

與大師對談

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- 依照臨床時序，請大師模擬一線放射科醫師；於未知診斷，或者有限度臨床線索之情形下，進行閱片及解讀。
- 鑑別診斷為主要，確定診斷為次要。
- 目的在於學習大師之影像判讀邏輯思考。
- 請大師給予本院影像品質建議。
- Protocols, techniques, etc.

CASE 1

77 Y/O MAN

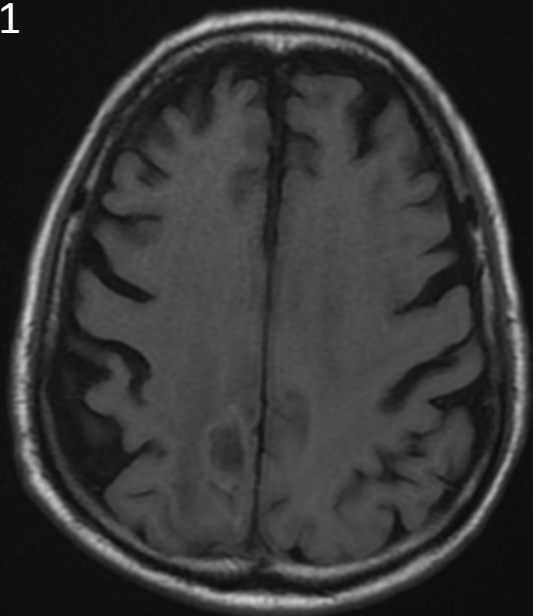
Brief history

- 77 years old man
- PHx: HTN under medication
- Chief complain:
 - Right side weakness and dizziness=>Treat at other hospital
 - Conscious change during treatment.
 - =>Arrange imaging study

Imaging studies

- 1. MRI +C (外院)
- 2. MRI+C (外院)
- 3. MRI +C
- 4. MRI +C

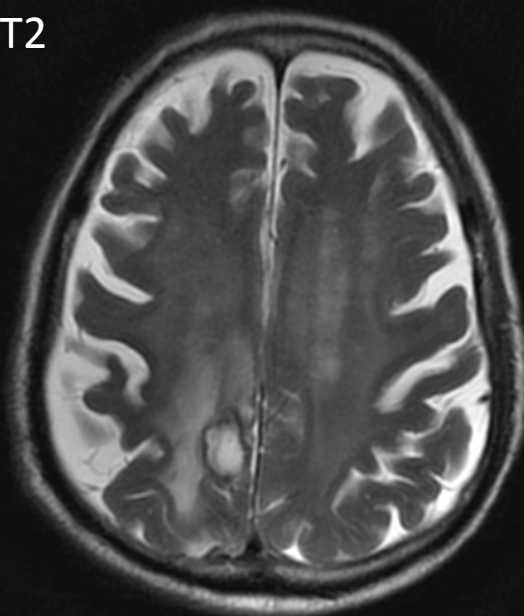
T1



L R

P
A

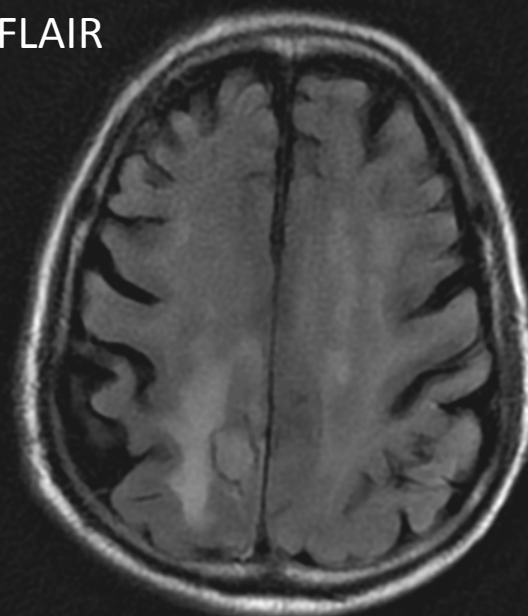
T2



L R

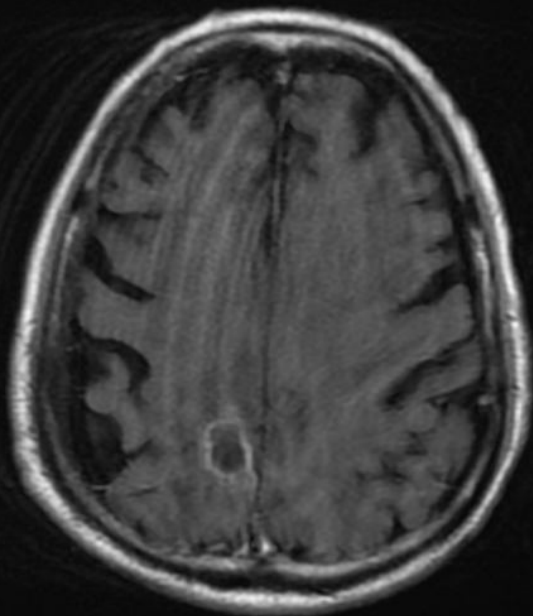
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FLAIR



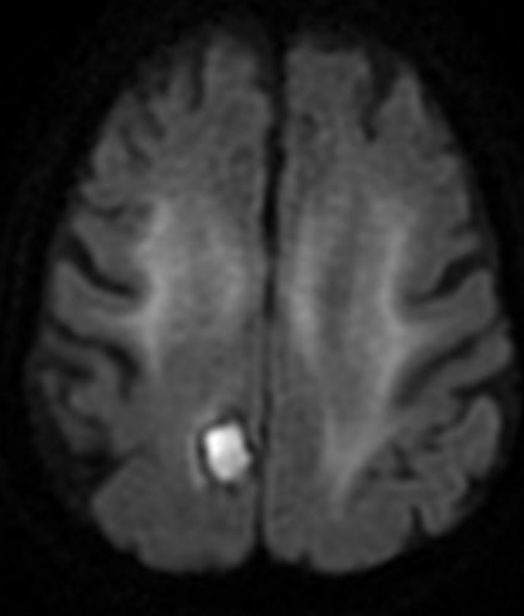
P
A

T1+C



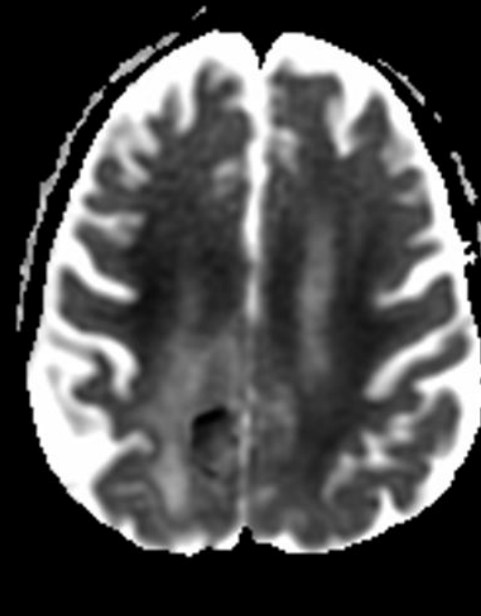
L R

DWI

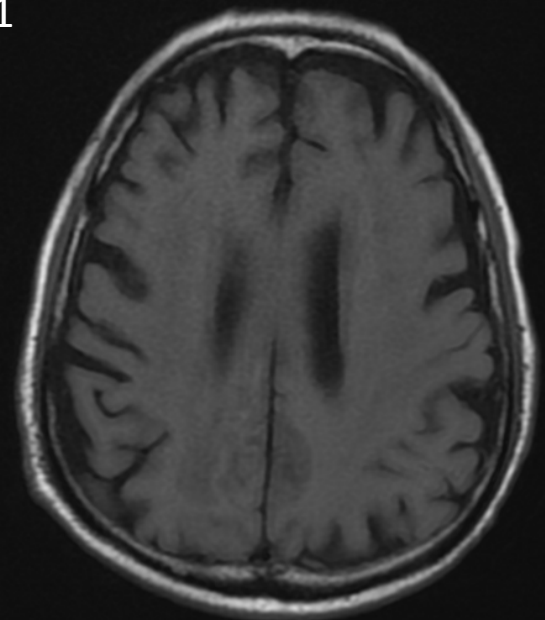


L R

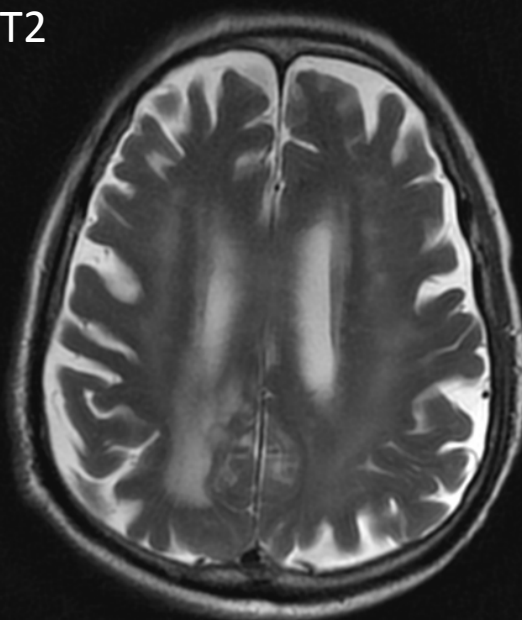
ADC



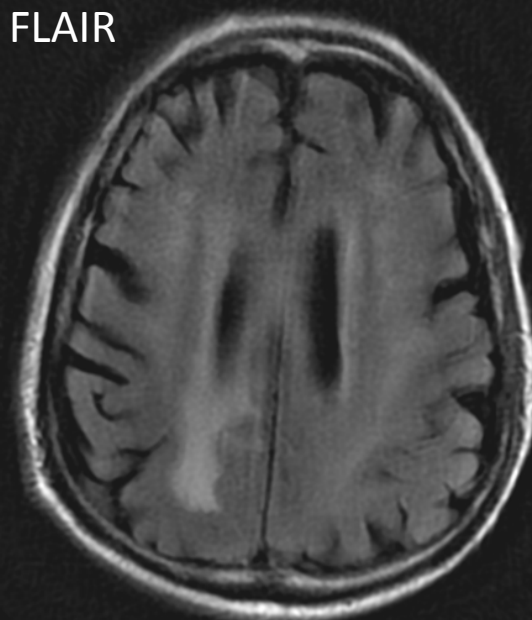
T1



T2



FLAIR

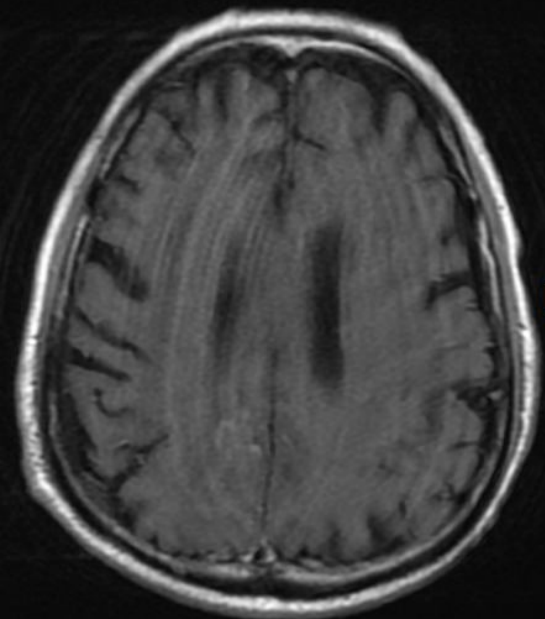


P
A

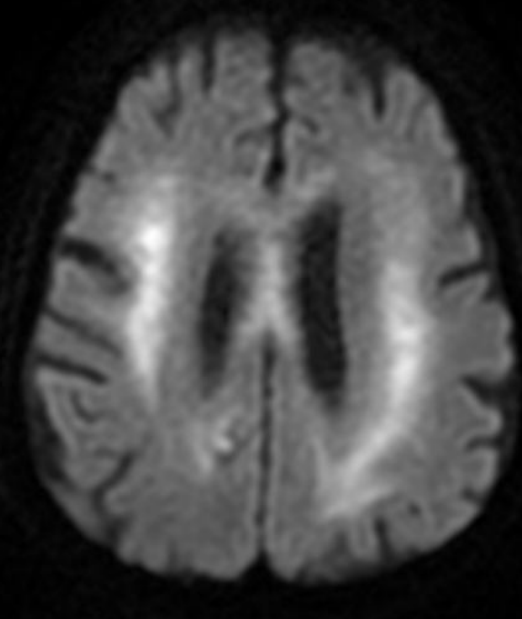
P
A

P
A

T1+C



DWI



ADC

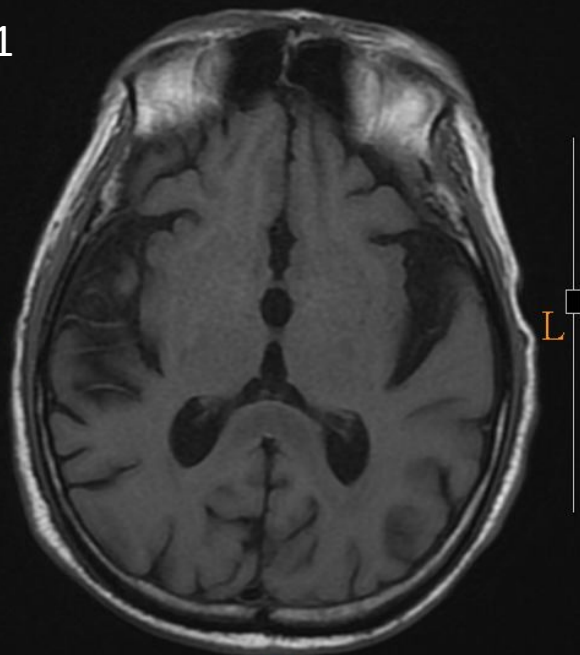


L R

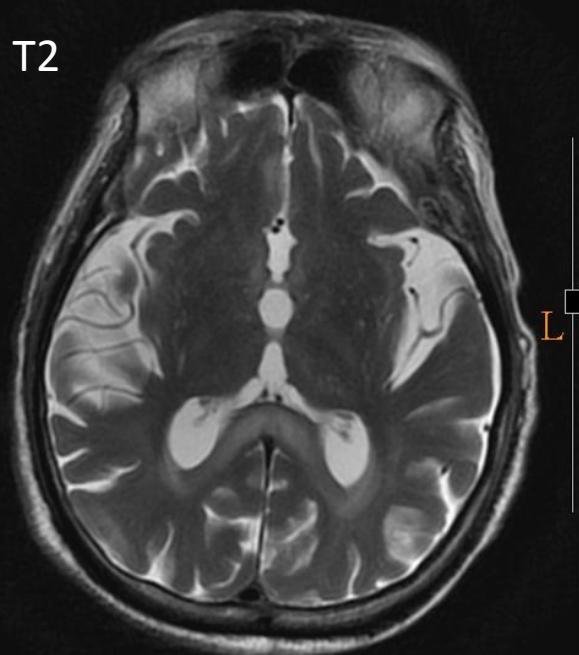
L R

L R

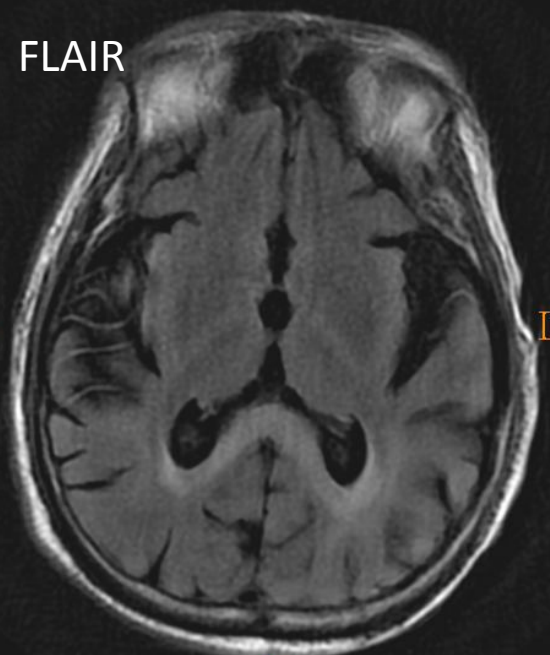
T1



T2



FLAIR

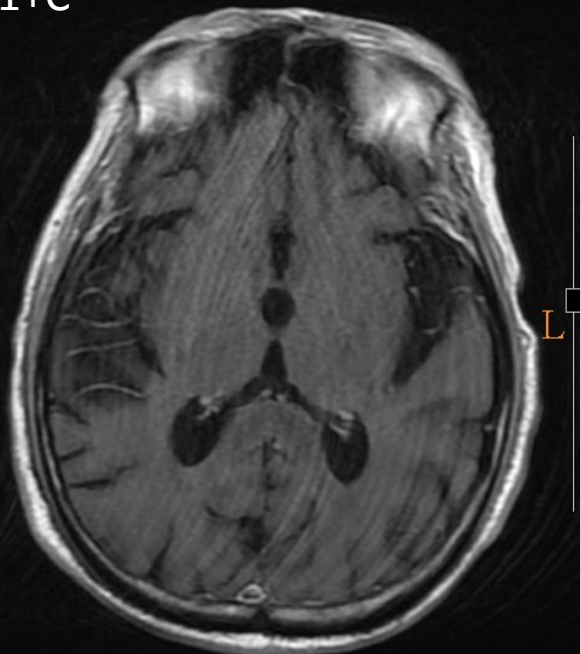


P
A

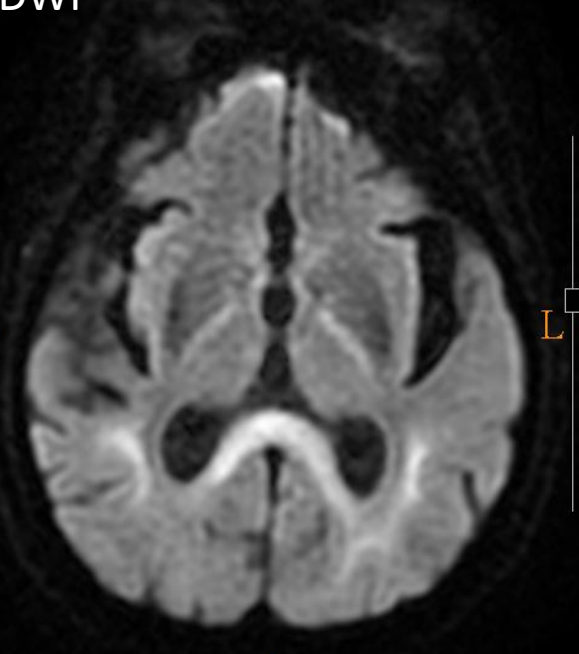
P
A

P
A

T1+C



DWI



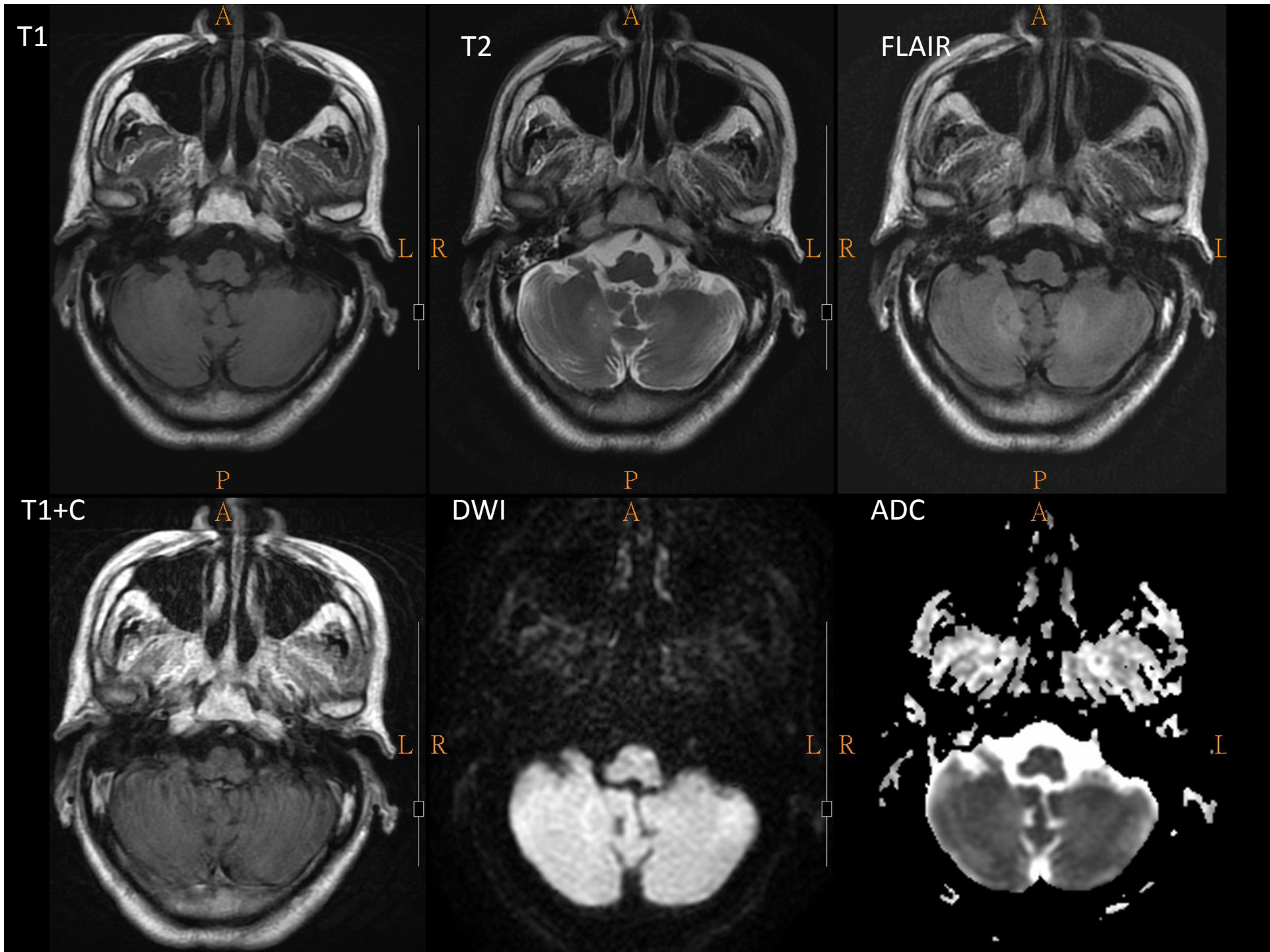
ADC



L R

L R

L



DDx:

- Brain abscess progression
- White matter disease
 - Progressive Multifocal Leukoencephalopathy (PML)
 - Acute disseminated encephalomyelitis (ADEM)
 - Osmotic Demyelination Syndrome, atypical location
- **Metronidazole induced encephalopathy**

Metronidazole induced encephalopathy

- T2WI
 - Bilateral symmetric T2 hyperintensities in dentate nuclei, dorsal brainstem, splenium
 - Less common in subcortical white matter, basal ganglia, thalamus, & middle cerebellar peduncles