Annotated bibliography.


AJNR Am J Neuroradiol 1997, 18 (8) 1597-1599
http://www.ajnr.org/content/18/8/1597.citation
C-1/C-2 fractures are included. Four figures.

Sixty-seven consecutive patients for thoracic or lumbar spinal metastases with epidural compression. Immediate and sustained neurologic recovery was achieved with posterior decompression and stabilization, similar to that obtained after anterior decompression. However, there was less morbidity with this approach. If an anterior approach is considered too demanding, this would be an appropriate approach. Three figures including plain radiography and CT. The authors point out that literature looking at long-term follow-up is meager. Worker’s compensation legal claims, postoperative radiculopathy due to hard disk, and persistent paresthesias were factors that had unfavorable outcomes. Hemilaminectomy or laminectomy with lateral foraminotomy were the surgeries these patients underwent. J.S.R.


A patient had quadriplegia and dyspnea due to a destructive spondyloarthropathy (hemodialysis spondyloarthropathy) with atlantoaxial dislocation. An interesting CT scan is presented showing calcification of the transverse ligament. J.S.R.

Stroke

Fisher M. Progress review: characterizing the target of acute stroke therapy. Stroke 1997;28:866–872

A good review of how to define, to identify, and potentially to treat salvageable ischemic brain tissue and mechanisms contributing to irreversible ischemia. J.S.R.


Forty-nine patients with acute paramedian pontine infarcts were evaluated for lesion location on MR, and lesion location was correlated with disability scale scores. Paramedian infarctions are a common type of infarction within the posterior circulation and present with predominant hemiparesis with dysarthria, somatosensory disturbance, and horizontal gaze abnormalities. The upper pontine lesions have a more favorable outcome than the lower pontine lesions because the cortical spinal tract in the upper pontine level is located more laterally. J.S.R.

From Miami (Fla) Children’s Hospital (N.A.), Primary Children’s Medical Center, Salt Lake City, Utah (R.S.B.), University Hospital, Ann Arbor, Mich (J.A.B.), Bowman Gray School of Medicine, Winston-Salem, NC (A.D.E.), New York (NY) University Medical Center (A.E.G.), Hospital of the University of Pennsylvania, Philadelphia (D.B.H.), Medical College of Wisconsin, Milwaukee (V.N.H.), University of California at Los Angeles School of Medicine (R.B.L.), the Cleveland (Ohio) Clinic Foundation (J.S.R.), the Germantown Hospital and Medical Center, Philadelphia, Pa (J.D.S.), the University of Pittsburgh (Pa) School of Medicine (J.L.W.), and New England Medical Center Hospital, Boston, Mass (S.M.W.).


The authors monitored 500 carotid endarterectomies with transcranial Doppler ultrasound. Complications of the surgery were graded according to severity. Embolism from the surgical site was the main cause of cerebral vascular complications, and 19% of carotid endarterectomy patients demonstrated microemboli. The perioperative stroke rate can be reduced if the surgeons use appropriate measures based on the findings of the transcranial Doppler intraoperative monitoring. □ J.S.R.

**Temporal Bone**


Two thoroughly illustrated (excellent quality MR) and analyzed case reports on intracanalicular lipomas. No new information is presented; however, because these lesions are sufficiently rare, this article is of interest to the imaging specialist. □ J.D.S.


The imaging approach for three patients with vascular retro tympanic masses is discussed. MR angiography is found to be useful for determining the patency of the internal jugular vein, but the value of the reversed saturation pulse is not discussed. Both MR angiographic images show fortuitous internal jugular vein flow. The conclusions about the value of CT are also ambiguous. This paper would have benefited from an imaging specialist as a coauthor. □ J.D.S.

**Neck and Nasopharynx**


Two CT images of the same patient show a parathyroid adenoma in the tracheoesophageal groove on the right, as well as an intensely enhancing mass with epicenter in the left side of the cricoid cartilage, representing a Brown tumor. The authors state that this is the first reported case of Brown tumor of the cricoid cartilage. □ J.D.S.


Five good-quality CT scans show two patients with pronounced deforming subcutaneous fat as well as fatty infiltration of the paralaryngeal soft tissues. Both patients carry the diagnosis of Madelung disease, a rare lipodystrophy characterized by multiple symmetric fatty infiltrative lesions. Each patient had multiple symptoms, including chronic dysphonia. □ J.D.S.

**Interventional Neuroradiology**


Twelve patients were evaluated 1 year after percutaneous transluminal angioplasty (PTA), supplemented by ultrasound examinations at 1 and 6 months. Six of the 12 patients showed further improvement in lumen diameter at the 1 year angiographic follow-up. Remodeling of the carotid artery was proved after PTA, with acceptable carotid angioplasty patency rates at 1 year. Stenting might not be necessary unless initial PTA result is less than 20% reduction of stenosis. □ J.S.R.


This is a succinct review of the risk-benefit ratio of thrombolysis in acute ischemic stroke. □ J.S.R.

**Inflammatory Disease**


The largest series of intracranial fungal granulomata ever reported in the neurosurgical literature (32 cases). The cases are divided into a rhinocerebral group (22 cases) and a primary intracranial group (10 cases) in which no sinonasal lesion was identified. Mortality was 50%. Meningoencephalitis was the most common cause of death. The classic precepts of otologic surgery apply; namely, extirpate as much of the lesion as possible and complete treatment with appropriate drugs. □ J.S.R.

**Vascular Lesions and Malformations**


Twenty patients with hemifacial spasm and six with trigeminal neuralgia were evaluated with MR, MR angiography (MRA), and 3-D reconstruction of the data sets. Preoperative spoiled gradient-echo MR images showed the area of compression. The causative vessels were evaluated with MRA. Symptoms were relieved in 18 of 20 patients with hemifacial spasm and all six with trigeminal neuralgia. Six figures. □ J.S.R.

**Imaging Techniques and Artifacts**


Nice, succinct review of the tremendous variety of pulse sequences available for MR imaging, including perfusion and diffusion studies. □ J.S.R.
Degenerative and Metabolic Disease and Aging


Among 37 patients with ventriculomegaly and probable normal pressure hydrocephalus, the magnitude of decrease in cerebrospinal fluid signal intensity on T2-weighted images was characterized at seven locations along central cerebrospinal fluid flow pathways before shunt placement. There was no correlation between the presence or degree of flow void and the response to shunt therapy. □ J.A.B.

Phakomatoses


In patients with diffuse brain stem enlargement associated with neurofibromatosis, proton MR spectra at 1.5 T showed N-acetyl-aspartate and the vector sum of choline and creatine/phosphocreatine to be significantly higher-than in patients with pontine glioma. Midsagittal diameter measured from MR images was lower in the neurofibromatosis type 1 group than in patients with pontine glioma. Differences in other MR parameters were not significant. Implications for treatment are discussed. □ J.A.B.

Iatrogenic Disorders


Five cases of “sinking scalp flap” syndrome improved after cranioplasty. Various theories as to why neurologic symptoms occur are explained and a literature review is included. Eleven figures. □ J.S.R.

Brain Tumors and Cysts


Ten cases of cerebral meningiomas after high-dose radiation therapy are analyzed with all the cases in the world literature. These meningiomas appear particularly in children, have a female preponderance and a peak frequency in the third decade of life, are frequently atypical, and recur. □ J.S.R.

BOOKS RECEIVED


