Surgical Decision Making for Carotid Endarterectomy and Contemporary Magnetic Resonance Angiography

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Background. Benefit from carotid endarterectomy (CEA) centers on patient selection and percent stenosis as determined by cerebral angiography. However, angiography remains expensive and poses risks. Validated carotid duplex ultrasonography has proven to be an accurate tool for selecting patients for CEA. However, the role of another noninvasive test — magnetic resonance angiography (MRA) — remains uncertain. Because of recent advances in MRA hardware and software, we hypothesized that clinically appropriate patients could be accurately selected for CEA based on MRA alone.

Methods. Fifty-four carotid arteries in 29 patients (with and without symptoms) underwent both three-dimensional time-of-flight MRA (1.5 Tesla) with multiple overlapping thin slab acquisition and biplanar intra-arterial digital subtraction angiography. All patients undergoing both tests over a 24-month period were included. The majority of these patients did not undergo carotid duplex ultrasound owing to the clinical practice of the hospital’s neurosurgery service. Staff radiologists interpreted each study. The accuracy of patient selection based on MRA was calculated using angiography as the standard (NASCET method). Since operative thresholds vary depending on clinical history, we considered four commonly used ranges of percent stenosis for CEA. Patient selection accuracy of MRA alone was low, but increased as percent stenosis increased. Of 10 occluded arteries by angiography, 5 were interpreted as patent with stenosis (70% to 99%) by MRA. One patent artery was misread as occluded on MRA. Reliance solely on contemporary MRA for surgical decision making cannot be justified in view of low accuracy, which leads to high rates of error in patient selection for CEA.

Magnetic Resonance Imaging of the Coronary Arteries: Techniques and Results

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Heart 1999; 82: 515-519

Background. Magnetic resonance coronary angiography is challenging because of the motion of the vessels during cardiac contraction and respiration. Additional challenges are the small calibre of the arteries and their complex three dimensional course. Respiratory gating, turbo-flash acquisition, and volume rendering techniques may meet the necessary requirements for appropriate visualisation.

Objective. To determine the diagnostic accuracy of respiratory gated magnetic resonance imaging (MRI) for the detection of significant coronary artery stenoses evaluated with three dimensional postprocessing software.

Methods. 32 patients referred for elective coronary angiography were studied with a retrospective respiratory gated three dimensional gradient echo MRI technique. Resolution was 1.9 x 1.25 x 2 mm. After manual segmentation three dimensional evaluation was performed with a volume rendering technique. Results. Overall 74% (range 50% to 90%) of the proximal and mid coronary artery segments were visualised with an image quality suitable for further analysis. Sensitivity and specificity for the detection of significant stenoses were 50% and 91% respectively. Conclusions. Volume rendering of respiratory gated MRI techniques allows adequate visualisation of the coronary arteries in patients with a regular breathing pattern. Significant lesions in the major coronary artery branches can be identified with a moderate sensitivity and a high specificity.

Clinical Evaluation of Contrast-Enhanced Color Doppler Sonography in the Differential Diagnosis of Liver Tumors

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Purpose. We investigated the value of contrast-enhanced color Doppler sonography in the differential diagnosis of liver tumors.

Methods. We prospectively examined 105 focal liver lesions in 100 patients by real-time gray-scale sonography, color Doppler sonography, and contrast-enhanced color Doppler sonography with galactose-based microbubbles (SH U 508A; Levovist). The final diagnoses of the liver lesions as confirmed by pathology or additional imaging techniques were 31 metastases, 25 hemangiomas, 19 hepatocellular carcinomas, 19 focal nodular hyperplasias, 2 cholangio-cellular carcinomas, and 9 other lesions.

Results. Vascularity could be detected in 43 (41%) of the 105 lesions by conventional color Doppler sonography compared to 67 (64%) by contrast-enhanced color Doppler sonography. Contrast-enhanced color Doppler sonography identified moderate or extensive vascularity in all 19 focal nodular hyperplasias, moderate or extensive vascularity in 16 hepatocellular carcinomas, and no or minor vascularity in all but 3 hemangiomas. The combination of gray-scale, conventional color Doppler, and contrast-enhanced color Doppler sonography led to the correct diagnosis in 81% of cases (85 of 105), compared to 57% (60/105) for gray-scale and conventional color Doppler sonography and 31% (33/105) for gray-scale sonography alone.

Conclusions. Contrast-enhanced color Doppler sonography improves the detection of tumor vascularity and is useful in the differential diagnosis of liver lesions.

Magnetization Transfer Contrast Imaging of Liver Cirrhosis

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Hepato-Gastroenterology 1999; 46: 2872-2877

Background/aims. To test the feasibility of magnetization transfer contrast (MTC) imaging in the evaluation of liver cirrhosis.

Methodology. Three normal volunteers and 22 cirrhotic liver patients (13 of them harbored hepatoma) were prospectively studied with on-resonance binomial pulsed MTC imaging using a 1.0 Tesla MR scanner. Both MTC and non-MTC images were acquired. The magnetization transfer (MT) effect (defined as: 1-signal intensity of MTC/signal intensity of non-MTC), was used as an indicator and was correlated with different disease status. Lesion-to-liver contrast of non-MTC versus MTC imaging was also compared.

Results. Chronic hepatitis and early fibrosis had a MT effect similar to that of the normal
group. Frank cirrhosis had the strongest MT effect. Cirrhosis, when infiltrated by diffuse hepatoma, showed a significantly weaker MT effect than that of the normal group (p < 0.05), early cirrhosis (p < 0.05), and frank cirrhosis (p < 0.05). Overall, the MT effects in these 22 patients were widely variable. There was no significant improvement in lesion contrast of MTC imaging when compared to that of -MTCT imaging due to complex signal attenuation behavior of either the background liver tissue or the tumor itself. **Conclusions.** The complex pathological change of the cirrhotic liver tissue may account for the wide variation of the MT effect and the compromised lesion contrast in cirrhotic patients. Caution should be taken when cirrhotic tissue has an unusually weak MT effect. Then, the possibility of a mixed-disease process such as fatty metamorphosis or diffuse hepatoma should be highly suspected. Our experience shows that MTC imaging plays a potential role in the evaluation of the multi-facets of cirrhotic tissue change.

**Dynamic Helical Biphasic CT Emerges as a Potential Tool for the Diagnosis of Proximal Arterioportal Shunting**

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Hepato-Gastroenterology 1999; 46: 1791-7

**Background/Aims.** This article reports our preliminary observations regarding the diagnostic ability of dynamic helical biphasic computed tomography (CT) for proximal arterioportal shunting in hepatoma patients as compared with that of conventional angiography.

**Methodology.** Three hundred and sixty patients with clinically-suspected liver lesions received both dynamic helical biphasic CT scan and conventional angiography of the liver. The criteria for diagnosis of proximal arterial (AP) shunting in dynamic helical biphasic CT included early and strong enhancement of main portal vein or its major branches approaching the density of the aorta, or enhancement of the portal vein earlier than opacification of the splenic vein and superior mesenteric vein in the arterial phase. The angiographic diagnosis of proximal AP shunting was made if there was early opacification of the main portal vein or its major branches in the arterial phase. Peripheral subsegmental small AP shunting was excluded from our study. The existence and extent of AP shunting were compared in these two diagnostic modalities.

**Results.** Dynamic helical biphasic CT scan demonstrated proximal AP shunting in 23 patients. All of these patients harbored hepatoma.

**Conventional angiography** showed proximal AP shunting in 20 patients, which was more positive on dynamic helical CT. Dynamic helical biphasic CT demonstrated the presence of proximal AP shunting in 3 more patients than conventional angiography did. The extent of AP shunting was well correlated between these two imaging modalities in 17 patients.

**Conclusions.** From our preliminary experience, the diagnostic accuracy of dynamic helical biphasic CT for proximal AP shunting in patients with hepatoma seemed to be comparable to, or even surpassed that of conventional angiography. It seems that faint AP shunting in patients with large hepatoma might be missed by conventional angiography.

**Staging Laparoscopy and Laparoscopic Ultrasonography in More Than 400 Patients with Upper Gastrointestinal Carcinoma**

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**Background.** Resection offers the only chance of cure to patients with esophageal, gastroesophageal junction, and hepatopancreaticobiliary tumors. Staging is essential to select patients who will benefit from operation because palliation can also be performed nonoperatively. Several studies, including limited numbers of patients, have shown that laparoscopic staging prevents unnecessary laparotomies, but it is doubtful whether general application of this staging method can be advised. The aim of this study was to assess the benefit of diagnostic laparoscopy for staging patients with esophageal, gastroesophageal junction, and hepatopancreaticobiliary tumors.

**Study Design.** Between June 1992 and December 1996, 420 patients with a resectable tumor after conventional staging underwent diagnostic laparoscopy combined with laparoscopic ultrasonography. Histologic proof of metastases or ingrowth was used to cancel laparotomy.

**Results.** Laparoscopic staging avoided laparotomy in 20% of patients (sensitivity 0.70; 5% with an esophageal tumor, 15% with a periampullary tumor, 40% with a proximal bile duct tumor, 35% with a liver tumor, and 40% with a pancreatic body or tail tumor. Complications and serious complications were seen in 4% and 2% of patients, respectively.

**Conclusions.** Laparoscopic staging is a safe procedure with low morbidity and without mortality in this series. It has shown no benefit in esophageal cancer, but seems beneficial for staging patients located at the gastroesophageal junction, proximal bile duct tumors, liver tumors, and pancreatic body and tail tumors. The value of laparoscopic staging for patients with periampullary tumors is not as great as stated in previous studies and is still the subject of investigation.

**Intraoperative Ultrasonography versus Helical Computed Tomography and Computed Tomography with Arteriography in Diagnosing Colorectal Liver Metastases: Lesion-by-Lesion Analysis**

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World J. Survey 2000; 24

Abstract. Helical computed tomography with arteriography (CTAP) and intraoperative sonography (IOUS) are both recognized to be extremely sensitive in the detection of liver metastases measuring < 2 cm in diameter. As sensitivity and specificity values for both techniques differ significantly in the literature and in default of sufficient published data regarding this subject, a lesion-by-lesion analysis was considered necessary. Accuracy of IOUS was compared with helical computed tomography (CT) and portal-phase contrast enhancement (CTAP) in the preoperative detection of liver metastases from colorectal carcinoma projected as a prospective blinded study. Cost efficiency should be determined. Liver CTAP and IOUS were evaluated in 33 patients with colorectal carcinoma. Metastases were resected in 10 cases, and the remaining 23 patients were observed for follow-up with CT investigations every 3 months for a period of 1 year. CTAP and IOUS detected all 13 lesions measuring 5-10 mm (13/13). One metastasis measuring > 10 mm was missed by IOUS. CTAP presented an ideal sensitivity of 100%, but specificity was as low as 68%, IOUS sensitivity was 98% and specificity was 95%, IOUS and CTAP are of comparable value regardless of the detection of liver metastases < 10 mm. Both techniques may be used if resections of synchronous or metachronous metastases are planned in order to miss only small lesions and to prevent iatrogenic liver surgery. Helical CT scan with dynamic intravenous contrast enhancement is considered the most cost-effective preoperative staging method, although local staging may not be achieved because of insufficient intraabdominal survey.

**GYNÉCOLOGIE-OBSTÉTRIQUE**

Endometrial cancer: preoperative evaluation of myometrial infiltration magnetic resonance imaging versus transvaginal ultrasonography

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Eur. J. Gynaec. Oncol. 2000; 21

From January 1996 to December 1998, 33 patients with endometrial carcinoma were preoperatively examined in our department; 30 women underwent transvaginal ultrasonography (TVUS) and magnetic resonance imaging (MRI), and 3 only TVUS. Diagnosis was obtained by histopathological examination of the tissue removed by hysteroscopically controlled biopsy or by curettage of the uterine cavity. TVUS and MRI were performed a few days before surgery. After surgery the uterus was histopathologically examined by a pathologist in order to evaluate the depth of myometrial invasion. The results were compared with TVUS and MRI data to determine sensitivity and specificity, positive predictive value (PPV) and negative predictive value (NPV) of the two methods. According to the results of the present study we conclude that:...
TVUS is a low cost, easily performed and reliable method in a high percentage of cases if carried out by a skilled echographist. MRI, is more expensive and has a lower specificity and sensitivity index; it is a valid method if the cervical canal is involved and/or myometrial invasion is > 50% (M2) and if lymphatic invasion has to be investigated.

Ovarian cancer identified through screening with serum markers but not by pelvic imaging

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Int J Gynecol Cancer 1999; 9: 497-501

This study evaluated the possible role of 3 additional tumor markers to CA 125 among post-menopausal volunteers participating in a sequential multimodal ovarian cancer screening study. In 82 asymptomatic women the finding of a serum CA 125 level of > 30U/ml precipitated pelvic ultrasound examination. Levels of CA15-3, CA72-4 and CA19-9 were subsequently determined from sera stored from the time of the CA 125 assay. Following ultrasound 29 women underwent surgery for benign conditions. The remaining 53 women underwent 2 years of surveillance. In 5 of these women a diagnosis of ovarian cancer was established between 6 and 10 months after their initial investigation. Elevated levels of at least one of the 3 additional tumor markers were present in the serum, prior to ultrasound abnormalities being detected, in 4 (80%) of the women who developed cancer. At least one of this 3-marker panel was elevated in 29% of the 48 women who have not developed cancer and 14% of the 29 women undergoing surgery for benign conditions. Information collected prior to pelvic ultrasound examination for the pre-clinical detection of ovarian cancer could be obtained through multiple marker assay. Coordinated elevated serum levels of tumor markers could increase the sensitivity of this sequential screening protocol.

Magnetic resonance imaging of male and female genitals during coitus and female sexual arousal

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BMJ 1999; 319: 1596-600

Objective. To find out whether taking images of the male and female genitals during coitus is feasible and to find out whether former and current ideas about the anatomy during intercourse and during female sexual arousal are based on assumptions or on facts.

Design. Observational study.


Methods. Magnetic resonance imaging was used to study the female sexual response and the male and female genitals during coitus. Thirteen experiments were performed with eight couples and three single women.

Results. The images obtained showed that during intercourse in the “missionary position” the penis has the shape of a boomerang and 1/3 of its length consists of the root of the penis. During female sexual arousal without intercourse the uterus was raised and the anterior vaginal wall lengthened. The size of the uterus did not increase during sexual arousal.

Conclusion. Taking magnetic resonance images of the male and female genitals during coitus is feasible and contributes to understanding of anatomy.

INTERVENTIONNEL

Angiographic Embolization for Arrest of Bleeding after Penetrating Trauma to the Abdomen

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Background. Angiographic embolization is an effective technique to control bleeding after blunt trauma to the liver or pelvis. Its role in penetrating trauma to the abdomen has not been studied.

Methods. From January 1992 to May 1998, 40 patients underwent angiography for bleeding resulting from intra-abdominal penetrating injuries (33 gunshot wounds, 7 stab wounds). Angiographic embolization of intra-peritoneal or retroperitoneal vessels was performed by standard angiographic techniques with gelatin sponge and/or coils. Data were extracted from medical records, radiology data bank, trauma registry, and morbidity/mortality records, and compared by Student’s t test and chi-square test. The main outcome measures were failure of angiographic embolization to control bleeding and complications of angiographic embolization.

Results. Angiography was performed during a course of non-operative management in 6 patients (group A), because of failure to control bleeding surgically in 23 (group B), and because of late vascular complications after an initially successful operation in 11 more (group C). In 32 patients, angiography revealed active bleeding; 29 (91%) underwent successful angiographic embolization. Of the remaining 3 patients, 2 were successfully managed surgically (1 each from groups A and B) and 1 died despite multiple surgical maneuvers (group B). One patient who developed postoperatively a large, bleeding superior mesenteric artery pseudoaneurysm, suffered extensive bowel necrosis after a non-embolized pseudoaneurysm. No other significant complication was related to angiographic embolization.

Conclusions. Angiographic embolization after penetrating injuries to the abdomen is safe and effective for a small number of selected patients. It is a valuable tool for bleeding control when surgery has failed. It may be ideal for control of late vascular complications when reoperation is not desirable. It may prove to be a useful adjunct in the non-operative treatment of selected injuries.

Value of ultrasound-guided fine-needle aspiration biopsy of thyroid nodules in an endemic goitre area

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The aim of this study was to determine the value, advantages and limitations of ultrasound-guided fine-needle aspiration biopsy (US-FNAB) in an endemic goitre area. US-FNAB was performed on all outpatients who presented with hypoechoic and/or hypofunctional and/or growing nodules. A total of 4518 US-FNABs were performed and 718 patients from this series underwent surgery. Cytological results of the primarily performed with the historical results. US-FNAB results were grouped as non-malignant (n = 303), non-malignant follicular proliferation (n = 177), malignancy cannot be ruled out (n = 133) malignancy (n = 61) inadequate (n = 34), and sampling error. Biopsy of a benign nodule (9) or of a nodule (10). Nodules as small as 5mm in diameter could be biopsied, gaining representative material. US-FNAB found a malignant or suspicious cytology in 65 out of 87 cases with malignant histology (74.71%). Diagnosis of early tumour stages was often possible: 12 of 18 thyroid carcinomas biopsied and smaller than 10mm in diameter had malignant or suspicious cytology (groups 3 and 4). US-FNAB was performed incorrectly within non-malignant nodules in ten patients (1.38%) with multinodular goitre (ten papillary carcinomas, nine smaller than 10mm). Regarding the cytology of groups 1 and 2 as benign and those of groups 3 and 4 as malignant, US-FNAB performance was as follows: sensitivity 87.84%, specificity 78.50%, negative predictive values 98.13%, positive predictive values 33.51% and accuracy 79.53%. Biopsies with inadequate material were obtained in 4.73% of all biopsies. No major adverse effects occurred. Re-biopsies in 33 cases did not alter the cytological outcome in those cases where adequate material was obtained. US-FNAB is a valuable method in the pre-operative assessment of thyroid nodules in order to select patients for surgery, as malignancy can often be detected even in early tumour stages. However, even with ultrasonographic guidance, the minimal tumour size detectable by US-FNAB is around 5mm. The cytopathological interpretation in cases with regression and microrcollicular proliferation also sets limits on the method. However, patients with non-malignant cytologies can be followed up safely by sonography due to the high NPV of US-FNAB as long as thyroid nodules do not become larger. Re-biopsies seem to be of limited value as long as adequate material was obtained by US-FNAB.

Power Doppler Ultrasonographic Assistance in Percutaneous Ethanol Injection of Autonomously Functioning Thyroid Nodules

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The purpose of this study was to explore the potential role of power Doppler sonography in guiding percutaneous ethanol injection of autonomously functioning thyroid nodules. Thirty-two patients with pretoxic adenoma and 15 with toxic adenoma underwent percutaneous ethanol injection under power Doppler sonographic guidance. All patients with pretoxic adenoma and 13 of 15 patients with toxic adenoma were treated successfully (cessation of calcitonin and thyroid hormone rise). Forty-one knees in 40 patients underwent MRI and arthroscopy. Compared with arthroscopy, the sensitivity, specificity, positive predictive value and negative predictive value for MRI for the medial meniscus were 100%, 77%, 71% and 100%, respectively, while the values for the lateral meniscus were 40%, 89%, 33% and 91%, respectively. The over-all accuracy for MRI of the medial and lateral menisci combined was 84%. On the basis of the high predictive value of negative MRI, we conclude that MRI is useful to exclude patients from unnecessary arthroscopy.

Ultrasound-guided needle biopsy of primary bone tumours

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J Bone Joint Surg 2000; 82-B: 50-4

Needle biopsy is an established technique for the histodiagnostic evaluation of bone tumours, usually guided by fluoroscopy or CT. Surface lesions and aggressive tumours which have extended through the cortex are also amenable to imaging with ultrasound (US). We have assessed the diagnostic accuracy of US-guided Trucut needle biopsy in a consecutive series of patients referred to a Bone Tumour Unit with suspected primary bone tumours. Of 144 patients (83 men, 61 women; mean age 34.7 years) referred over a period of two years, 63 were considered suitable for US-guided biopsy. This was based on the presence of a relatively large extraosseous component, seen typically in osteosarcoma and malignant round-cell tumours. The results of needle biopsy were compared with those of surgical biopsy. The diagnostic accuracy was 98.4%, with only a single failed biopsy.

Thus, in a selected group of patients, US is a very reliable technique of guidance for percutaneous needle biopsy of bone tumours.

OSTÉO-ARTICULAIRE

Magnetic resonance imaging as a screening procedure to avoid arthroscopy for meniscal tears

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Arch Orthop Traumatology 2000; 120:14-16.

The objective of this study was to evaluate the role of magnetic resonance imaging (MRI) as a screening procedure before arthroscopy of meniscal tears. Forty-one knees in 40 patients underwent MRI and arthroscopy. Compared with arthroscopy, the sensitivity, specificity, positive predictive value and negative predictive value for MRI for the medial meniscus were 100%, 77%, 71% and 100%, respectively, while the values for the lateral meniscus were 40%, 89%, 33% and 91%, respectively. The over-all accuracy for MRI of the medial and lateral menisci combined was 84%. On the basis of the high predictive value of negative MRI, we conclude that MRI is useful to exclude patients from unnecessary arthroscopy.

Substantial Superiority of Semiflexed (MTP) Views in Knee Osteoarthritis: A Comparative Radiographic Study, without Fluoroscopy, of Standing Extended, Semiflexed (MTP), and Schuss Views

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J Rheumatol 1999; 26: 2664-74

Objective. To improve the radiographic assessment of cartilage loss, as measured by joint space width (JSW) in patients with osteoarthritis (OA) of the knees required to detect the effect of structure modifying drugs in OA trials. This was achieved by determining which of 3 nonfluoroscopic radiographic views — standing extended, semiflexed, and schuss — produced the most accurate radiographic positioning of the joint and greater reproducibility in joint repositioning and JSW measurement.

Methods. Knees from 74 patients with OA of the knees who had medial tibiofemoral compartment JSW ≥2mm in all views were studied. For all 3 radiographic views, accuracy in the radiographic positioning of the knee was determined for both joint rotation and flexion. Reproducibility in joint repositioning and JSW measurement were determined from the difference between repeat examinations taken within 2h.

Results. About 86% of knees in the 3 views had accurate rotational position of the joint at each visit. Radiographically, knees in the semiflexed view were significantly more accurately positioned in regard to knee flexion (p < 0.0005) than in the schuss view, which in turn was better (p < 0.014) than in the extended knee view. Joint repositioning was significantly more reproducible in the semiflexed (p < 0.014) than both schuss and extended knee positions, which were not significantly different from each other.

Conclusion. Protocols defining the nonfluoroscopic radiographic procedures for the semiflexed view provide the most accurate radiographic positioning, and the most reproducible joint repositioning and JSW measurement. Using this method significantly fewer knees would be required to detect significant JSW changes in a structure modifying drug trial compared to the schuss and the extended knee positions.

Ultrasound measurement of the thickness of human articular cartilage in situ

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Rheumatology 1999;38:1269-71

Objective. The objective of the present study was to explore the possibility of using the ultrasonic pulse-echo technique for the non-invasive measurement of cartilage thickness in situ during a joint arthroscopic examination. The accuracy of the ultrasonic measurement was assessed in vitro against that of an established needling technique which is destructive.

Methods. The velocity of sound in articular cartilage was measured in an in vitro study of one set of ipsilateral human ankle and hip joints at 67 test sites. Its variability was determined.

Results. The velocity of sound in human articular cartilage measured in situ varied widely (1419-2428m/s; mean: 1892m/s; S.D. 183m/s) and therefore the error in the thickness of cartilage obtained from ultrasonic measurement based upon a constant velocity of sound could be as large as 33.6% (mean 7.38%; S.D. 6.25%).

Conclusions. The ultrasonic pulse-echo technique is not accurate for the measurement of the thickness of cartilage in situ. An alternative (albeit minimally invasive) would be the needling technique. This requires the development of a specialized probe.

Type II Autosomal Dominant Osteopetrosis (Albers-Schönberg Disease): Clinical and Radiological Manifestations in 42 Patients

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Bone 2000; 26: 87-93
Type II autosomal dominant osteopetrosis (ADO II, Albers-Schönberg disease) is a genetic condition characterized by generalized osteosclerosis predominating in some skeletal sites such as the spine and pelvis. ADO II is rare, and most available clinical descriptions are based on small numbers of patients. We report the clinical and radiological manifestations in 42 ADO II patients. To our knowledge, this is the largest series reported so far. Our inclusion criterion was presence on radiographs of the spine of vertebral endplate thickening, producing the classic sandwich vertebra appearance. We found various patterns of sandwich vertebra, of which we provide a description to assist physicians in diagnosing ADO II. The classic bone-within-bone appearance was present in most but not all skeletal sites. The radiological penetrance of the disease was high (90%) and increased after 20 years of age. As many as 81% of our patients experienced clinical manifestations. Fractures were common (78% of patients) and healed slowly. Hip osteoarthrosis was seen in 27% of patients and required arthroplasty in 9 of the 16 affected hips. Non-mandibular osteosclerotis occurred in 4 cases (11%). Twenty-four percent of patients had thoracic or lumbar sclerosis. Orthopedic surgery was performed in 52.6% of patients; of whom half had at least three surgical procedures for internal fracture fixation, arthroplasty, limb deformity correction, or treatment of surgical complications. There was a high rate of surgical complications including nonunion, infection, prosthesis loosening, and intraoperative fractures. Nearly two-thirds of patients (64%) had stigmatoic manifestations, including mandibular osteosclerotic lesions in 4 patients (11%). Cranial nerve involvement responsible for hearing loss, bilateral optic atrophy, and/or facial palsy was present in 14 patients but was clearly attributable to ADO II in only 2 patients (16%). This large series sheds new light on several aspects of osteosclerosis, including the preoperative assessment and positioning in eight of nine cases. The flap operative examination showed correct flap positioning. In six cases and from the fibula in three cases. We present 6 cases of chondroid tumors of the larynx. Results. One patient had a chondroma, 4 patients had low-grade chondrosarcomas, and 1 patient had an intermediate-grade chondrosarcoma. Two partial laryngectomies and 4 total laryngectomies were performed. Conclusions. In most cases of chondroma or chondrosarcoma of the larynx, conservative surgical therapy should be attempted, but total laryngectomy may be required for large or recurrent lesions. The role of computed tomography in the preoperative assessment and follow-up of oromandibular reconstruction with microvascular osteomyo-cutaneous free flaps L. Preda, R. Dore, M. Benazzo, A. Occhini Istituto di Radiologia, Universita di Pavia. IRCCS Policlinico S. Matteo, p. le C. Golgi, 2, 27100 Pavia, Italy. Dentomaxillofacial Radiology 1999; 28, 338-43.

Objective. To investigate the capacity of helical CT in the pre- and post-operative management of oromandibular reconstruction of patients with oropharyngeal carcinoma using microvascular composite free flaps. Materials/methods. Thirty-four patients with oropharyngeal cancer were examined by helical CT and nine (six men and three women) submitted to oromandibular reconstruction. The osteomyocutaneous flaps used for reconstruction were taken from the iliac crest in six cases and from the fibula in three cases. All patients were examined by CT 1-4 days postoperatively and then at 6 monthly intervals. Double helical scans were performed in all cases, with slices of 2-3mm for primary lesion studies and 5mm for lymph node staging. Results. Preoperative CT showed massive bone infiltration in six of the nine surgical patients and marginal infiltration in three. These findings were confirmed histologically. There were no false negatives. The immediate postoperative examination showed correct flap positioning in eight of nine cases. The flap underwent ischemic necrosis in two cases; CT showed very early signs of bone ischemia in both. CT detected two cases of recurrence after about 1 year. Conclusions. Axial CT permitted adequate assessment of the extent of mandibular infiltrations and detected early ischemic complications and distant recurrences. Integration with MPR and 3D reconstructions simplified the choice of flap type and size and enabled the postoperative assessment of correct flap positioning. This helped the surgeon plan subsequent rehabilitation with osseointegrated implants.


The management of a child with congenital ear malformation, in particular if the external ear is severely involved, is difficult because of the complexity of the therapeutic problem, and that of parental anxiety. It is very important to plan a complete therapeutic/haubilitation programme as soon as possible, even if surgical procedures are delayed. Diagnostic imaging plays an important role in the global assessment of a child with microtia, in order to diagnose possible associated external auditory canal, middle and inner ear malformations. For these reasons our diagnostic protocol for children with microtia includes otological and audiological evaluation, clinical genetics and radiological imaging, from the neonatal period. Here, data are reported on 27 children with microtia who completed the diagnostic protocol. In eight of 27 cases microtia was bilateral; in unilateral cases the right side was affected more frequently. Other congenital malformations were diagnosed in 41% of cases. A high correlation between the degree of microtia and the frequency of external and middle ear dysplasias was found, in accordance with larger studies of the literature. Inner ear malformations were found less frequently, but without apparent correlation with the degree of microtia. The fact that children with microtia may also have severe inner ear malformations is emphasized.

PÉDIATRIE

The use of ultrasound in determining the initiation of treatment in instability of the hip in neonates KJ Holden, A. Tegnander, SH Eik-Nes, T. Terjesen The National Hospital, Centre of Orthopaedics, Trondheimsv. 132, N-0570 Oslo, Norway.


We have evaluated the effect of the use of ultrasound in determining the initiation of treatment in neonatal instability of the hip. A total 916
of 99 newborn infants (1.5% of all live births) with neonatal hip instability did not have treatment from birth, but were re-examined at eight to 15 days. In the 31 who had persisting clinical instability and ultrasound abnormality, treatment was started with a Frejka pillow. The hips in the remaining 68 infants showed spontaneous clinical stabilisation and improvement of the ultrasound findings. Treatment was therefore withheld. There was a marked trend towards normal development in mildly unstable hips, whereas no hips with severe instability did so spontaneously. Further follow-up showed normal development in all the hips which had been treated, and in five of the 68 untreated infants. These five infants showed persistent hip dysplasia on both ultrasound and radiological examination at four to five months of age. Treatment with an abduction splint was then started and their hips developed normally.

Ultrasound is very useful in deciding on treatment if the examiners have adequate experience with its use, as it substantially reduces the rate of treatment. Spontaneous resolution occurred in more than half of the untreated infants. Since five of the untreated infants developed hip dysplasia a strict follow-up is essential to identify and treat these cases.

Central Nervous System Abnormalities Assessed With Prenatal Magnetic Resonance Imaging

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Objective. To determine the frequency at which magnetic resonance imaging (MRI) provides additional information in fetuses with suspected central nervous system (CNS) abnormalities on ultrasound. Methods. Between May 1, 1996, and March 26, 1999, 83 women with 90 etuses (including seven sets of live twins) had 91 ultrasonographic and MRI examinations of the fetal CNS. Each set of examinations was studied twice, once for each indication. If referrals came from outside our institution, a confirmatory sono-gram was obtained. Indications for examination were ventriculomegaly (n = 25), suspected neural tube defect (n = 16), arachnoid cyst (n = 12), large cisterna magna (n = 11), and miscellaneous indications (n = 20).

Results. Magnetic resonance imaging findings led to changed diagnoses in 26 (40%) of 66 fetuses with abnormal confirmatory sonograms. Magnetic resonance imaging findings not found by ultrasound included partial or complete agenesis of the corpus callosum (n = 11), porencephaly (n = 6), hemorrhage (n = 5), telencephaly (n = 3), cortical gyral abnormality (n = 2), cortical cleft (n = 2), microdysgenesis (n = 2), and partial or complete agenesis of the septi pellicudi (n = 3), as well as holoprosencephaly, cerebellar hypoplasia, subependymal and cortical tubers, vascular malformation, and meningo cysts (one case each). Abnormalities better delineated by MRI than ultrasound included three cephaloceles, a dural arteriovenous malformation, one distal sacral neural tube defect, and the mass effect of three arachnoid cysts. That information was used to alter patient counseling and at times management.

Conclusion. When a CNS anomaly is detected by sonography or suspected on ultrasound, MRI findings might lead to altered diagnosis and patient counseling.

Neurophysiology and MRI in Late-Infantile Metachromatic Leukodystrophy

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Pediatr Neurol 1999; 21: 843-6

We present serial clinical, radiologic, and neurophysiologic findings of a patient with late-infantile metachromatic leukodystrophy who was first admitted at 30 months of age because of progressive spasticity and movement disorder. The neurologic findings were consistent with mild spastic diplegia (occasionally with toe walking). Magnetic resonance imaging disclosed diffuse high intensity in the cerebral white matter on T2-weighted images, progressing to cortical atrophy with involvement of the arcuate fibers and the cerebellar white matter, correlating with the clinical deterioration (severe spastic tetraplegia with optic atrophy and epilepsy).

Predictive Value of Neonatal MRI as Compared to Ultrasound in Premature Infants with Mild Periventricular White Matter Changes

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Neuroradiology 1999; 30: 231-8

A follow-up study was performed in 42 premature infants in whom serial neonatal ultrasound and a single neonatal MRI of the brain was normal, or showed mild periventricular white matter changes. The aim of the study was to evaluate the clinical significance of periventricular signal intensity changes on MRI and to compare the predictive value of neonatal MRI with that of ultrasound. The infants underwent repeated standardised motor assessments and developmental tests. MRI was repeated at the corrected age of 12 months. Pronounced periventricular signal intensity changes on neonatal MRI and periventricular echodensities (flaring) on ultra- sound were associated with a high incidence of transient motor problems during infancy. The degree of echogenicity carried the highest predictive value, as compared to duration of flaring on ultrasound and degree of periventricular signal intensity change on MRI. It is concluded that signal intensity changes on neonatal MRI represent the same ischaemic change of the periventricular white matter as flaring on ultrasound and that routine neonatal MRI screening is not warranted in premature infants without clinical evidence of neurological problems and with normal or mildly abnormal ultrasound scans. Recording of the degree of echogenicity should become a routine procedure in neonatal cerebral ultrasoundography.

RACHIS

Prevalence of Radiological Changes in the Cervical Spine — A Cross Sectional Study After 20 Years from Presentation of Rheumatoid Arthritis

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J Rheumatol 2000; 27: 90-3

Objective. To evaluate the prevalence of cervical spine changes in patients with rheuma- toid factor (RF) positive rheumatoid arthritis (RA) followed prospectively for 20 years. Methods. An inception cohort of 103 patients with RF positive RA have been followed at the Rheumatism Foundation Hospital, Heinola. A total of 68 patients attended for the 20 year followup. An additional 28 patients died and 7 were not able to attend due to severe disease or old age. The plain cervical spine radiographs of 69 patients (68 and one received from another hospital) taken after 20 years of RA were evaluated. Results. Anterior atlantoaxial subluxation was found in 16 cases (23%), while 18 patients (26%) had atlantoaxial impaction as judged by the Sakaguchi-Kauppi method. Subaxial subluxations and lateral atlantoaxial subluxations were found in 13 cases (19%) and 52 cases (6%), respectively, while 45 patients (65%) had subaxial disc space narrowing. Conclusion. Cervical spine changes are common in patients with long lasting RA. They should be diagnosed and treated early to avoid complications. In our patient group no cervical spine surgery was performed, but at least 7 patients (10%) required further evaluation for possible surgery.

Quantitative Assessment with SPECT Imaging of Stress Injuries of the Pars Interarticularis and Response to Bra- cing

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Journal of Pediatric Orthopaedics 2000; 20: 28-33

The evaluation and management of acute spondylolysis remains unclear in part be-
cause of outcome data that are primarily sub-
jective. The aim of this study was to evaluate and
monitor these patients objectively using quan-
titative single-photon emission computed
emission tomography (SPECT). Thirty-four pa-
tients were enrolled in the study between 1987 and 1996 and were studied with an ini-
tial and at least one follow-up SPECT scinti-
gram. Initial radiographs and planar bone scans failed to demonstrate the pars lesion in
53 and 19% of the patients, respectively. The
average SPECT ratio before brace treatment
was 1.45. After treatment, this ratio signifi-
cantly decreased to 1.27 (p = 0.03). A subset of
patients remained symptomatic at follow-
up. Their reduction in SPECT ratio averaged
up. Their reduction in SPECT ratio averaged
2.8% as compared with 13% for the re-
mainder of the patients (p = 0.01). Patients
diagnosed and braced in the early, more ac-
tive stage of the condition (with greater inten-
sity on SPECT) had more predictable symp-
tom relief. An initial SPECT ratio of > 1.5 was
associated with complete symptom resolu-
tion, 30% (95% CI, 12%-43%), and 5 (14%; 95% CI, 5%-30%) had a relapse. There were no deaths
or severe sequelae in this study. Brucellar
spondylitis causes considerable suffering and
absenteeism from work, but long-term cli-
nical responses are favorable.

Comparison of CSF Cytology and
Spinal Magnetic Resonance Imaging in the Detection of Leptomeningeal
Disease in Pediatric Medulloblastoma or
Primitive Neuroectodermal Tumor

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J Clin Oncol 1999; 17: 3234-7

Purpose. Leptomeningeal disease (LMD) si-
gnificantly affects the prognosis and treatment
of pediatric patients with medulloblastoma or
primitive neuroectodermal tumor (PNET).
Examination of CSF for malignant cells, detec-
tion of LMD on spinal magnetic resonance
imaging (MRI), or both are the methods routi-

nely used to diagnose LMD. A recent study sug-
stigated 100% correlation between CSF and
MRI findings in children with medullo-
blastoma. To determine the validity of this hy-
pothesis, we compared the rate of detection
of LMD between concurrent lumbar CSF cyto-
logy and spinal MRI performed at diagnosis in
patients with medulloblastoma or PNET.

Patients and Methods. As a part of diagnostic
staging, 106 consecutive patients newly dia-
gnosed with medulloblastoma or PNET were
evaluated with concurrent lumbar CSF cyto-
logy and spinal MRI. CSF cytology was exa-
mined for the presence of malignant cells and
spinal MRI was re-evaluated independently for
the presence of LMD.

Results. Thirty-four patients (32%) were dia-
gnosed with LMD based on CSF cytology,
spinal MRI, or both. There were 21 discord-
ant results. Nine patients (8.5%) with posi-
tive MRI had negative CSF cytology. Twelve
patients (11.3%) with positive CSF cytology
had negative MRIs. The exact 95% upper
bound on the proportion of patients with
LMD whose disease would have gone unde-
tected using either CSF cytology or MRI as
the only diagnostic modality were calculated
at 14.4% and 17.7%, respectively.

Conclusion. With the use of either CSF cyto-
logy or spinal MRI alone, LMD would be
missed in 14% and 18% of patients with
medulloblastoma or PNET. Thus, both CSF
cytology and spinal MRI should routinely be
used to diagnose LMD in patients with me-
dulloblastoma or PNET.

Harris or Axis Ring: an Aid in Diagnosing
Low (Type 3) Odontoid Fractures

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Eur J Surg 1999; 165: 1138-41

Objective. To present our experience of diag-
nosing fractures of the odontoid process on
lateral radiographs of the cervical spine that
show the Harris (axis) ring.

Design. Retrospective study.

Setting. Teaching hospital, Belgium.

Subjects. 12 patients with multiple injuries,
including cervical spine. 8 of them uncon-
cious or uncooperative. Interventions: Cross
table lateral view of the cervical spine.

Main outcome measure. Identification of
otherwise hidden type 3 axial fractures.

Results. Diagnosis of low odontoid fractures
in all cases.

Conclusion. The Harris ring is disrupted in
low odontoid fractures and intact fractures of
the odontoid process. Awareness of this sign
will allow diagnosis of otherwise hidden
axial fractures.

Magnetic resonance imaging and
neurological recovery in acute spinal
cord injury: observations from the

National Acute Spinal Cord Injury
Study 3

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Spinal Cord 1999; 37: 833-7

Study design. Data are from a multicenter,
randomized, double blind clinical trial of
acute spinal cord injury.

Objectives. To evaluate the prognostic value
of magnetic resonance imaging (MRI) for ran-
domized patients in the National Acute Spinal
Cord Injury Study 3 (NASCIS).

Setting. Sixteen spinal cord injury centers
throughout the United States and Canada.

Methods. Of 499 patients randomized in
NASCIS 3 between 15 December 1997 and
September 1995, MRI was electively done on
191 patients within 72 h of injury. Indications of
hemorrhage, edema, and contusion were re-
corded by standard protocol. Neurological
impairment as determined by motor function,
response to pin prick and light touch was as-
sessed at admission to the participating cen-
ter and 6 weeks after injury. Change in neu-
rological function was obtained by subtracting the score of each neurological
parameter at admission from that measured
at 6 weeks. Spinal cord surgery performed
within the 3 days after injury was noted. Data
were analyzed by: chi square, analysis of va-
riance, multiple logistic regression and linear
regression models.

Results. Patients with hemorrhage were
much more likely to have a complete injury
(OR = 2.88, 95 CI 1.32, 6.23); however this
association was much reduced when the ini-
tial neurological examination was taken into
account (AOR = 1.43, 95 CI 0.55, 3.73) and
was no longer a significant predictor of in-
jury. MRI evidence of cord edema was the
strongest predictor of reduced improvement in
motor function (– 3.34 points, P = 0.06) and
light touch sensitivity (– 3.41 points, P = 0.05)
at 6 weeks.

Conclusions. Cord hemorrhage, contusion,
and edema on MRI were not associated with
diagnosis of a complete cord injury after neu-
rological assessment from the initial clinical
examination was taken into account. Predic-
tion of a worse 6 week neurological status
was weakly associated with the presence of
edema diagnosed by MRI. As MRI technol-
ogy improves, these diagnostic and predic-
tive capabilities need to be re-assessed.

Sponsorship. NASCIS 3 was funded by the
National Institute of Neurological Disorders and Stroke at the National Institutes of Health,
Washington, DC, USA. Pharmacia and Upjohn provided study drugs and placebos;
they also monitored data quality, and funded additional tests, in accordance with Food and
Drug Administration regulatory requirements. Dr Bracken has served as an occasional paid
consultant to Pharmacia and Upjohn.

SÉNOLOGIE

Role of Breast Magnetic Resonance
Imaging in Determining Breast as a

918 Revue bibliographique
MONIQUE LALORI

Source of Unknown Metastatic Lymphadenopathy
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Background. Occult primary breast cancer (OPBC) represents less than 1% of breast cancer. In only a third of cases, mammography identifies a primary tumor. We hypothesized that rotating delivery of excitation off-resonance breast magnetic resonance imaging (MRI) would identify or exclude the breast as a primary site in patients with OPBC.

Methods. In a retrospective review, 10 patients were identified with OPBC in which MRI was performed. Malignant appearing lesions were correlated with histopathologic findings at biopsy or surgery.

Results. MRI identified the primary site in 8 of 10 cases as breast (80%), and excluded it in 2 cases. The extent of disease and location was accurately predicted when compared with histopathologic specimen.

Conclusions. As we continue to focus on a cure of early breast cancer, it is imperative that diagnostic images become more sensitive and specific. MRI accurately predicted OPBC in this subset of patients.

Silicone Breast Implant Rupture: Pitfalls of Magnetic Resonance Imaging and Relative Efficacies of Magnetic Resonance, Mammography, and Ultrasound
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Plast Reconstr Surg 1999; 104: 2054-62

The objective of this study was to evaluate the relative efficiencies of magnetic resonance (MR) imaging, ultrasonography, and mammography in implant rupture detection and to illustrate pitfalls in MR image interpretation. Thirty patients referred by plastic surgeons with suspected breast implant rupture were prospectively evaluated using MR, ultrasonography, and mammography in implant rupture detection and to illustrate pitfalls in MR image interpretation. Thirty patients referred by plastic surgeons with suspected breast implant rupture were prospectively evaluated using MR, ultrasonography, and mammography in implant rupture detection and to illustrate pitfalls in MR image interpretation.

The extent of disease and location was accurately predicted when compared with histopathologic specimen. The extent of disease and location was accurately predicted when compared with histopathologic specimen. The extent of disease and location was accurately predicted when compared with histopathologic specimen. The extent of disease and location was accurately predicted when compared with histopathologic specimen. The extent of disease and location was accurately predicted when compared with histopathologic specimen. The extent of disease and location was accurately predicted when compared with histopathologic specimen. The extent of disease and location was accurately predicted when compared with histopathologic specimen. The extent of disease and location was accurately predicted when compared with histopathologic specimen.
**Postoperative MRI Appearance After Transsphenoidal Pituitary Tumor Resection**

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Surg Neurol 1999; 52: 592-9

**Background.** Knowledge of the magnetic resonance imaging (MRI) appearance of the pituitary fossa following transsphenoidal resection of a pituitary adenoma, in the early and late postoperative period, is important for detecting complications and for assessing extent of tumor excision. Few prospective studies have addressed this issue.

**Methods.** Fourteen patients with pituitary macroadenomas were prospectively studied with MRI. Maximal tumor resection was accomplished in each patient, and the postoperative histological diagnoses included non-secreting adenoma in 11 patients, prolactinoma in 2 and necrosis in one. Early postoperative scans were obtained within 14 days after surgery, and late studies between 3 and 4 months, in all patients. Four patients also had delayed scans between 8 months and a year. The maximum coronal dimension (MCTD) of the sellar and suprasellar contents was measured on T1-weighted contrast enhanced scans.

**Results.** All patients had normal or improved visual examinations and normal or improved hormonal function postoperatively. The preoperative MCTD ranged from 11 mm to 59 mm in height (mean 30.3 mm). There was little change in MCTD on the early postoperative scans (range 7-49 mm, mean 23.5 mm). There was little change in MCTD on the early postoperative scans (range 7-49 mm, mean 23.5 mm). There was little change in MCTD on the early postoperative scans (range 7-49 mm, mean 23.5 mm). There was little change in MCTD on the early postoperative scans (range 7-49 mm, mean 23.5 mm). There was little change in MCTD on the early postoperative scans (range 7-49 mm, mean 23.5 mm). There was little change in MCTD on the early postoperative scans (range 7-49 mm, mean 23.5 mm). There was little change in MCTD on the early postoperative scans (range 7-49 mm, mean 23.5 mm). There was little change in MCTD on the early postoperative scans (range 7-49 mm, mean 23.5 mm). There was little change in MCTD on the early postoperative scans (range 7-49 mm, mean 23.5 mm).

**Conclusions.** We conclude that the appearance of the sellar contents on early postoperative MRI may appear remarkably similar to that seen before surgery, even after technically acceptable resection. The postoperative mass may represent a combination of residual tumor, edema, postoperative hemorrhage and hemosideral material. Routine follow-up MRI after transsphenoidal resection of pituitary tumors may be delayed until at least 4 months after surgery in patients who are clinically stable.

**Does leukoaraiosis predict morbidity and mortality?**

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Neurology 2000; 54: 90-94

**Objective.** To determine whether leukoaraiosis predicts morbidity and mortality. Background: Gait disturbance and leukoaraiosis both are common in the elderly. Gait disturbance predicts mortality. Leukoaraiosis may be a unifying factor to both gait disturbance and mortality.

**Methods.** We followed 221 patients prospectively evaluated for severity of neurologic deficits by the National Institutes of Health (NIH) stroke scale and for leukoaraiosis in seven brain regions by CT, graded as absent (n = 119, 54%), mild (in at least one of seven brain regions; n = 54%), or severe (present in all seven brain regions; n = 48.2%). Pneumonia (n = 27, 12%), falls resulting in fracture requiring hospitalization (n = 7, 3%), and death (n = 38, 17%) were obtained within 14 days after surgery, and late studies between 3 and 4 months, in all patients. Four patients also had delayed scans between 8 months and a year. The maximum coronal dimension (MCTD) of the sellar and suprasellar contents was measured on T1-weighted contrast enhanced scans.

**Results.** Severe leukoaraiosis predicted death (Cox hazard ratio [HR] = 2.91; 95% CI = 1.5 – 5.6), pneumonia (HR = 5.1; 95% CI = 2.4 – 10.8), death from pneumonia (HR = 8.3; 95% CI = 1.5 – 46), and fall (HR = 6.8; 95% CI = 1.5 – 30). Severe leukoaraiosis predicted a combined end point of death, pneumonia, and falls (HR = 3.5; 95% CI = 2 – 6). Others predictors were NIH stroke scale score, age, smoking, diabetes, and referral diagnosis of either dementia or Parkinsonism. Severe leukoaraiosis remained a predictor after adjustment for these other factors (HR = 2.2; 95% CI = 1 – 3.9), but was borderline after adjusting for gait (HR = 1.96; 95% CI = 0.97 – 3.94; p = 0.061). The combination of severe leukoaraiosis and gait disturbance had the highest risk (HR = 4.4; 95% CI = 2.4 – 7.9).

**Conclusion.** Leukoaraiosis predicts morbidity and mortality independently of preexisting neurologic deficits. The combination of leukoaraiosis and gait disturbance carries a poor prognosis.

**Diagnostic accuracy of MRI compared to CCT in patients with brain metastases**

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Journal of Neuro-Oncology 1991; 44: 275-81

**Objectives.** In patients with extracranial neoplasms, the occurrence and number of brain metastases is critical for further diagnostic approaches and therapeutic strategies and the patient’s prognosis. Although widely accepted, there is surprisingly little evidence in the literature that MRI is superior to CCT. Therefore, in patients with solitary metastases (BM) missed by CCT, in which MRI should show multiple lesions, we compared the diagnostic accuracy of MRI with that of CCT.

**Methods/Results.** Among 55 patients with solitary BM according to CCT, 17 had multiple BM on MRI (31%) and 38 had solitary BM in both. Based on a presumed binomial distribution of our data, we calculated a rate of at least 19% of patients with solitary BM on CCT, in which MRI should show multiple lesions (p = 0.05). The two main characteristics for BM missed by CCT were the smaller diameter, which averages 2 cm less than in BM identified with both modalities, and a preferential frontotemporal location.

**Conclusion.** MRI is indeed superior to CCT in the diagnosis of BM for both reasons. In addition, MRI is indispensable in the diagnostic workup of patients with BM for choosing the optimal therapeutic approach, especially with regard to the decision whether to operate or to primarily irradiate the patient’s metastases.

**Carotid Artery Stenting in Patients at Surgical High Risk: Clinical and Ultrasound Findings**

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Cerebrovasc Dis 2000; 10: 44-48

Angioplasty and stenting (A/S) provide an alternative for patients with severe simultaneous severe cardiac and cerebrovascular disease, or with medical illnesses which carry a high perioperative risk. We conducted A/S in 20 high-risk patients (15 males, 5 females, mean age = 64.5 years, range = 40-71 years) with asymptomatic occlusions of carotid arteries with residual stenosis of 50% or more, severe leukoaraiosis and gait disturbance had a poor prognosis.

**MRI Findings and Clinical Manifestations in Rathke’s Cleft Cyst**

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Acta Neurochir Woen 1999; 141: 1055-61

We retrospectively analysed patients with histologically proven Rathke’s cleft cyst (RCC) in relation to the clinical manifestations and MRI findings in particular, of cyst size and intensity in order to obtain an insight into their growing mechanisms, clinical presentations and management.

Eleven patients with RCC were divided into two groups based on T1-weighted contrast enhancement (WI), and a preferential frontotemporal location.

**Conclusion.** MRI is indeed superior to CCT in the diagnosis of BM for both reasons. In addition, MRI is indispensable in the diagnostic workup of patients with BM for choosing the optimum therapeutic approach, especially with regard to the decision whether to operate or to primarily irradiate the patient’s metastases.
tern are more likely to have acute and/or fluctuation of clinical presentations. Knowing these various clinical manifestations based on MRI pattern will be of help in following and managing patients with RGC.

THORAX

Atteinte pulmonaire au cours de la sclérodermie systémique Partie I, Pneumopathie interstitielle chronique fibrosante

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Rev Méd Interne 1990; 20: 1004-16

Introduction. La pneumopathie interstitielle chronique fibrosante constitue la plus fréquente des manifestations respiratoires de la sclérodermie systémique, et sa prévalence est estimée à 80%. Elle démeure une complication grave de la maladie dont elle représente, à l’heure actuelle, la première cause de mortalité, aboutissant au décès par insuffisance respiratoire chronique dans 20 à 60% des cas. Actualités et points forts. Sa date de survenue dépendra, mais elle est exceptionnellement révélateur de la sclérodermie systémique. Ses signes d’appel cliniques sont tardifs et leur apparition traduit une atteinte respiratoire événuelle, affectant plus de 50% de l’ensemble des patients de la maladie, en particulier les patients atteints de la forme la plus sévère, la forme marmorée. Les explorations complémentaires de choix pour la prise en charge thérapeutique précoce.

Due to Mutations in HPS-1*

Pulmonary Function and High-Resolution CT in a Puerto Rican Patient with Hereditary Telangiectasia (HHT, or Osler-Weber-Rendu Disease) due to a Deletion in the HPS-1 Gene

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J Radiol 1999; 80: 91-6

Lower Pulmonary Function and Cerebral Subclinical Abnormalities Detected by MRI. The Atherosclerosis Risk in Communities Study

D Liao, M Higgins, NR Bryan

Chest 1999; 116: 115-6

Accuracy With Ultrasound by Emergency Physicians

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In recent years, there has been considerable interest and controversy concerning the performance of ultrasound by emergency physicians (ED Sono), but patient satisfaction with ED Sono has not been well studied. The primary purpose of this investigation was to assess the level of patient satisfaction with the multi-slice scanner, and to compare satisfaction with ED Sono with ultrasound by the Medical Imaging Department (MI Sono). A secondary objective was to assess the accuracy of ED Sono at our facility. During a 5-month period, we assessed the start-up phase of a program for ED Sono, emergency physicians prospectively identified patients who were candidates for ultrasound as a part of their workup. Patients were contacted by telephone after their ED visit and asked to rate satisfaction on a 0 to 10 scale for various aspects of their care, including the ultrasound if one was done. The accuracy of ED Sono was determined by comparing ED ultrasound interpretations with surgical pathology, repeat imaging studies, or clinical follow-up. Two hundred forty patients were entered into the study, and 186 (78%) responded to the satisfaction survey. Satisfaction ratings were satisfactory high for ED Sono (mean, 8.9; 95% CI, 8.6 to 9.2) and for MI Sono (mean, 8.8; 95% CI, 8.2 to 9.4). Eighteen percent of ultrasounds performed by emergency physicians were indeterminate. Including indeterminate scans and scans for which confirmation was not possible, the accuracy of ED Sono was 99.1% (95% CI, 99.1% to 99.9%). We conclude that during the start-up phase of our ED Sono program, patient satisfaction was high, and the error rate was very low.

Axial and helical acquisition speed and limiting spatial resolution (0.8-s exposure) were improved on the multi-slice slice. Slice sensitivity profiles, image noise, CT number accuracy and uniformity, and low-contrast resolution were similar. In some US and 2D modes, helical artifacts and geometric distortion were more pronounced with a different appearance. Radiation slice profiles and doses were larger on the multi-slice system at all scan widths. For typical abdominal and pelvis exam, the central and surface body doses for 5-mm helical scans were higher on the multi-slice system by approximately 50%. The increase in surface CTDI values (with respect to the single-slice system) was significant for the 4 x 1.25-mm configuration (190% for head, 240% for body) and least for the 4 x 5-mm configuration (53% for head, 76% for body). Preliminary testing of version 1.1 software demonstrated reduced doses on the multi-slice scanner, where the increase in body surface CTDI values (with respect to the single-slice system) was 105% for the 4 x 1.25-mm detector configuration and 10% for the 4 x 5-mm configuration. In summary, the axial and US-HQ images provided excellent image quality and a substantial reduction in exam time and tube loading, although at varying degrees of increased dose relative to the single-slice scanner.