



AN INFORMAL JOURNAL DEVOTED TO NEURORADIOLOGY

EDITORIAL

To our friend the reader,

This is a first issue that may be the first of few if whoever receives it feels he has no contribution to offer.

The journal is going to bring to you a summary of the monthly study club in neuroradiology held at the Montreal Neurological Hospital.

The journal will also bring to you reviews as well as comments on articles and publications of current literature.

The journal is open to opinion and criticism on its content or any other publication.

We hope that everyone will find interest and pleasure in reading it.

Denis Melançon

STUDY CLUB
October 7, 1980

CASES PRESENTATIONS:

TEMPORAL ANGIOMA AND GIANT ANEURYSM OF THE
BASILAR ARTERY FILLING THE THIRD VENTRICLE
by Roberto Wee

C.T. examination was showing the angioma. The aneurysm was mimicking a dilated internal cerebral vein or possibly vein of Galen. Vertebral angiography disclosed the huge aneurysm.

The association of aneurysm and angioma was discussed. Although one would expect it frequently it seems to be relatively rare.

INVESTIGATION OF SUBARACHNOID HEMORRHAGE
by Roberto Wee

Problem of diagnosing some aneurysms.

A vertebral angiogram is shown where this difficulty arises. It is discussed the incidence of negative angiograms in the investigation of subarachnoid hemorrhage.

PITUITARY MICROADENOMA by Denis Melançon



This case is referring to a young female age 22, with a history of headaches and a slanting floor on skull examination on June 1978 (fig. 1)

A few months later, tomography of sella - variant of normal: slanting explained by septation in sphenoid sinus.

Figure 1

The patient now gives a history of amenorrhea, galactorrhea and her prolactin level is high.



Figure 2

In 1979, she is tomographed again and the same answer is given. (fig. 2)

In 1980, after a trial on bromocryptine, she has a C.T. Scan of her sella and it suggests a small adenoma within the right compartment, the same compartment which is enlarged on tomography. (fig. 2)

This presentation brings a warm discussion between the participants. There is a consensus that tomography is used too widely and that more clinical and laboratory correlation should be sought for before tomography is performed.

It is our opinion that a correlation exists between adenoma and sellar deformity. But there seem to be opinions to the contrary amongst the participants.

EMPTY SELLA PHENOMENON by Norman Just

A large sella, mainly deep, with a smooth, regular, central deformity (concavity) on the frontal view.

A C.T. is suggestive of empty sella.

Pneumoencephalography is carried and the first brow-up and hanging-head views do not disclose any oxygen within the sella. It is only after some delay and movements that the frontal tomograms do reveal the intrasellar oxygen.

Three conclusions are suggested:

1. Non filling of the sella with oxygen does not exclude an empty sella phenomenon.
2. The presence of an empty sella does not exclude the presence of a microadenoma.
3. It is possible to suggest an empty sella from the appearance of the sellar deformity.

HYPEROSTOSIS INTERNA VERSUS DURAL OSSEOUS METAPLASIA by Denis Melançon

Examples of hyperostosis interna, frontalis, parietalis and fronto parietalis are shown. The etiology and incidence of this cranial dystrophy is discussed. This is an hypertrophy of the inner table and of its dural mate, the parietal layer of the dura mater. There is no gap between the inner table and the nodular hyperostosis.

To the contrary, osseous metaplasia involves the parietal layer of the dura mater: this is recognized by the gap existing between the inner table and the osseous lesion. A rare example of this dystrophy involving both sides of the falx is shown. The straight radiolucent line between the two densities represents the apposing surfaces of the two layers of dura. Ossification occurs only on the visceral side.

One can thus differentiate two different types of dural dystrophy:

1. That affecting the parietal layer or inner table periosteum and leading to all forms of hyperostosis interna, plate like and nodular.
2. That affecting the visceral layer and presenting as dural osseous metaplasia or calcareous metaplasia.

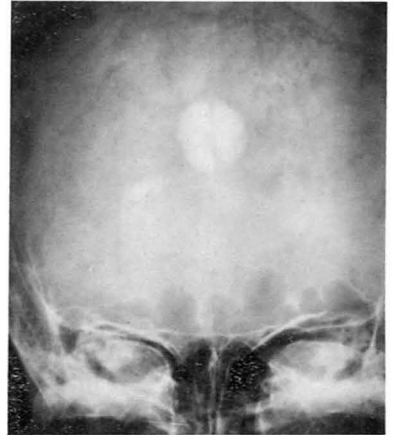


Figure 3

LONG EXTRADURAL LESION AT L₅ by Marvin Goldenberg

Technical difficulty of lumbar puncture.

The merits of the lateral approach are discussed versus the conventional interspinous approach.

The differential diagnosis of extradural deformity is raised: disc vs epidural tumour.

The case presented was a lymphoma.

Metrizamide myelography would appear indicated in such cases.

LUMBAR SPINAL STENOSIS by Marvin Goldenberg

A discussion is raised as to the measurements the participants use to assess the size of the canal.

No precise measurements are suggested.

The use of Pantopaque (Ethiodan) versus Amipaque is discussed.

Everyone agrees to the value of computed tomography in such cases.

EMBOLIZATION OF MENINGIOMAS by Garry Bélanger

A large parasagittal meningioma, quite vascular, was presented.

It was fed by the middle meningeal artery. It was felt that surgery could tackle the feeder quite well. However much bleeding occurred at surgery.

The necessity of embolizing such lesions before surgery was discussed. It should be done whenever possible.

ABSTRACTS FROM CURRENT LITERATURE

Radiography of trigeminal Neuralgia and Hemifacial Spasm

Thomas H. Newton
AJR, July 1980

" Trigeminal neuralgia and hemifacial spasm are usually caused by vascular compression of the trigeminal root entry zone and facial nerve exit zone respectively. C.T. of the posterior fossa is the only radiographic screening procedure required. Angiography should be reserved for patients in whom CT findings suggest an aneurysm or tumor. "

Mental Disorders after Myelography with Metrizamide and Other Water-Soluble Contrast Media

R.C. Schmidt
Neuroradiology 19

" There is less risk of arachnoiditis and spinal seizures with metrizamide, but there still remains the hazard of mental disorder. Water-soluble contrast media should not be used for cervical or thoracic myelography when there is a previous history of psychic disorder. "

Wine and cheese were served, and the evening was quite interesting. It prolonged to 21:15

The next meeting will be held on Tuesday,
November 4, 1980.

were present

Drs. M. Goldenberg, N. Just, R. Wee,
R. Ethier, G. Bélanger, D. Melançon,
R. Del Carpio and L. Gionet.

If you are interested in getting copies of cases presented or if you have any comments on this first publication, please do not hesitate in contacting us at the

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