

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.

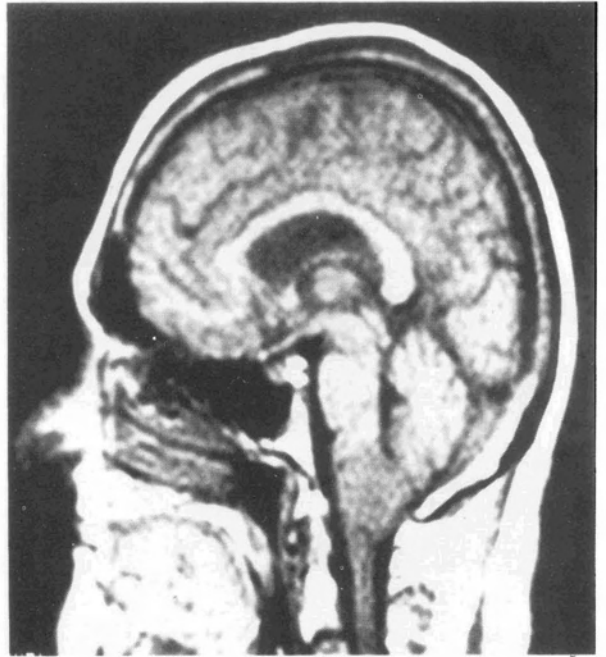
Magnetic resonance in foramen magnum meningiomas

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 diminished 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

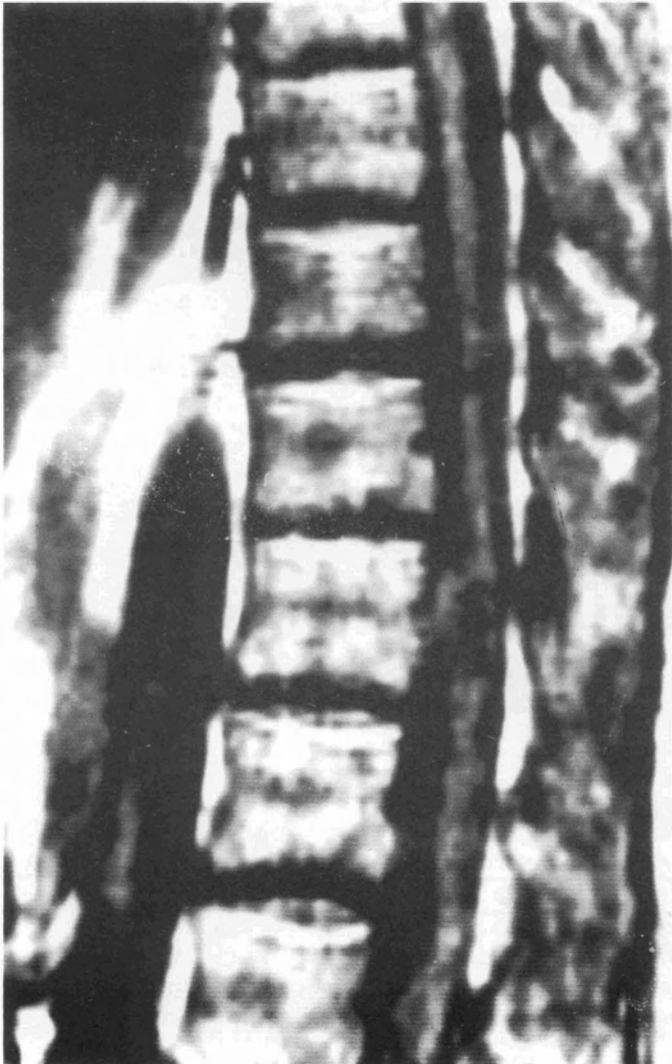


MR appearance of spinal cavernous hemangiomas

D. Melanson, m.d., S. Fontaine, m.d.

Intracranial cavernous hemangiomas comprise 5 to 13 % of brain vascular anomalies, and are extremely rare lesions of the spinal cord. Three patients with spinal cord cavernous hemangiomas were recently studied at the MNI. Myelograms were normal in all three cases and one patient demonstrated discrete enhancing lesion on sagittal reconstruction scan of the spinal cord. MR appeared to be the most sensitive imaging modality showing the abnormality of the spinal cord in all three cases (Fig. 1, 2, 3).

Fig. 3



▲Fig. 1

▼Fig. 2



Radiology nursing

E. Searle, N.

The evolution of radiology nursing at the Montreal Neurological Hospital (M.N.H.) has had various origins. In the early phase, the nursing involvement in the radiology department was an extension of the operating room nurses' daily assignment. In the next phase, a head nurse was responsible for the central supply room (C.S.R.) and the nursing requirements in the Radiology Department. These working relationships were not satisfactory due to the inconsistency of nurses assigned, increasing radiological procedure schedules and conflicting priorities. In the final phase of the evolution, radiology nursing is a separate entity. Presently, there is a head nurse and six permanent full-time staff nurses working in the M.N.H. Radiology Department.

The staff nurses rotate through the digital angiography room, the conventional angiography room and the Computerized Tomography (C.T.) scanner room. During the sterile interventional radiological procedures, the roles of the nurse are as scrub or circulating nurses which are clearly defined. The radiology nurse must be knowledgeable, able to work comfortably with and keep maintenance of the specific equipment used. In the C.T. scanner room, the nurse is responsible for the nursing as-

essment and care of the patients, initiating peripheral intravenous therapy for the injection of the required dosage of contrast media. The radiology nurse is accountable for the care given to each patient who comes to the Radiology Department.

The radiology nurse must function as an extended floor and intensive care nurse, radiology specialist, emergency room nurse, recovery room nurse, patient and staff consultant, research team number and community health nurse. In these days of specialization in nursing, the challenge of radiology nursing is to be able to cope with the multifacets of nursing found in a radiology department. The radiologist, radiology nurse and radiology technician are members of a team who may not succeed in making the procedures enjoyable, but they can make them more tolerable for the patients.

In June 1986, at the annual meeting of the Canadian Association of Neuroscience Nurses (C.A.N.N.) held in London, Ontario, a paper entitled "Intra-arterial Chemotherapy: a Challenge for Nursing" was presented by E. Searle, N., D. Leclerc, N. and J. Beloin, N.

Fonds de recherche McRae — Institut Neurologique de Montréal

Les collègues et amis qui ont connu Donald L. McRae peuvent, en faisant un don, témoigner de leur reconnaissance pour son influence et son enseignement dans le domaine de la Neuroradiologie.

Les sommes recueillies serviront à la promotion de l'enseignement en Neuroradiologie, au développement de nouvelles techniques et à l'organisation des conférences McRae consacrées à l'imagerie Neurologique.

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