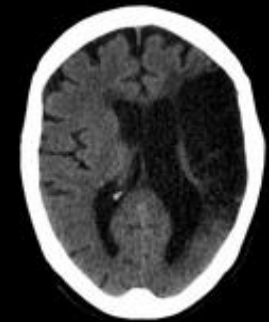
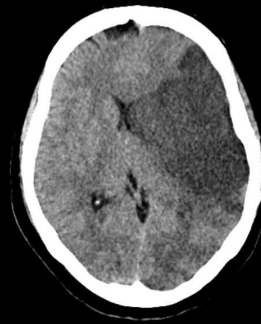
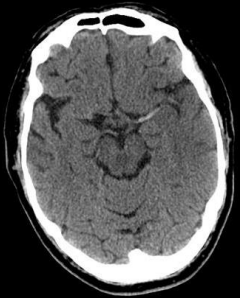
# Ischemic stroke

3 Hrs

12 Hrs

3 Days

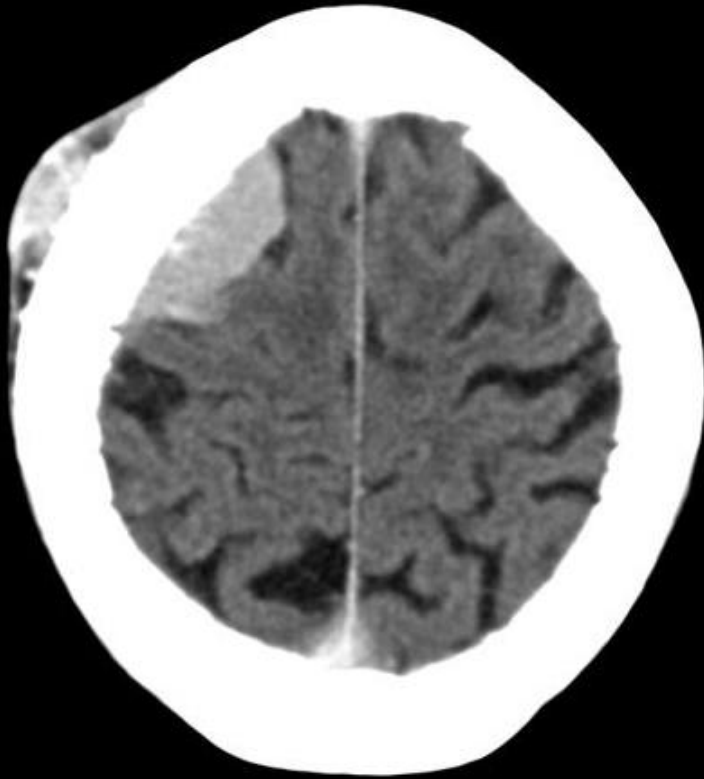
3 months



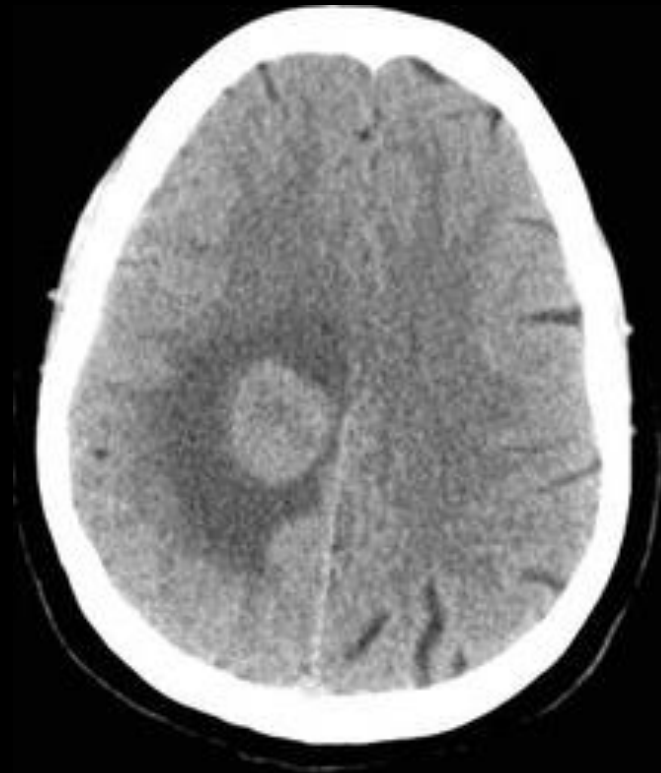
# Intracranial Tumors



# Intracranial Tumors

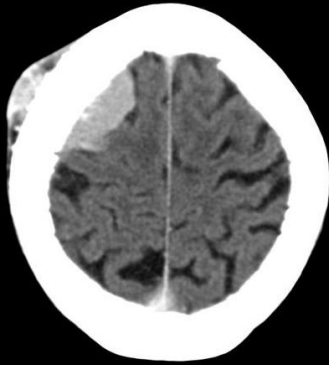


Extra-axial



Intra-axial

# Intracranial Tumors



## Extra-axial masses:

- Meningioma.
- Cranial nerve schwannoma.
- Metastasis.



## Intra-axial masses:

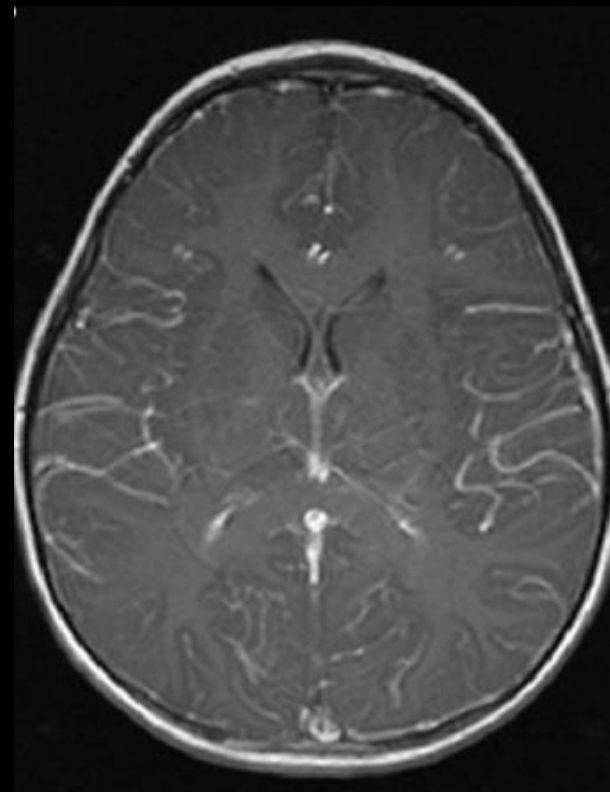
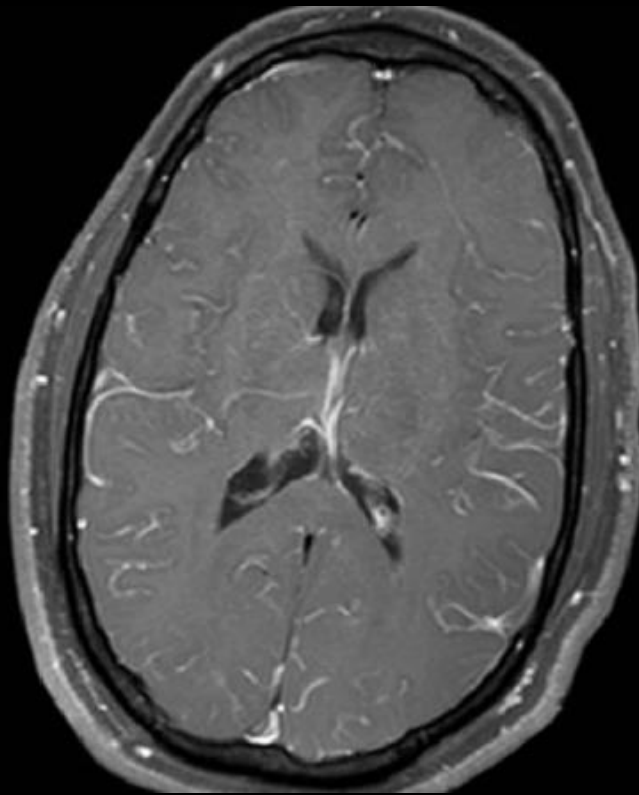
- Metastasis.
- Glioblastoma.
- Astrocytoma.



# Intracranial Infections

# Intracranial Infections

Headache, fever and neck stiffness.

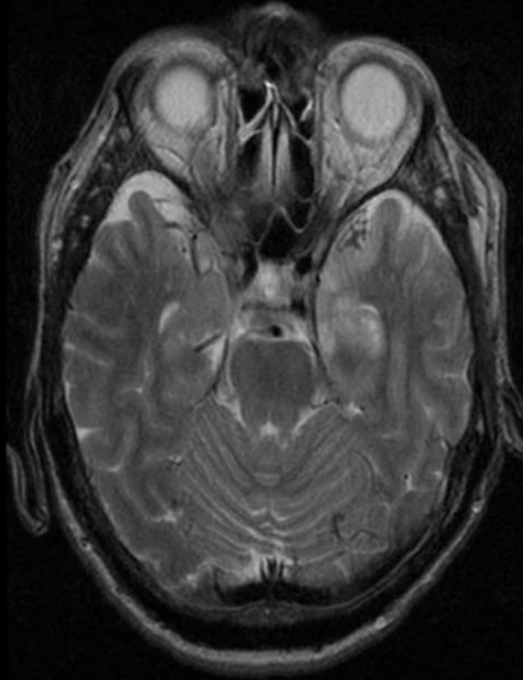


Enhancing meninges.

Bacterial meningitis.

# Intracranial Infections

Headache, fever and decreased level of consciousness.



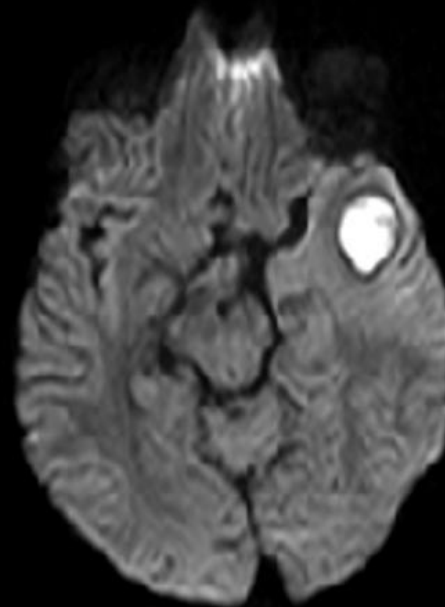
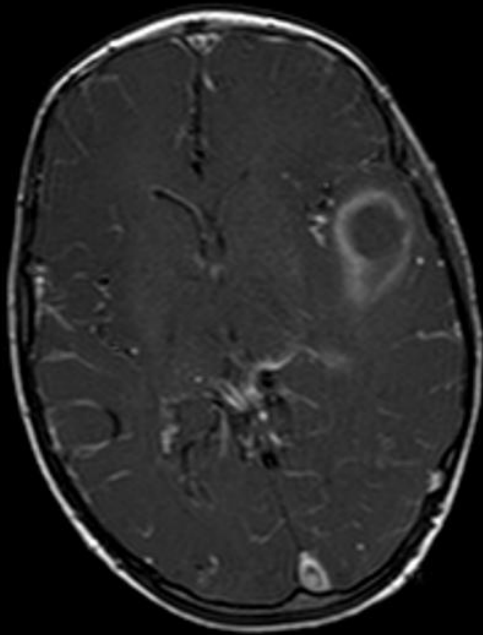
Abnormal signal  
in the temporal  
lobe.

Herpes Encephalitis

# Intracranial Infections

Headache and fever.

Ring-enhancing lesion.



Brain Abscess

**Questions?**

**Thank you!**