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# AURORAL DIAGNOSIS

## IN THIS ISSUE ...

Hispania Jean-Paul Acco & Denis Melançon Unfinished Myelination? Roberta Lapiana Statistics from the DM databases Denis Melançon 此致

# Greetings

Cordialmente Respetos Saudações Bäst Hälsningar

> Herzliche Gruesse Saluti affettuosi

> > Namaste O Genki De

But all so soon as the all-cheering sun Should in the furthest east begin to draw The shady curtains from Aurora's bed, Away from the light steals home my heavy son...

From Shakespeare's Romeo and Juliet (I.i), Montague says of his lovesick son Romeo

In Greek and Roman mythology Aurora was a celestial deity. She was the goddess of the dawn, and daughter of Hyperion and Theia, or of Terra and Titan, the sister of the sun and moon, and mother of the stars and winds. In statues Aurora is depicted as goddess of the morn riding in a rosecoloured chariot, drawn by white horses. She is usually covered with a veil, with the morning star over her head.

Queleelarer

Amicalement

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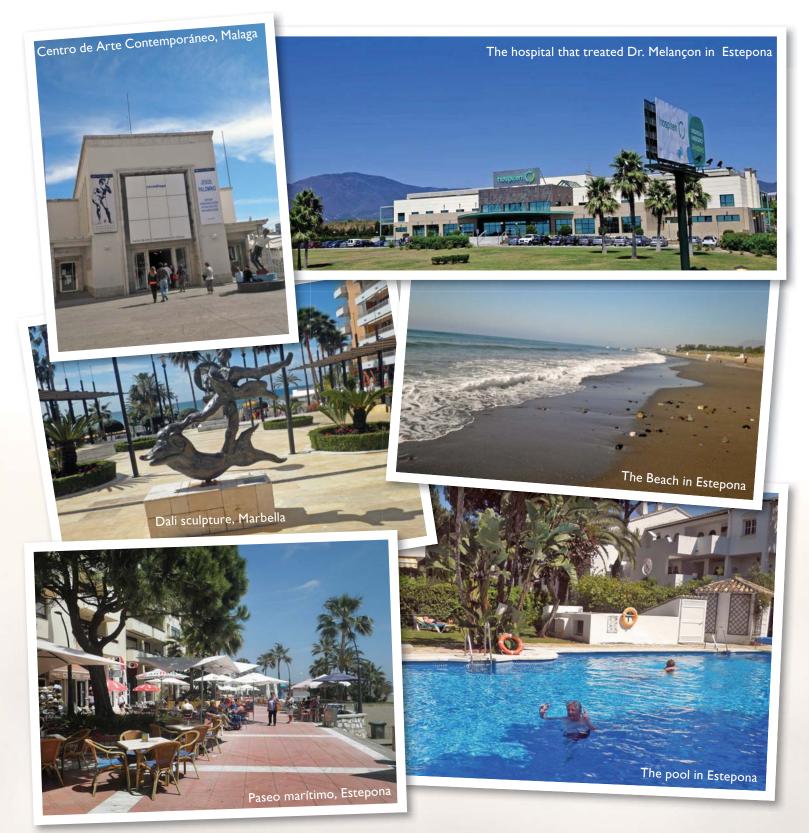
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## HISPANIA Denis Melançon

I was vacationing on the Costa del Sol from March 19 to April 16. As usual during my vacations, I took many pictures of places I visited, namely Estepona, Malaga, Marbella, Mijas, Puerto Banus. And also during excursions to Ronda and Cordoba, learning from those places, that the first bullfighting took place in Ronda, that Cordoba was the home of Seneca, Maiminides and Averroes, three great minds and philosophers of their times.







I found more charm to the Paseo Maritimo of Estepona than that of Marbella-Puerto Banus. The old city in Marbella is worth visiting, the Dali's sculptures at Playa de Venus are a marvel. Mijas and its donkeys is a very typical small village, where flamenco is danced in the park just in front of the Oficina de Turismo. All in all, many pictures for a souvenir of this nice region of Spain, Andalusia.

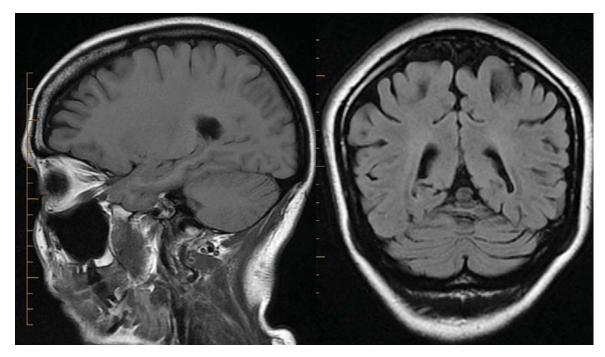
## TERMINAL ZONES OF MYELINATION: UNUSUAL MRI FINDING IN ADULT SUBJECTS ROBERTA LA PIANA & DENIS MELANÇON

Abnormal T2 hyperintense signal in the supratrigonal zones is an atypical finding in adult patients. When identified, it raises the question of whether we are presented with a pathological or physiological process. In particular, could this finding represent terminal zones of myelination?

The peritrigonal zones have been reported to be the last areas to myelinate and this can be seen as persistent T2-hyperintense signal even in adulthood [1,2]. However, in other longitudinal studies performed in children aged 20-40 months the supratrigonal zones presented a normal myelination while the frontotemporoparietal subcortical regions were the last to reach a complete deposition of myelin [3].

Unmyelinated white matter appears hypointense in T1-weighted sequences and hyperintense in T2-weighted sequences. These signal characteristics are due to the very high water content and low fat concentration in the immature myelin. Myelination consists of progressive deposition of lipids in the myelin sheats and reduction of water content. Myelination progresses faster in T1 sequences than in T2, because the deposition of lipids (responsible for the increase in T1 signal) is more rapid than the reduction in water content (responsible for the decrease in T2 signal) [1,3]. Consequently, the appearance of the supratrigonal zones in T1 sequences will provide important information to orient the diagnostic process. Differential diagnosis of T2-hyperintensity in the supratrigonal zones can include perivascular spaces [3], which are nonetheless easily distinguished based on T1 and FLAIR sequences. A demyelinating process should also be ruled out; again, the signal characteristics in the T1 sequences could help in the correct interpretation of the T2 findings.

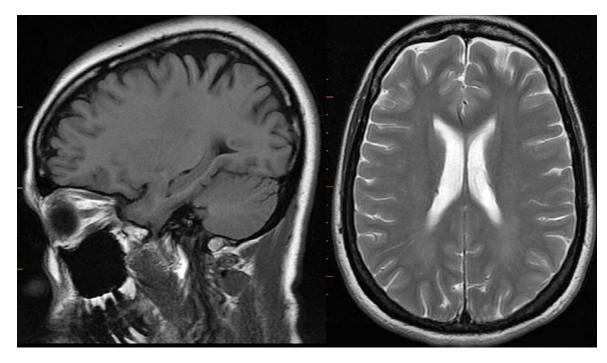
The correlation with the clinical information is crucial for the correct interpretation of these findings. In our practice, we recently observed two adult patients that presented with abnormal T2-hyperintense signal in the supratrigonal zones (Figure 1 and 2). In one patient (Figure 2) follow



#### Figure I

28 year old woman with generalized seizures since 2005; sagittal TI- (left) and coronal FLAIR T2 (right) - weighted MR images showing mild bilateral and symmetric T2-hyperintense signal at the supratrigonal zones. No signal abnormality is detected in the same regions in the TI sequence. up MR exams showed no modifications in the signal abnormalities over time (two years of follow up). Both patients underwent MRI of the brain in the context of epileptic disorder. No symptoms that could be related to the abnormal T2 findings were found in the clinical history; moreover, the remainder of the brain MRI was normal. In our two subjects, thus, the signal abnormalities were attributed to terminal zones of myelination.

Whether these imaging findings correlate more with neurological conditions or, in other words, whether the occurrence of this finding is higher in people consulting for neurological symptoms is not reported in the literature.



#### Figure 2

52 year old woman with history of seizures. Sagittal TI- (left) and axial T2- (right) weighted MR images showing mild bilateral and symmetric T2-hyperintense signal at the supratrigonal zones. These changes could represent terminal zones of myelination.

### References

[1] Barkovich AJ. Concepts of myelin and myelination in neuroradiology. AJNR Am J Neuroradiol 2000; 21:1099-1109

[2] Yakovlev, PI.; Lecours, A-R. The myelogenetic cycles of regional maturation of the brain. In: Minkowski, A. Editor. Regional development of the brain in early life. Blackwell Scientific; Oxford, UK: 1967. p. 3-70.

[3] Parazzini C, Baldoli C, Scotti G, Triulzi F. Terminal zones of myelination: MR evaluation of children aged 20-40 months. AJNR Am J Neuroradiol 2002; 23:1669-1673

## WHAT DID I GET FROM CODING Denis Melançon

In 1978, after the use of the EMI Head Scanner for 5 years, I decided with my associate Saul Taylor to establish a coding system of our scans, a homemade program for the Xray diagnostic codes, and used a clinical code based on the SNOMED program. Example, patient scanned for Dementia (Snomed 5420) and diffuse brain atrophy found on scan (HA40). We then produced data that we used for statistics, We first collected it through secretarial manual help, but eventually acquired a Xerox computer to record on floppy disks. A few years later, the Neuro established a research computer program and we used it's facilities.

For Medicare statistics and billing purposes, we acquired the Carefile program and we started transferring our data on it. We have data on it since then (1991); more recently it has been duplicated by the Radimage program. Over the years because these changes in programs and in media transfers have been suboptimal, we lost some data. Still we managed to recuperate some that I can use.

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The purpose of having those codes was to have a correlation between the clinical reason for the exam versus the result of the images, first with CT, then, from 1985 on, with both CT and MRI. For reasons of completeness, I have used the last 5 years to produce the present data about this correlation in Parkinson's, the result is somewhat surprising.

Out of 80 patients referred to Dr Sadikot for evaluation of possible DBS treatment for their Parkinson's, only 5 had Imaging evidence of arteriosclerotic leukoencephalopathy (6%). It seems that only a minority of patients referred for dementia have scans suggesting microvascular disease, whereas nearly 50% of patients referred for ataxia are reported to have arteriosclerotic leukoencephalipathy. More complete data will be reported in a following issue of Neuro Image.

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		STATIS	TICS 82									
		Clinica	Ireason							Eguchi, Satoru		



Dementia01

	PATIENT N	MRN	REF#_DOC#	EXAM_1_DA	REASON	[DIAG]
	Aissani, Ahmed	1533674	Genge, Angela	2001-09-20	5420	HE20
×	Apostolos, Nickolaos	36128	Morris, David	2001-04-11	5420	-
	Bertrand, Raymond	1530368	Gauthier, Serge	2001-03-12	5420	ha40
	Bouthillette, Marcel	1531265	Genge, Angela	2001-05-02	5420	HL10
	Boyer, Lucie	959538	Black, Deborah		5420	HA49
	Caralla, Armando	589172	Wein, Howard	2001-09-04	5420	HN20
	Carriero, Donato	1117026	Bacher, Yves	2001-04-11	5420	-
	Cote, Pierre	1531152	Zifkin, Benjamin	2001-04-18	5420	HL10
	Cyr, Carmelle	1530091	Aube, Michel	2001-03-13	5420	-
	D'Abramo, Angela	558312	Hyde, Byron	2001-07-13	5420	HA33
	D'Ambrosio, Louis		Libman, Israel	2001-01-17	5420	HN20
	Da Silva, Jorge Elvino	1530511	Andrukaitis, Edouard	2001-03-13	5420	HI10
	David, Guy	1533981	Lapierre, Yves	2001-10-11	5420	HN20
	Descoteaux, Rachel	974897	Baril, Marie-Claire	2001-04-05	5420	HN20
	Di Fruscia, Carmela	1533989	Durcan, Liam	2001-10-24	5420	HN20
	Dubuc, Laureanne	1534190	Andrukaitis, Edouard	2001-10-01	5420	-
	Dwornik, Catherine	1534382	Libman, Israel	2001-11-01	5420	HH40
	Eguchi, Satoru	529588	Carsley, Holly	2001-07-16	5420	HN20
- 81	Farber, Eva	1531738	Libman, Israel	2001-05-22	5420	HN20

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22638	290578	MASSICOTTE	F	68	N	14	- 1
22671	290669	MASSICOTTE	F	35 -	N	14	- 1
22746	290863	LEVESQUE	F	60	N	14	- 1
22785	291002	STEPHENS	F	66	N	14	- 1
22840	291113	SUADIRO	F	74	N	14	- 1
22874	291167	BOLIBASSA	M	64	N	14	- 1
22876	291188	CASL OVITZ	M	69	N	14	- 1
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23154	291812	THAUVETTE	1 1 2 2	68	0	14	- 1
23202	291918	LANDRY	1	62	0	14	- 1
23276	292067	THORNTON	1	72	0	14	- 1
23295	292108	BELANGER	2	67	0	14	- 1
23315	292145	MALLETTE	2	39 -	0	14	
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23412	292425	LATENDRESSE	2	63	0	14	- 1
23493	292594	DUMAINE	2	69	0	14	- 1
23559	292730	VU	1	71	0	14	- 1
23561	292732	HOULE	2	70	0	14	- 1
23572	292744	CLAUSEN	1	68	0	14	- 1
23646	292900	GARNIER	1	64	0	14 14	- 1
23652	292909	STEINMETZ	1	73 75	0	14	- 1
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