

與大師對談 2019.05.21

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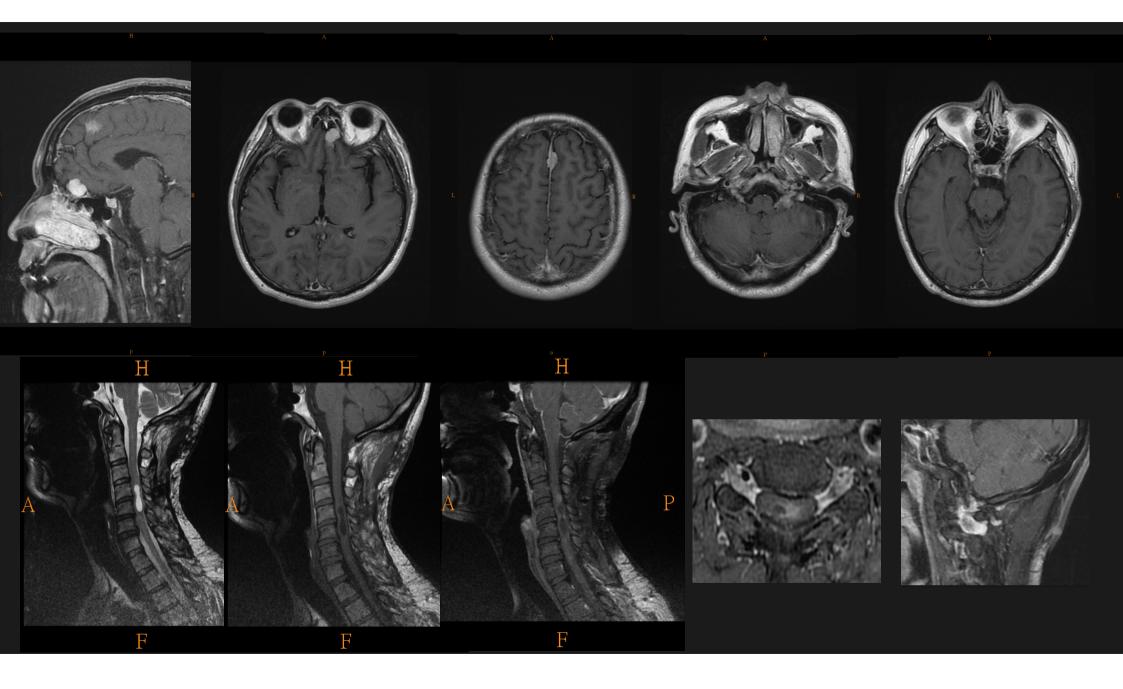
規則介紹

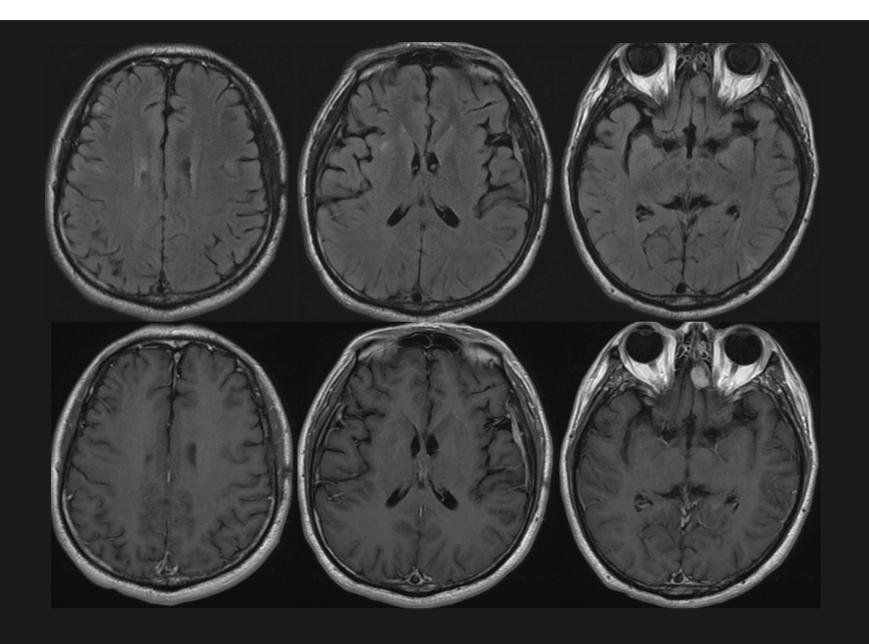
- 依照臨床時序,請大師模擬一線放射科醫師;於未知診斷,或者有限度臨床線 索之情形下,進行閱片及解讀。
- 鑑別診斷為主要,確定診斷為次要。
- 目的在於學習大師之影像判讀邏輯思考。
- 針對神經影像判讀。
- 大師評論本院影像品質建議及改進。

CASE 1

09508855

- 33 y/o, man
- Hearing impairment on the right ear
- Mild ptosis on the left eye
- Numbness and clumsiness of bilateral hands and intermittent twisting of the left hand





Diagnosis

 Multiple intracranial meningiomas, schwannomas and ependymoma with multiple glial micro-hamartomas = Neurofibromatosis type 2

Neurofibromatosis, type 2

Terminology

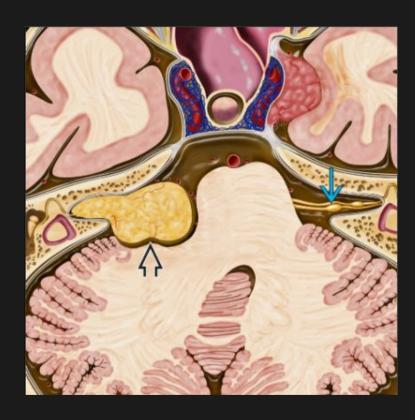
- Familial cancer syndrome (22q12, NF2 gene)
- Acoustic neurofibromatosis, central neurofibromatosis
- Multiple intracranial schwannomas, meningiomas, and ependymomas (MISME)

Imaging

- Multiple extra-axial tumors
 - Schwannomas of CNs and spinal nerve roots: Bilateral vestibular schwannomas
 - Meningiomas on dural surfaces (up to 50%)
- Intra-axial tumors
 - Ependymomas in spinal cord and brainstem (6%)

Symptoms

Usually presents between 2nd and 4th decades with hearing loss, ± vertigo

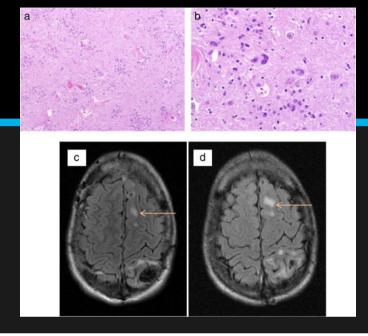


Glial micro-hamartomas

Pathology

- the tightly regulated expression of "merlin" during migration of cells to the cortical plate might predict cortical abnormalities in patients with NF-2 gene mutations
- foci of dysplastic, immature neuroectodermal cells within the cerebral cortex and deep gray matter

Patient demographics.	
34	
20	
11 (32)	
23 (68)	
3 (9)	



Incidental brain MRI finding	Number of patients with finding, no. (%)
Any incidental finding	23 (68)
Nonspecific T2 hyperintensities	17 (74)
Wedge shaped cortical/subcortical T2 hyperintense lesions	15 (65)
Transmantle sign	9 (39)
Cortical T2 hypointensities	8 (34)
Well circumscribed cortical T2 hypointensity with associated T1 hypointensity	6 (26)
Migrational cerebellar anomalies	3 (13)
T2 hyperintense lesions associated with an enlarged Virchow–Robin space	7 (30)
More than one of the above abnormalities	15 (65)