NEURO-IMAGE

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Cranial clues to the mysterious decline of the Maya civilization:

The hippocampal hypothesis

By William Feindel,
(page 5)

À nos amis lecteurs

Neuro-Image a reçu un nouveau souffle de vie en se donnant un commanditaire. En effet, les Laboratoires Winthrop ont accepté de contribuer financièrement à notre parution.

Nous comptons ainsi pouvoir vous rejoindre au moins quatre fois l'an et améliorer la qualité de notre Bulletin. Je profite de l'occasion pour remercier tous ceux qui ont contribué à nos éditions et qui comptent continuer à le faire.

Bonne lecture et meilleurs souhaits pour la prochaine année.

Denis Melanson, m.d.

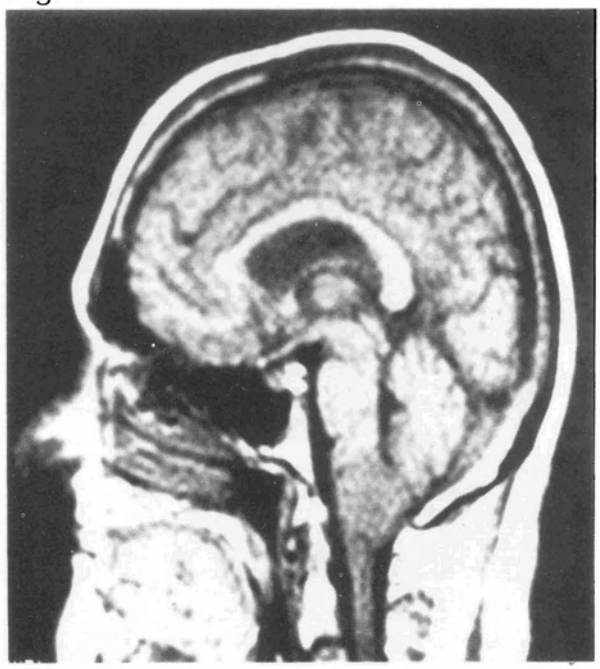
Magnetic resonance in foramen magnum meningiomas

V. Wagle, m.d.

Until a few years ago, meningiomas of the foramen magnum region were detected by myelography, which had to be done with special care to visualize the subarachnoid spaces in this confined area, with bone all around. The procedure was uncomfortable and invasive. With the advent of computer scanning, lesions at the cervico-medullary junction

(continued on page 2)

Fig. 1



Magnetic resonance in foramen magnum meningiomas (continued from page 1)

were easier to detect. Although, with CT scanning, the foramen magnum region is well visualized, MR, we believe, a biologically safe technique, is better able to differentiate neurologic structures, CSF spaces, and delineate the tumour. Unlike CT scanning and myelography, its effectiveness is not disminished by bony artefacts. The only limitation, therefore, seems to be the lesser ability of MR to demonstrate calcifications.

Meningiomas have to be totally excised as they tend to recurr. MR affords a easy way to assess pre- and post-operative management with little discomfort to the patients. Malignant changes and local invasiveness, prior to surgery, can be anticipated and a different approach to therapy, such as pre- or post-operative radiotherapy may be planned well in advance.

DESCRIPTION OF LESION

Slightly hypointense lesion at the cervico-medullary junction on short TR (Fig. 1), which becomes hyperintense on long TR (Fig. 2-3-4).

Fig. 2

Fig. 3

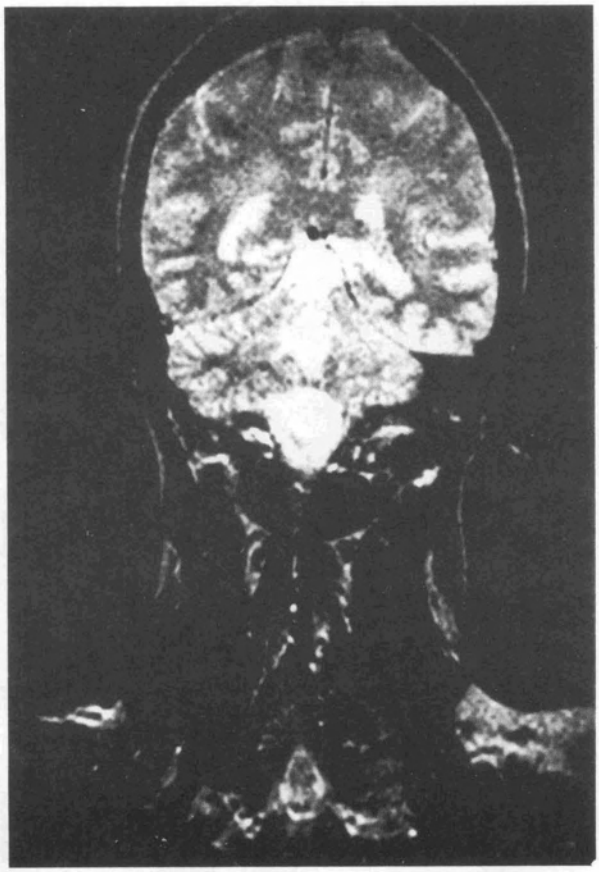


Fig. 4