# Neuroradiology and neuroimaging

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## **Computer tomography**

#### Attenuation coefficient (µ) :

a degree to which x-ray intensity is reduced by the material

 $HU = \frac{\mu_{tissue} - \mu_{water}}{1000} \times 1000$  $\mu_{water}$ 

	HU
Air	-1000
Fat	-84
Water	0
CSF	8
White matter	30
Gray matter	45
Blood	70
Bone	700-3000



width

vindow

window level







## **CT** safety

#### Contrast (iodinated)

- Contrast reaction
  - anaphylactic reaction 1 in 10.000
  - ➡ 1 in 100.000 to 1 in 1.000.000 will die
- Medical issues
  - Acute renal failure
  - Lactic acidosis in diabetics
  - (stop metformin 48 hours before scanning)

#### Radiation

- Gray > absorbed dose (joule/kg)
- Sievert > dose equivalent
- Relative exposure
  - ➡ CRX=0.1mSv
  - ➡ head CT = 2mSv
  - ➡ chest CT = 8mSv
  - ⇒ abdominal and pelvic CT = 20 mSv
- 1CRX appoximate the same risk:
  - ➡ watching TV for a year
  - ➡ 1 transatlantic flight
  - 2 days living in Denver





## Magnetic resonance imaging (T1 and T2)



## **MRI** safety









The magnet is always ON! 24 hours/day 7 days/week 365 day/year Even at Christmas



## **Ischaemic stroke**

#### Early signs of ischaemia on CT

- Hyperdense media sign
- loss of grey-white matter differentiation
- Hypoattenuation of the lentiform nucleus
- gyral effacement
- insular ribbon



#### Ischaemia on DWI

- No oxygen > No ATP
- Na/K pump dysfunctional > intracellular oedema
- Restricted diffusion within minutes





## **Brain perfusion in stroke**



## **Perfusion imaging**





MTT=CBV/CBF







## **Doppler ultrasound of cerebral vessles**







## Intracerebral bleeding

#### Haemorrhage on CT

- Hyperdense
- Mass effect
- Perifocal oedema

#### Haemorrhage on MRI

- Susceptibility weighted imaging (signal loss)
- hemoglobin degradation products disturb magnetic field





## Inflammation

#### Infection

- meningitis
- encephalitis
- abscess
  - ring enhancement,
  - oedema,
  - restricted diff.

#### Multiple sclerosis

- T2 hyperintense lesion
- T1 hypointense -> black hole
- BBB disruption -> enhancement
- Dawson fingers

#### Leptomeningitis: arachnoid



Abscess











## Tumor

#### Consider:

- age of the patient
- Single vs. multiple
- Location:
  - extra or intraaxial
  - which compartment
  - midline crossing
- CT and MRI
  - T1, T2, DWI, MRS
  - enhancement
  - calcification
  - cystic degeneration
- Effect on surroundings
  - mass effect
  - midline shift
  - cytotoxic oedema
    - finger like
    - gray/white matter diff maintained
    - CT: hypodense
    - MR: T2 hyperintens
    - No diffusion restriction





## **PET and SPECT**

#### PET

- Cyclotron needed
- result is two gamma photons moving 180 degree
- F<sup>18</sup> (108 min): Fluoro-desoxyglucose (glycolysis)
- C<sup>11</sup> (20 min):
  - methionine (amino acid metabolism)
  - Pittsburgh compound B (amyloid binding)
  - Vesicular monoamine transporter (C<sup>11</sup>-DTZB)
- O<sup>15</sup> (2 min): water (cerebral perfusion)

### SPECT

- No cyclotron needed > cheaper
- gamma emitting isotopes (99mTc)
- <sup>99m</sup>Tc-HMPAO (cerebral blood flow)
- Dopamine transporter imaging (DAT):
  - <sup>123</sup>|-β-C|T
  - <sup>99m</sup>Tc-TRODAT
- D2 dopamine receptor imaging:
  - → <sup>123</sup>I-IBZM











## **Functional MRI**





## **Functional MRI**







## www.nepsy.szote.u-szeged.hu/seminar