

## بسم الله الرحمن الرحيم



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شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم





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بالرسالة صفحات

لم ترد بالأصل



## ROLE OF MRI IN DIAGNOSIS OF POSTERIOR CRANIAL FOSSA MASSES

BIYACA

## Thesis

Submitted for partial fulfillment of the requirements of the MD degree in

Radiodiagnosis

By

### HANAA MOHAMED ALY KAMEL

(M.B., B.Ch., M.Sc. (Radiodiagnosis)

## **SUPERVISORS**

Prof. Dr.

### MAHMOUD ABD-EL-AZIZ DAWOUD

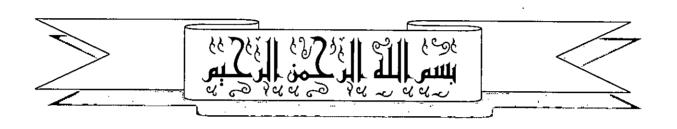
Professor and Head of Radiology Department Faculty of Medicine Tanta University

Dr.

## KHALED ESMAIL EL-SHAFEY

Assistant Professor of Radiodiagnosis
Faculty of Medicine
Tanta University

FACULTY OF MEDICINE TANTA UNIVERSITY 2003



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Girst, and for most thanks to ALLAH, the most merciful, gracious and compassionate, to ALLAH everything in life is resumed.

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## **ABBREVIATION**

**CPA** : Cerebello-pontine angle

**CSF** : Cerebrospinal fluid

GD-DTPA: Gadolinium Diethylene triamine penta-acetic acid.

IAC : Internal auditory canal.

NCCT: Non contrast computerized tomography.

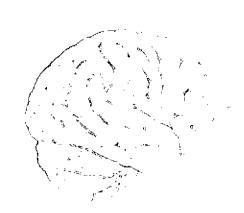
**CECT**: Contrast enhanced computerized tomography

**VI** ventricle: Fourth ventricle

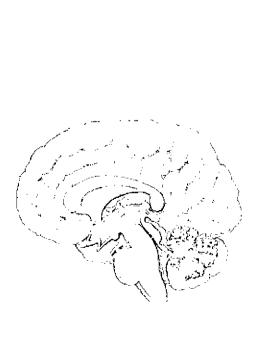
**CEMR** : Contrast enhanced Magnetic resonance.

T<sub>1</sub>: Longitudinal relaxation time

T<sub>2</sub>: Transversal relaxation time.



# NTRODUCTION & AIM OF WORK





#### INTRODUCTION AND AIM OF THE WORK

The posterior cranial fossa is considered as a unique and an important part of the cranial cavity, as it contains the brain stem and cerebellum containing important vital centers, the entire intracranial course of the last six cranial nerves, and parts of the intracranial course of cranial nerves third through sixth [Fitz Gerald and Curran, 2001] (1).

MR is particularly well suited for imaging the posterior fossa. The lack of bone induced artifacts results in a clear description of the anatomy of the brain stem and cerebellum. Multiplanar imaging allows for accurate delineation of lesion margins, showing their relationship to the fourth ventricle, tentorial incisura and foramen magnum. In general, the axial and sagittal planes are preferable for midline lesions, hemispheric cerebellar masses are shown best with axial and coronal scans [Barrett, 1994] (2).

MRI is a major step forward, because of its sensitivity to detect small lesions that have increased dramatically. In addition, MRI is able to evaluate the posterior and middle fossa. The bony vault that surrounds these areas and causes artifacts on CT do not interfere with the MR imaging. Therefore the small intraparenchymal foci is visible [Barrett, 1994] (2).

The aim of this work is to study the radiological findings of mass lesions occurring in posterior fossa region to determine accuracy of MR imaging in evaluating these lesions.



# REVIEW OF LITERATURE





#### **BASIC MR PHYSICS**

#### **Nuclear Magnets:**

Both protons and neutrons, the basic constituents of the nucleus, possess magnetic dipole moments, making their magnetic properties similar to those of tiny bar magnets. The magnetic dipoles of protons and neutrons tend to pair up (Protons with protons, neutrons with neutrons), canceling the magnetic effect of one another. In nuclei with both an even number of protons and an even number of neutrons, this pairing is complete, leaving no residual magnetic dipole moment in the nucleus. However, nuclei having either an odd number of protons or and odd number of neutrons (or both ) have a net magnetic dipole moment, making possible the phenomenon of nuclear MR. Such nuclei occurring naturally in biologic tissue are hydrogen (one proton and no neutrons), carbon-13 (six protons and seven neutrons), sodium -23 (11 protons and 12 neutrons), and phosphorus-31 (15 protons and 16 neutrons) [Bushong, 1996]. The hydrogen atom, having a nucleus consisting of a single unpaired proton, has the strongest magnetic dipole moment of any nucleus. Since hydrogen occurs in both water and lipids it is copious in the human cubic millimeter of soft tissue contains approximately (10)<sup>19</sup> body. Each hydrogen atoms. Because of the strong magnetic dipole moment of hydrogen and its great abundance in tissue, the signal from hydrogen in the human body is more than 1.000 times stronger than that form any other atomic nucleus. It is for this reason that hydrogen is used almost exclusively as the source of signal in MR imaging [Bushons, 1996] (3).

Without an externally applied magnetic field, the magnetic dipoles of hydrogen nuclei are randomly oriented, and the net magnetization of hydrogen in a sample of tissue is Zero. However, when placed in a strong externally applied magnetic field, slightly more than half of these nuclear dipoles line up (parallel) to the direction of the main magnetic field "Bo". Slightly fewer than

half of the magnetic dipoles orient themselves in the opposite direction (antiparallel to the magnetic field) [Bushong, 1996] (3).

Random thermal interactions between the magnetic dipoles and surrounding macromolecules cause the proton magnetic dipoles to flip back and forth between lower (parallel) and higher (antiparallel) energy states. Left undisturbed in a magnetic field on the order of 1 tesla (T), a constant difference will exist between the number of nuclei in the lower and higher energy states, giving rise to "equilibrium" magnetization Mo. The net equilibrium magnetization points in the same direction as the externally applied magnetic field [Bushons, 1996] (3).

Fig. (1).

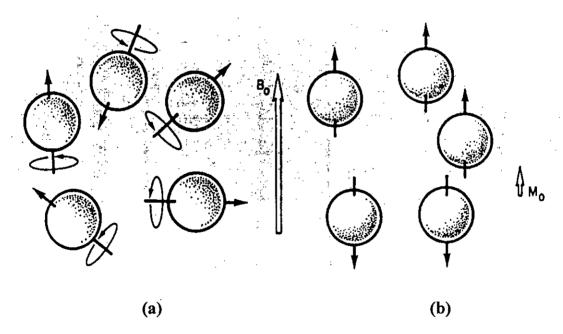


Fig. (1): (a) In the absence of an external magnetic field, the spinning unpaired protons in hydrogen nuclei are randomly oriented; therefore, the net sample magnetization is zero (b) When placed in a strong external magnetic field  $(B_0)$ , slightly more than half the magnetic dipoles align with the field, while slightly fewer than half assume an antiparallel orientation. This imbalance creates a net magnetization of the sample  $M_0$ .