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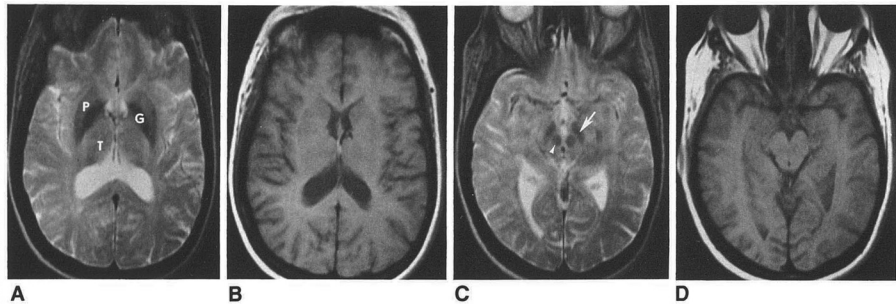
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Magnetic Resonance Imaging of Brain Iron

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A prominently decreased signal in the substantia nigra, red nucleus, and dentate nuclei on T2-weighted images (SE). This MR finding correlated closely with the sites of preferential accumulation of iron in normal postmortem brains. T2* thus provides an accurate in vivo and MR studies in normal brain: the striatum, and still lower level matter, iron concentration is (a capsule and optic radiations, (it prominent in the subcallosal "cyst" in the brain at birth; it increases of brain iron should assist in elucidating neurodegenerative, demyelination.

It has been suggested that exquisite anatomic images, magnetic resonance brain function. Early attempts have been promising but time-consuming using proton MR imaging have but they have been disappointing. When using a high field strength in every patient studied on a finding consisted of decreased specific brain locales, including the globus pallidum, reticular substantia nigra, red nucleus, dentate nucleus, and putamen [1]. This paper gives an account of our studies to determine the origin of this biochemical effect.



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Magnetic Resonance Imaging of the Chronically Injured Cervical Spinal Cord

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Thirteen patients evaluated with magnetic resonance imaging because of the relative to rule out residual were compared with live of those the it was found that the injured spinal cord separate myelomalacia frequently difficult quences with long

Over the years, spinal cord has its percutaneous computed tomography accurate, because media within the spinal cord cyst (2 associated with chronically injured sonography. Spec either myelomalacia therefore, to have patients with shunt but noncystic spinal

Although a number of patients with chronically injured spinal cords. In this paper we report the use of MRI in 13 patients with prior cervical cord trauma, 10 of whom were also studied with delayed metrizamide CT and five of whom had surgery. It is our objective to compare the results of MRI with those of delayed metrizamide CT in order to determine which is the most accurate method of preoperatively evaluating the chronically damaged spinal cord. Further, we correlate these imaging modalities with the patients' clinical presentations and the findings at surgery as determined by intraoperative spinal sonography.

Materials and Methods

Thirteen patients who had suffered severe cervical spinal cord trauma six months to 11 years prior to their present hospitalization were evaluated clinically and examined radiograph-

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