

MR imaging of Lesions of the corpus callosum in adults and children

Ehesis

Submitted for partial fulfillment of Doctorate Degree in Radio-diagnosis

By

Basem Ikram Ibrahim Mohamed

M.B.B.CH.
Faculty of Medicine
Ain Shams University

Supervised by

Prof. Dr. Hisham Mahmoud Mansour

Professor of Radiodiagnosis Faculty of Medicine Ain Shams University

Dr. Samer Malak Botros

Assistant Professor of Radiodiagnosis
Faculty of Medicine
Ain Shams University

Dr. Yasser Ibrahim Abd Al-khalek

Lecturer of Radiodiagnosis Faculty of Medicine Ain Shams University

Faculty of Medicine
Ain Shams University
2020



The vision for this thesis could only become a reality today because of the kind help and support of many; I would like to take the opportunity to extend my gratitude to them all.

First and foremost, all praise is to ATTAM Almighty for his daily blessings, beyond count or description, and beyond all attempts of thanks and gratitude.

For their relentless and continuous guidance, I am grateful to my supervisors. Their support and luminous feedback provided the backbone of this thesis.

I wish to express my deepest gratitude to **Prof. Dr. Hisham**Mahmoud Mansour professor of Radiology department, Faculty of Medicine, Ain Shams University, for his invaluable mentorship and for his unremitting leadership, evident at every step of this work. It has been an honor to complete this thesis under his direction.

Im deeply indebted to Ass. Prof. Dr. Samer Malak Botros Assistant Professor of Radiology department, Faculty of Medicine, Ain Shams University, for his priceless scientific assistance and the invaluable effort he provided

I wish to express my deepest gratitude to **Prof. Dr. Yasser**Thrahim Abd Al-khalek Lecturer of Radiology department, Faculty of Medicine, Ain Shams University, for his invaluable mentorship and for his unremitting leadership, evident at every step of this work. It has been an honor to complete this thesis under his direction.

Finally, I humbly extend my thanks to the patients who participated in this research, my department and to the great institution of Ain Shams University.

LIST OF CONTENTS

Title '	Page No
List of Contents	i
ABSTRACT	i
List of Tables	ii
List of Figures	iii
Introduction	1
Aim of the work	3
REVIEW OF LITERATURE	4
> Anatomical Background	4
> The Telencephalon	6
> The Cerebral Hemispheres	6
Developmental Background	23
> PATHOLOGY	33
PATIENTS and Methods	56
Results	62
Illustrative cases	97
Discussion	. 118
Summary and Conclusion	. 126
References	. 128
11 . 1 11	

ABSTRACT

Background: a variety of entities that arise from different causes such as congenital, inflammatory, tumoral, degenerative, infectious, metabolic, traumatic, vascular and toxic agents. The corpus callosum, or a specific part of it, can be affected selectively.

Aim of the Work: The aim of this study is to emphasize the role of MRI modalities in the proper evaluation of the different pathological entities of the corpus callosum.

Patients and Methods: This study was conducted on 73 patients 37 male, 36 female, Their age ranging from one day old to 78 years old.

The study was done on a GE MRI machine 1.5 tesla in Ain shams university specialized Hospitals at the period between 2016 and 2019.

Images from the MRI studies were evaluated by two neuroradiologists

revealed many **Results:** study pathological entities including inflammatory (42.5%), Vascular (26.0%), Congenital (15.1%), Tumoral (11.0%), Misc (2.7%), Metabolic (1.4%) and Infectious (1.4%) of Different callosal lesions.

Conclusion: Our data and in agreement with the previous studies has demonstrated that MRI is a valuable diagnostic tool for patients with corpus callosal lesions, utilizing contrast enhanced sequences as well as new MRI sequences such as Cube FLAIR, Spectroscopy, DTI and CSF flowmetry sequences. MRI has also shown to be useful and capable in the follow up of patients with demyelinating diseases with accurate depiction of the disease progression in space and in time (extent of the disease and stage of activity).

Key words: Corpus callosum, genu, splenium, multiple sclerosis, MRI, white matter, Multiple sclerosis, DAI

LIST OF TABLES

Table No.	Title	Page No.	
Table (1): MRI s	sequence paramete	ers	58
		udy group according sions (n=73)	_
their d	lifferent callosal le	udy group accordinesions relation age (y	years
		udy group accordin	
differe	nt congenital lesio	group according to ons included in our s	study
differe	nt vascular lesion	group according to s included in our s	study
		group according to r study (n=73)	
classifi	cation of diff	group according to erent callosal les	sions
		udy group accordin	
		udy group accordin	
` '		udy group accordin	0
		different callosal le	

LIST OF FIGURES

Figure No.	Title	Page No.
	ring principal systems of	
Fig (2): Horizontal section		f association fibers12 f lateral ventricles (April,
Fig (5): Sagittal section corpus callosur Thalamus, 4 m	of the brain showing the m 1.cerebral hemisphere, idbrain, 5 pons, 6 cerebell	, 2 Corpus callosum, 3
` •		ts of the corpus callosum17
<u> </u>	-	allosum, (April, 1992)17
	tion of brain through con	_
	pus callosum commissura ipital forceps 5. Indusi	
		ria (Sener, 2001)18
Fig (9): Transverse section	on of brain through the do nu of corpus callosum 2. F	rsal lateral nucleus of the
Frontal horn Thalamostriate	of lateral ventricle 4. vein 6. Internal capsule	Septum pellucidum 5. 7. Thalamus 8. Choroid
nucleus 11. Str	l ventricle 9. Right crus of ia terminalis 12. Occipital corpus callosum (Sener, 2	
allowing a repre	mal participant: sagittal tresentation of the organization of the corpus callosum	ion and orientation of the
	_	19
anatomy of the	rmal participant: coronal t e different fibres and co	onnections of the corpus
Fig (12): 22-year-old no	ormal participant: axial tra	
_	comprehension and analys	is of the corpus callosum20
` ,		and a half embryo23
Fig (14): Interior of brain	n of human embryo of five	
Fig (15): Normal corpu	ıs callosum (sagittal T1V	W view) in a 7 year old
Fig (16): Normal co	orpus callosum in an	
Fig (17): Normal corpus	callosum in a 12 month	
view).(sener200)1)	28

Fig (18): Normal corpus callosum in a 7 years old boy . (sagittal T1W view).(barkovvich,1995)	29
Fig (19): Normal corpus callosum in a 16 years old boy (sagittal view – flair	>
image). The innermost layer of the corpus callosum appears as a	
thin bright line.(sener,2001)	30
Fig (20): Normal corpus callosum in a 16 years old boy (coronal view – flair	
image).(sener,2001)	30
Fig (21): PSIF images of the normal corpus callosum in a 21 year old woman	
(sagittal view). (sener,2001)	31
Fig (22): ACD maps in the normal brain: the ACD values of some parts of the	
corpus callosum may be similar to the normal white	22
matter.(sener,2001)	
Fig (23): GE OPTIMA 360 16 channel closed 1.5 T system	
Fig (25): Distribution of the study group according to their different callosal	39
lesions (n=73)	63
Fig (26): Distribution of the study group according to their gender (n=73)	
Fig (27): Distribution of the study group according to their different	
congenital lesions included in our study (n=73).	66
Fig (28): Distribution of the study group according to their different vascular	
lesions included in our study (n=73)	68
Fig (29): Distribution of the study group according to their M.S cases	
• • • • • • • • • • • • • • • • • • • •	69
Fig (30): Distribution of the study group according to their classification of	
different callosal lesions according to location (n=73)	70
Fig (31): Distribution of the study group according to their clinical	
manifestations (n=73).	72
Fig (32): Distribution of the study group according to their protocol used	72
(n=73) Fig (33): Distribution of the study group according to their additional MRI	/3
findings (n=73)	75
Fig (34): Case (1)	
Fig (35): Case (2)	
Fig (36): Case (3)	
Fig (37): Case (4)	
Fig (38): Case (5)	
Fig (39): Case (6)	
Fig (40): Case (7)	
Fig (41): Case (8)	
Fig (42): Case (9)	.115
Fig (43): Case (10)	.117

Introduction

The corpus callosum is the largest white matter structure in the brain, consisting of 200–250 million contralateral axonal projections and the major commissural pathway connecting the hemispheres of the human brain. Each hemisphere is specialized in controlling movement and perception in the opposite half of the body, while also processing certain types of information (such as language or spatial patterns). (**Davidescu et al.,2013**).

The corpus callosum (CC) has four segments: the rostrum, genu, body and splenium; the narrowing between the body and splenium is called the isthmus .(Santo et al., 2012).

The pathology of the corpus callosum includes a wide variety of entities that arise from different causes such as congenital, inflammatory, tumoral, degenerative, infectious, metabolic, traumatic, vascular and toxic agents. The corpus callosum, or a specific part of it, can be affected selectively. (A Fitsiori et al., 2011).

Fetal MR imaging is an increasingly available technique used to evaluate the fetal brain and spine. This is made possible by recent advances in technology, such as rapid pulse sequences, parallel imaging and advances in coil design. This provides a unique opportunity to evaluate processes that cannot be approached by any other current imaging technique and affords a

unique opportunity for studying in vivo brain development and early diagnosis of congenital abnormalities inadequately visualized or undetectable by prenatal sonography. [Glenn And Barkovich, 2006]

Anatomy of the corpus callosum has gained new interest in recent years owing to an increasing number of callosotomies performed to treat intraventricular lesions, as well as for the treatment of certain forms of generalized epilepsy. Furthermore, development of new techniques in MRI, such as diffusion tensor imaging (DTI), as well as evolution of older techniques permitting high-resolution imaging of the human brain, has enhanced interest in the study of specific brain structures and their correlation to clinical syndromes . (Goncalves-Ferreira et al., 2001).

Being the largest brain commissure, the corpus callosum is related to cognitive functions, social skills, problem solving, and attention. Thanks to its multi-planar nature and high tissue resolution magnetic resonance imaging is a method of choice in the assessment of the corpus callosum and its congenital and acquired pathological lesions. It is a perfect diagnosing tool from the very beginning of life, that is, from the prenatal period. Visualization of callosal involvement helps to establish diagnosis in certain disease entities. (krupa et al., 2013).

AIM OF THE WORK

The aim of this study is to emphasize the role of MRI modalities in the proper evaluation of the different pathological entities of the corpus callosum.