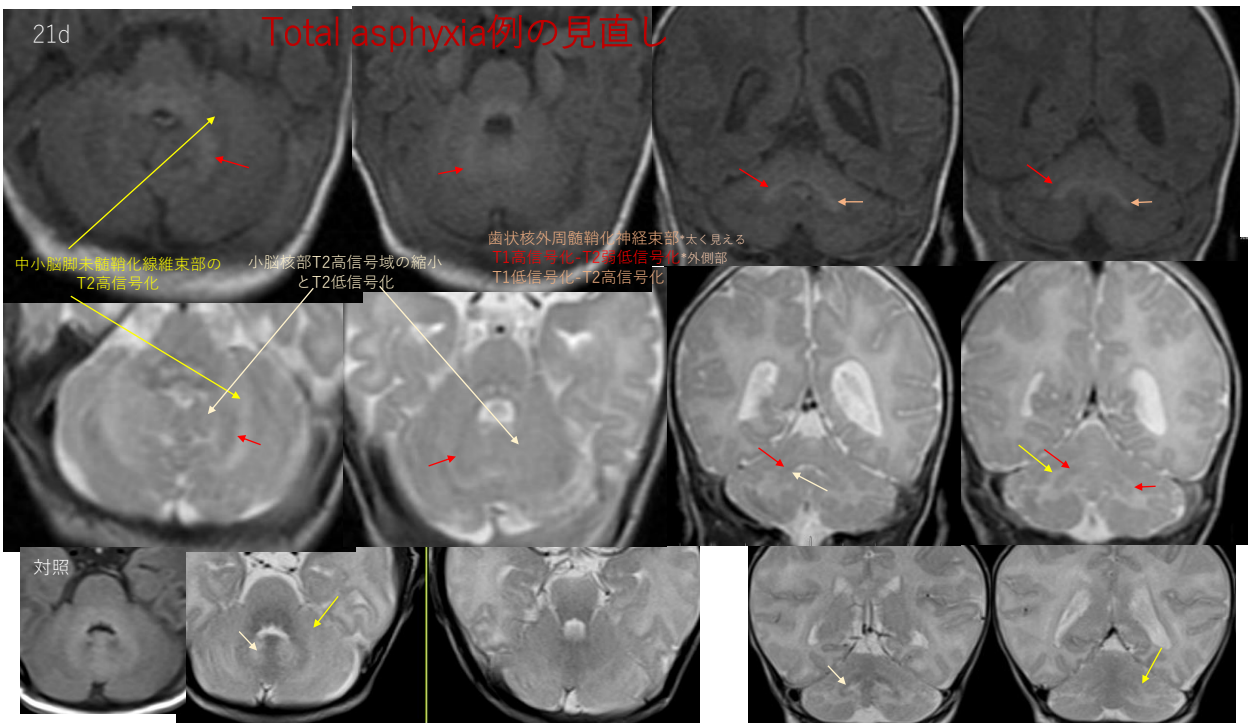


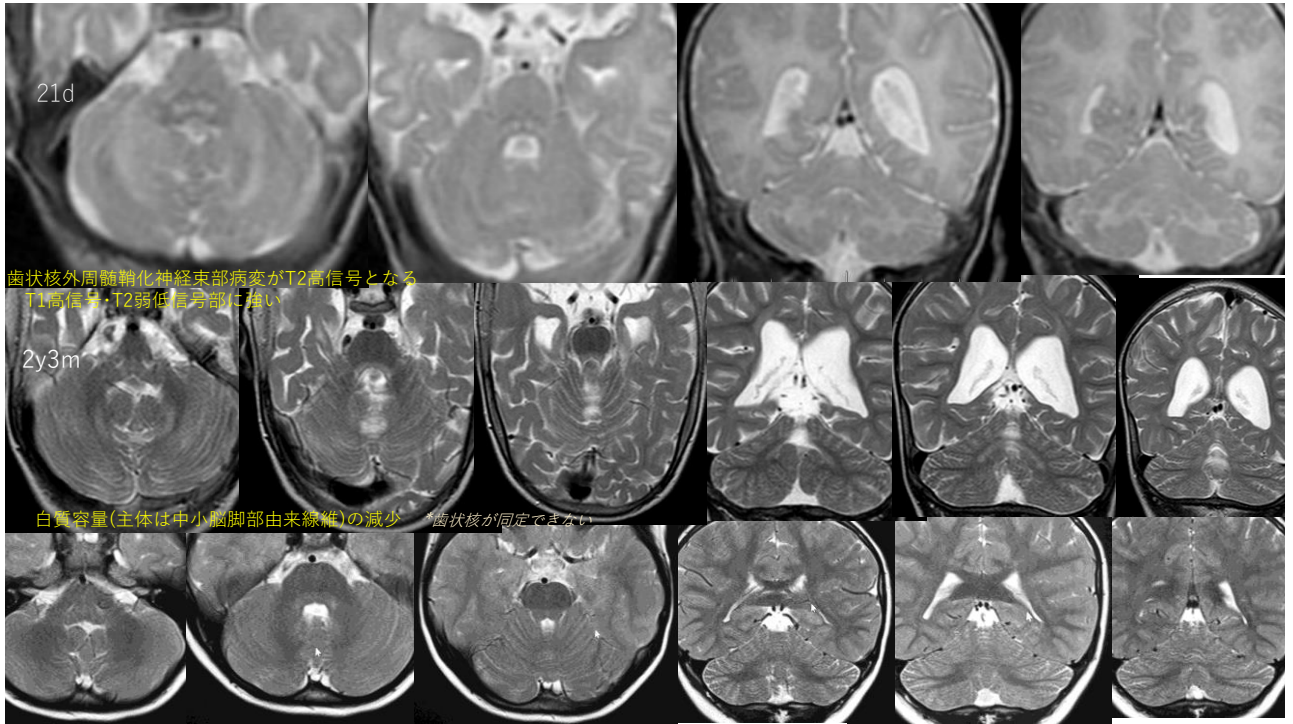
発達期脳性運動障害の小脳病変と症候



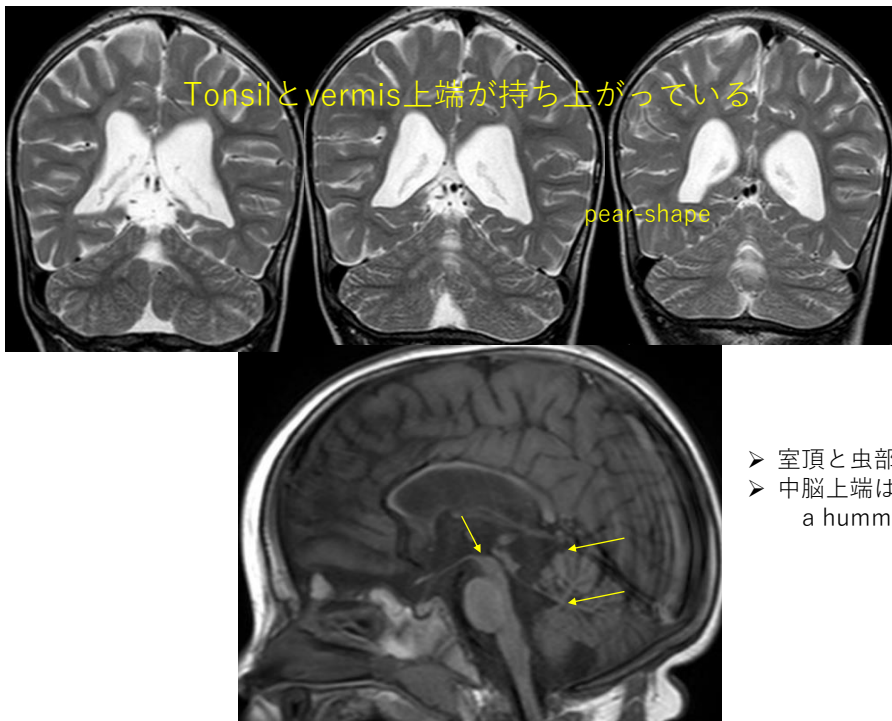
1



2

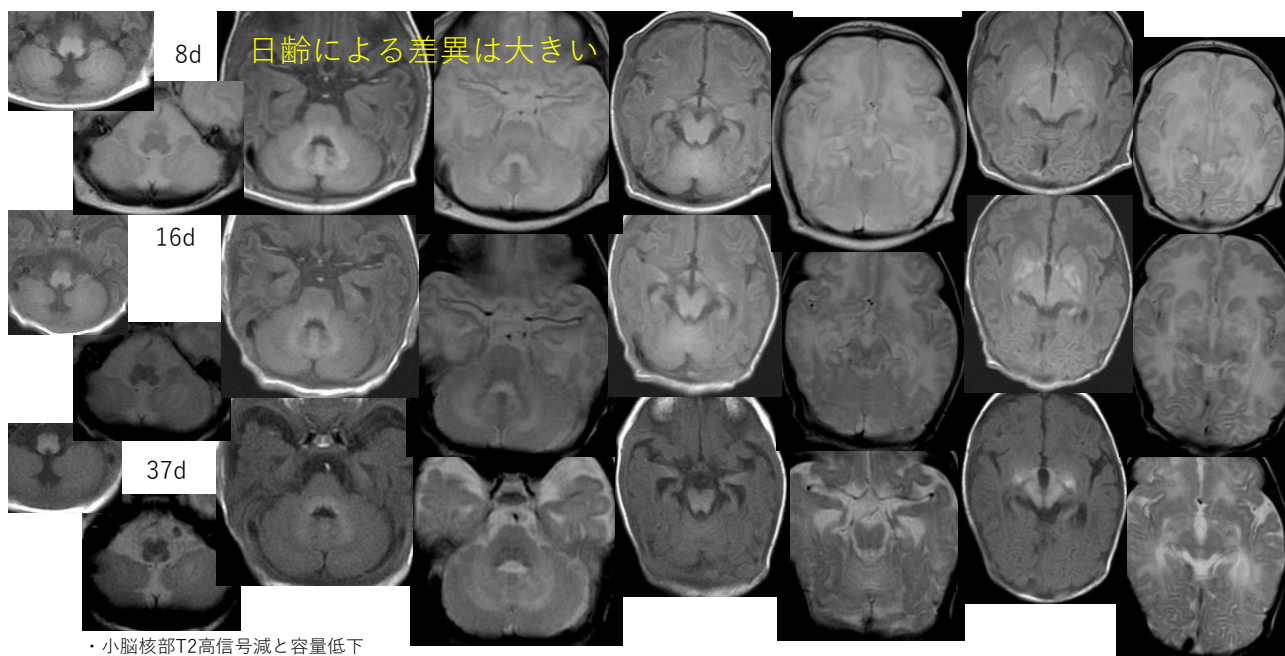


3



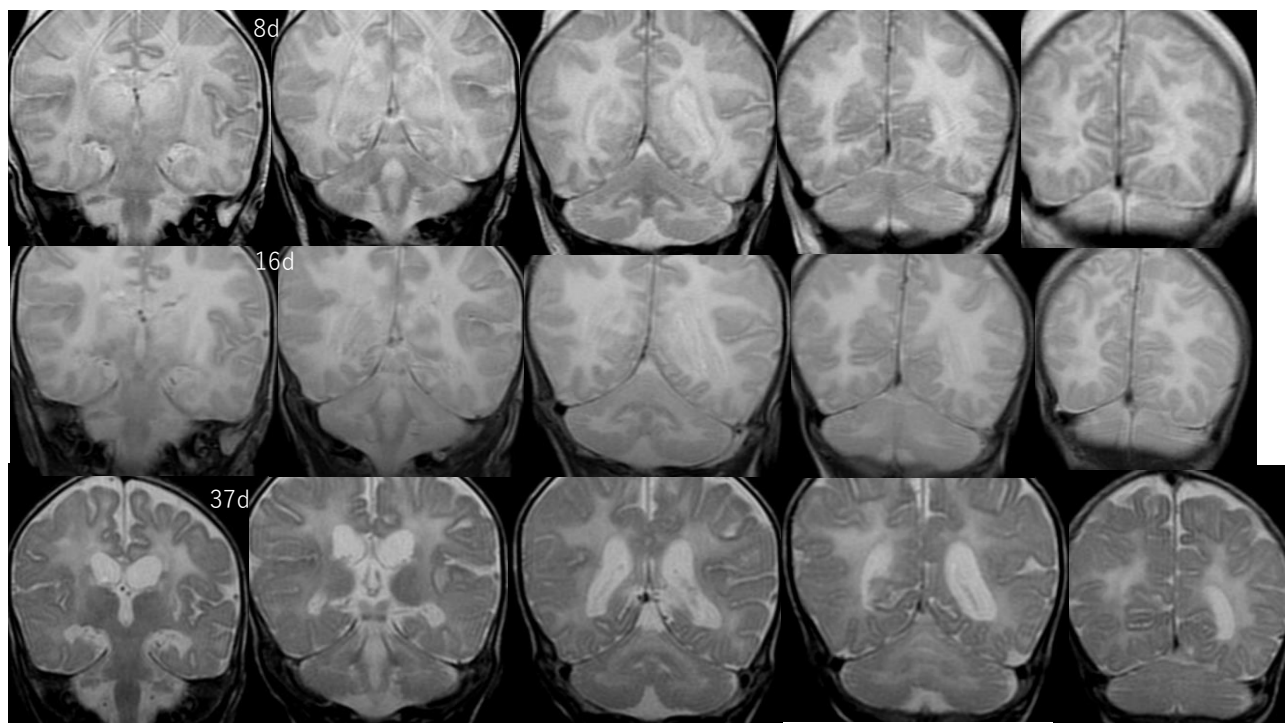
- 室頂と虫部上端は高め
- 中脳上端は上丘の上端より低い
a hummingbird sign

4

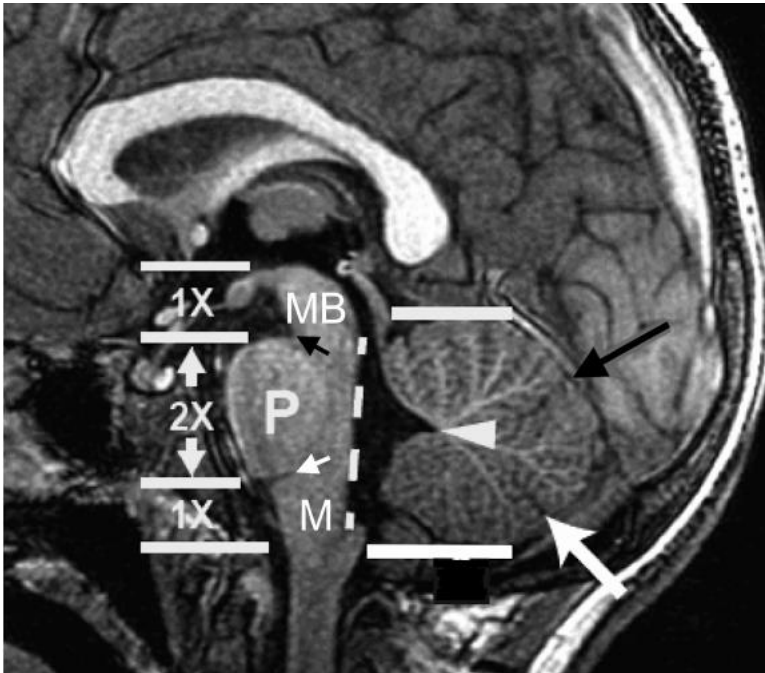


- ・小脳核部T2高信号減と容量低下
- ・歯状核外周髄鞘化神経束はT2高信号または低信号(T1はその逆)となる
- ・中小脳脚部のT2高信号部が広がる
- ・前方虫部はT2高信号化し萎縮する

5



6

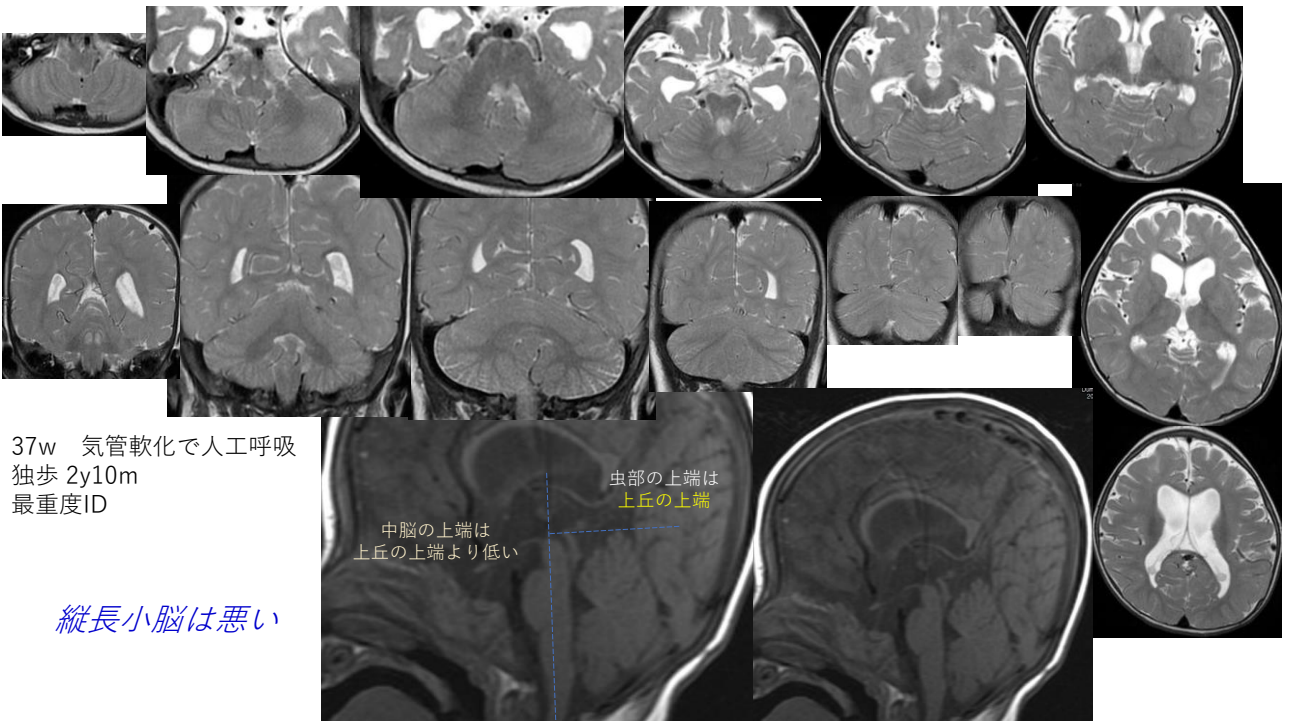


Normal midline sagittal anatomy of the midbrain-hindbrain

- The rostrocaudal length of the vermis in the midline should be **approximately** equal to the distance from the intercollicular sulcus to the obex.
- In the midline, the primary fissure (large black arrow) and the prepyramidal fissure (large white arrow) should divide the vermis approximately into thirds, but the middle third is usually smallest, while the anterior third is the largest.
- On this midline sagittal image, the distance from the top of the midbrain to the bottom of the angle (small black arrow) where the midbrain intersects the pons ventrally is considered one unit. The distance from that same angle point (small black arrow) to where the pons meets the medulla (small white arrow) should measure approximately two units. The distance from that small white angle to the obex should be about one unit (0.8–1.2 units).
- The midpoint of the 4th ventricle (arrowhead, **fastigium**) should be located just below the mid pons.

Barkovichのtext

7



37w 気管軟化で人工呼吸
独歩 2y10m
最重度ID

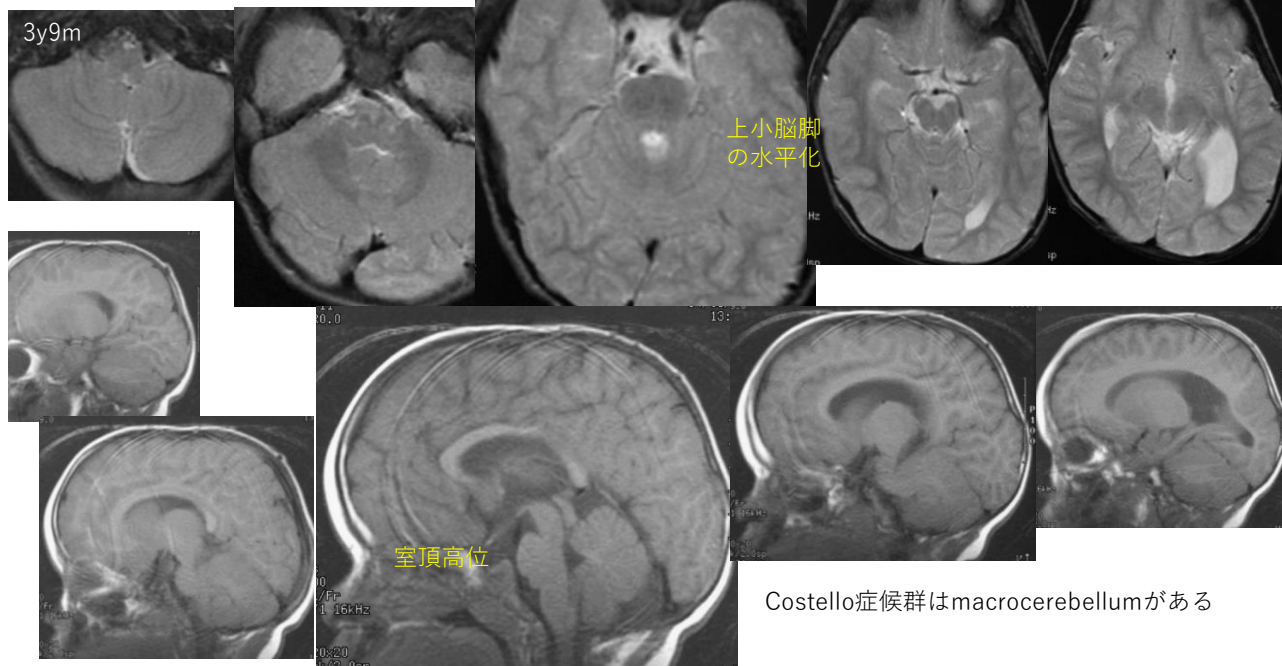
縦長小脳は悪い

中脳の上端は
上丘の上端より低い

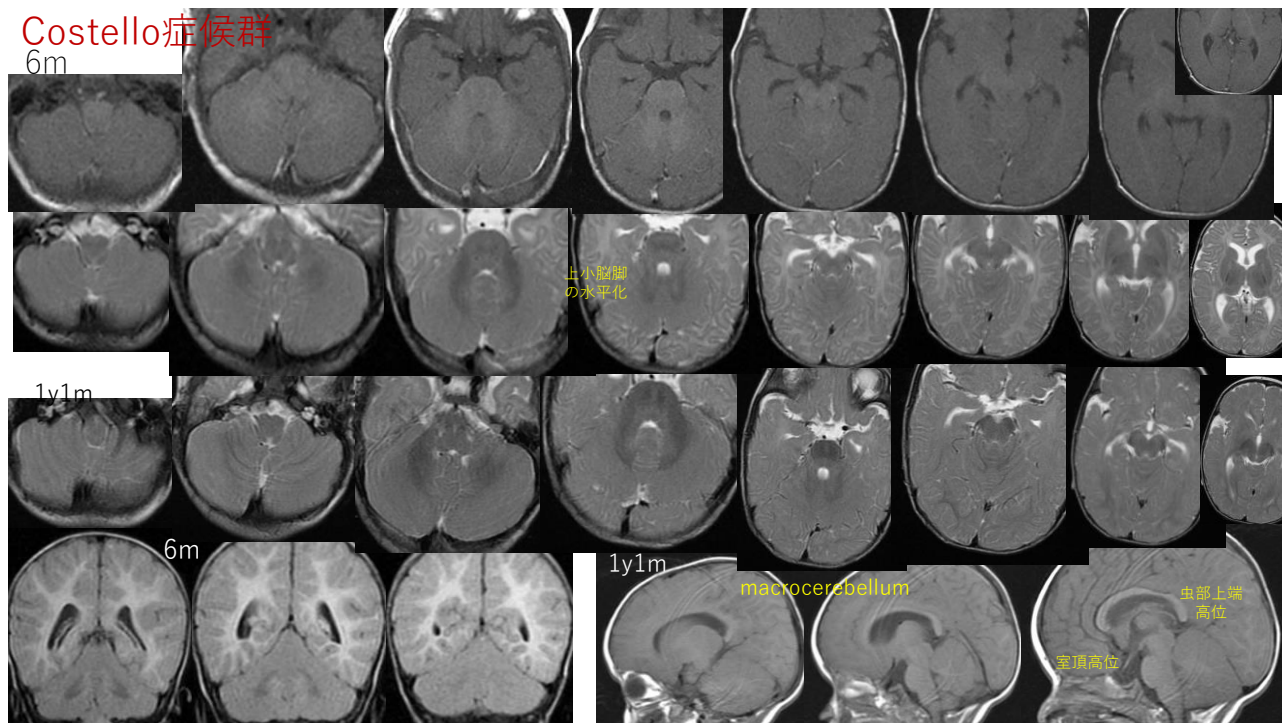
虫部の上端は
上丘の上端

8

Costello症候群

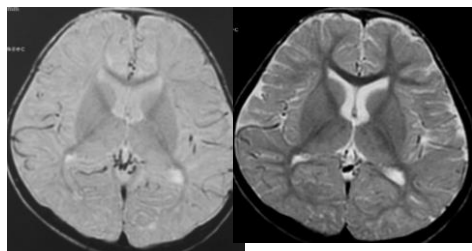


9

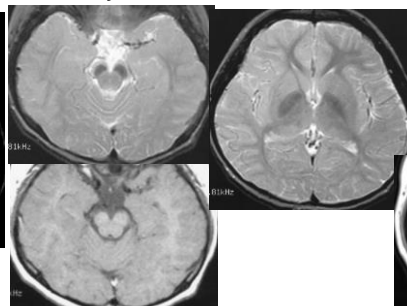


10

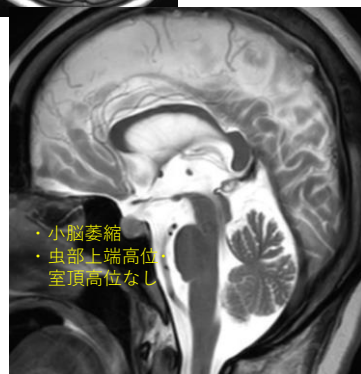
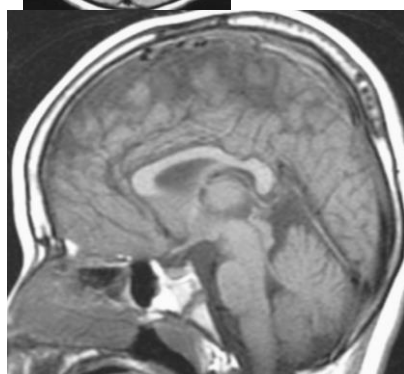
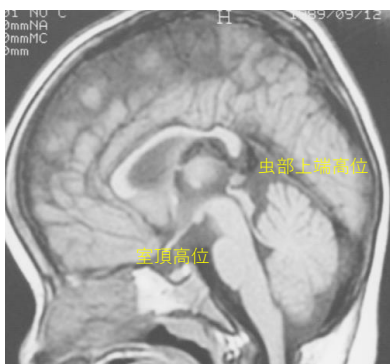
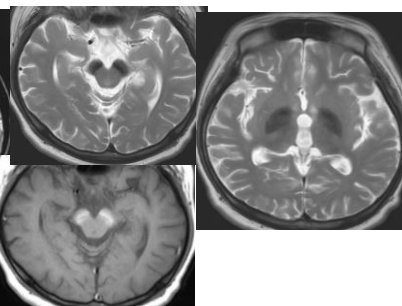
2y0m SENDA 3y10m



9y1m



27y8m



11



2m

膝反張となる重症HIE

・満期 HIE ・横地分類A1



9m



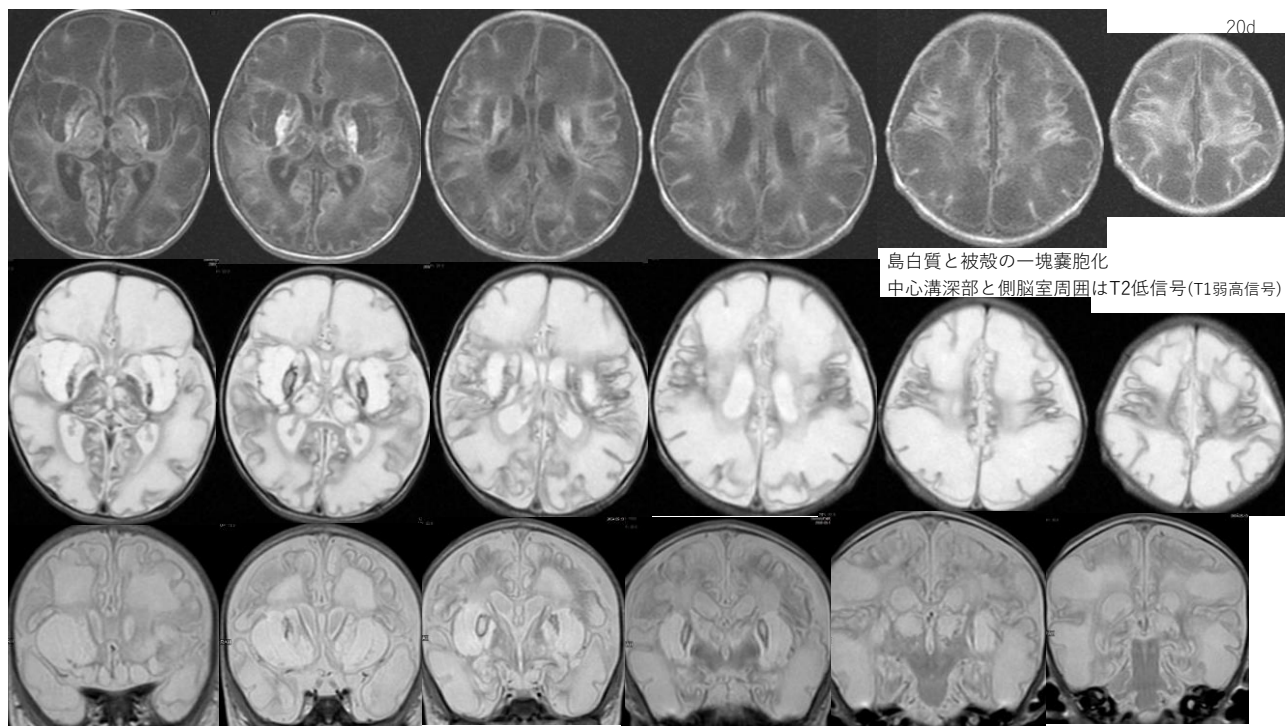
6y2m



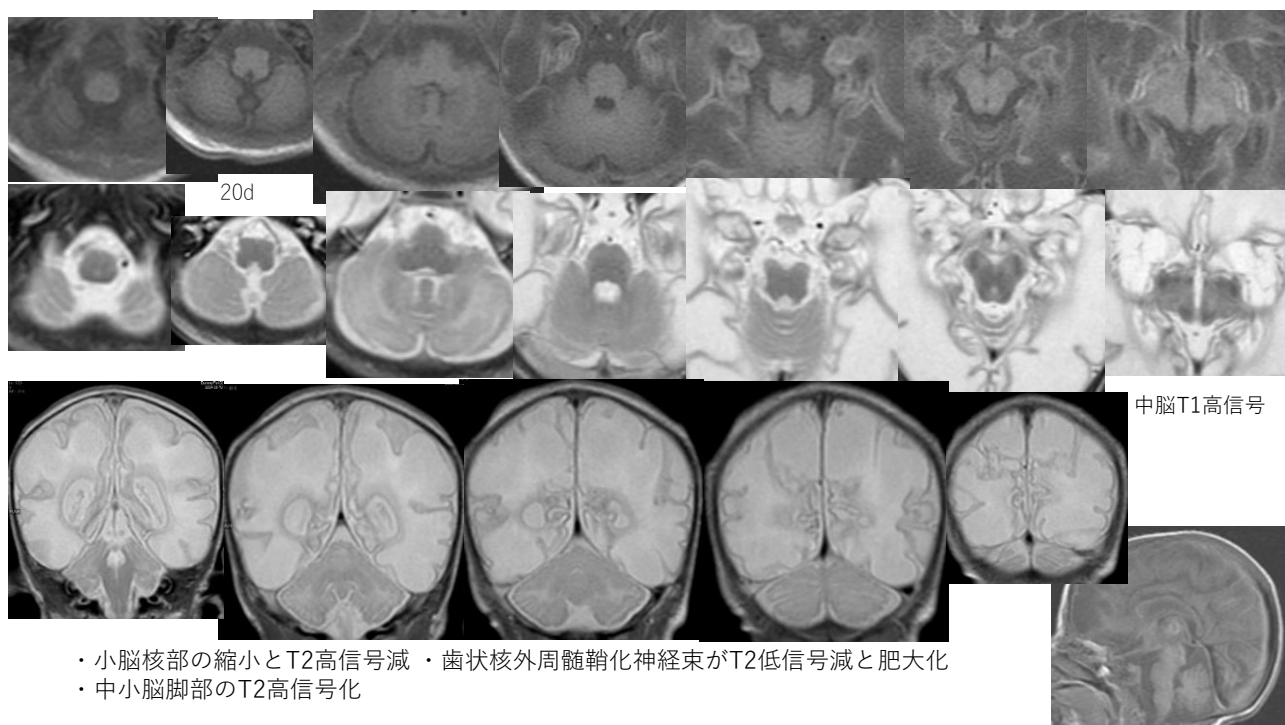
股伸展荷重制限>股屈曲過活動(・分離運動制限)

- ・股半屈曲(右>左)・股半外転(右>左)位の股関節筋共収縮
- ・膝半屈曲(右<左)・外旋位の膝関節筋共収縮
- ・足は背屈外反位
- 下肢はわずかな股膝屈伸(内外旋はなし) 寡動
- 肘伸展位の肩運動(回旋が主)
- 反りはなし
- ⇒ 股伸展・膝伸展(右は反張)

12



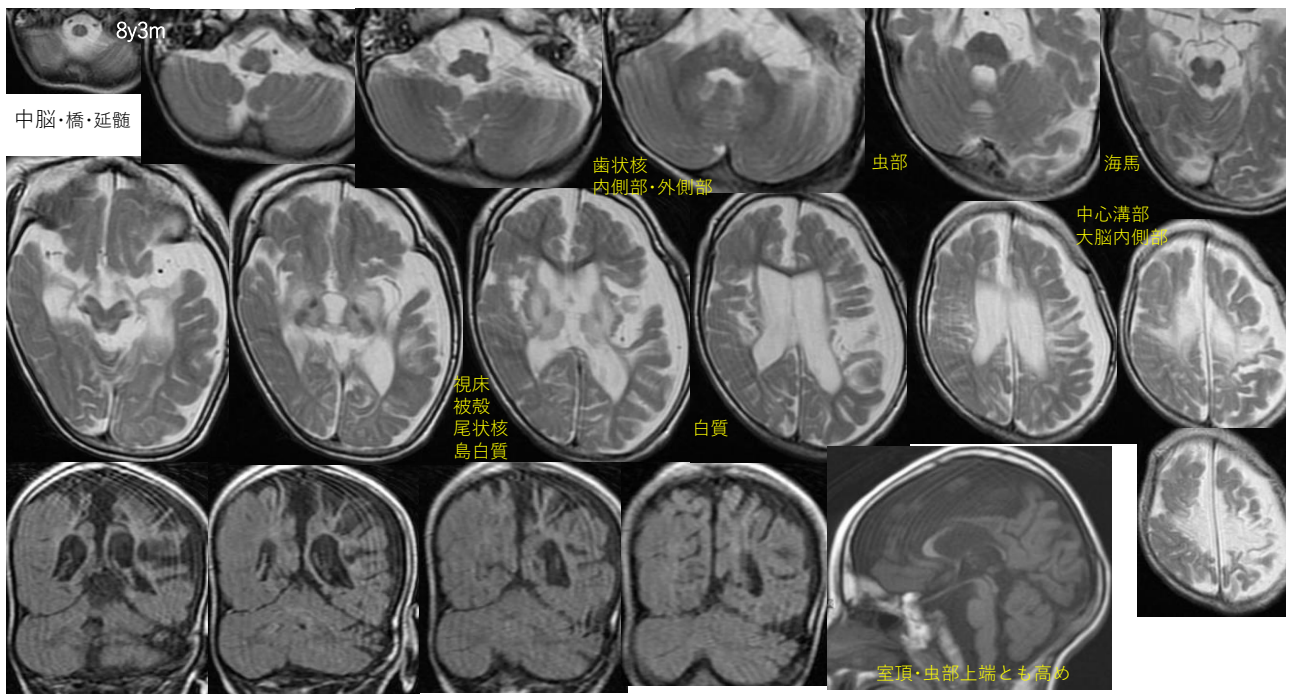
13



14



15



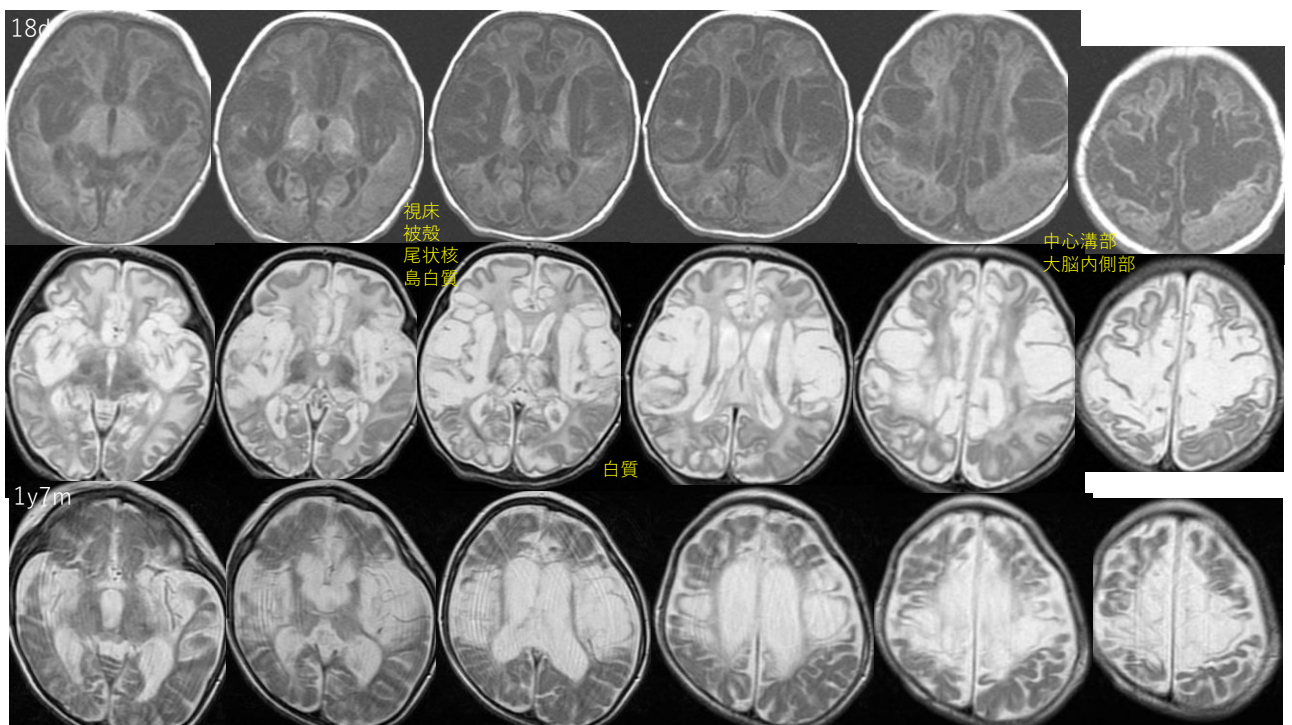
16

股膝屈曲位となる重症HIE

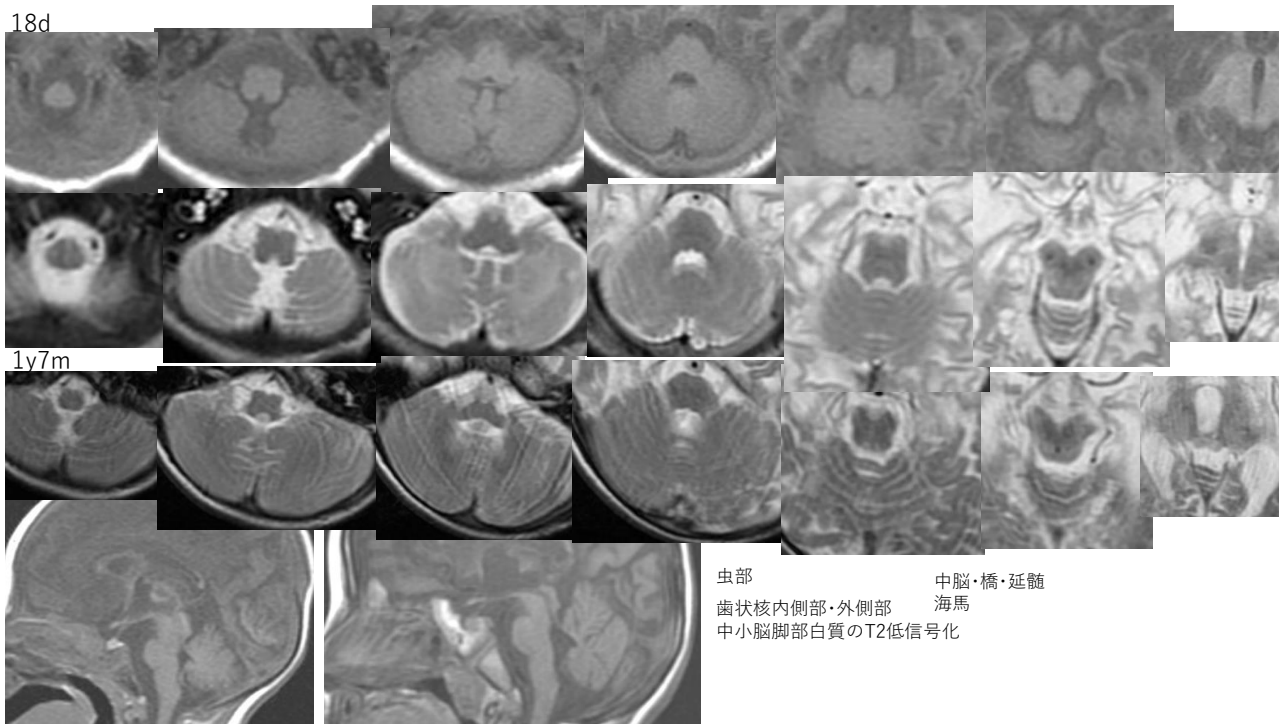
股伸展荷重制限・股屈曲過活動・分離運動制限・共収縮制御障害



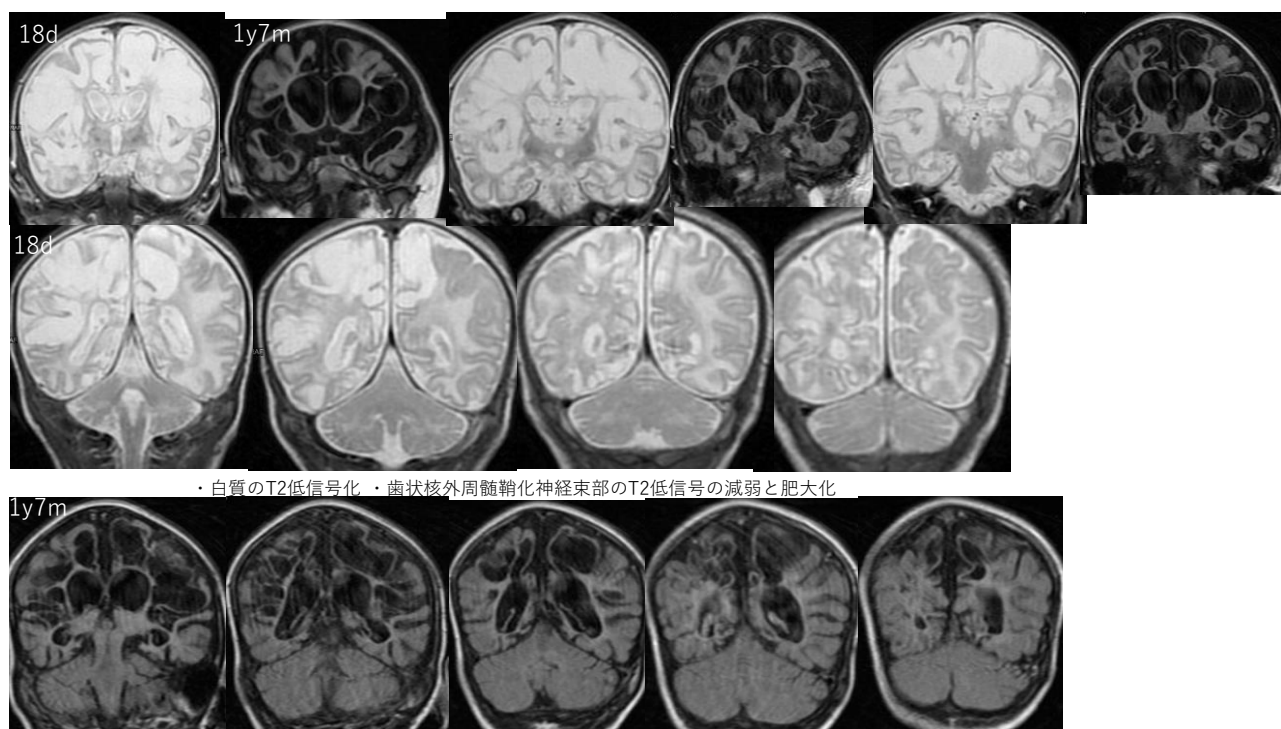
17



18



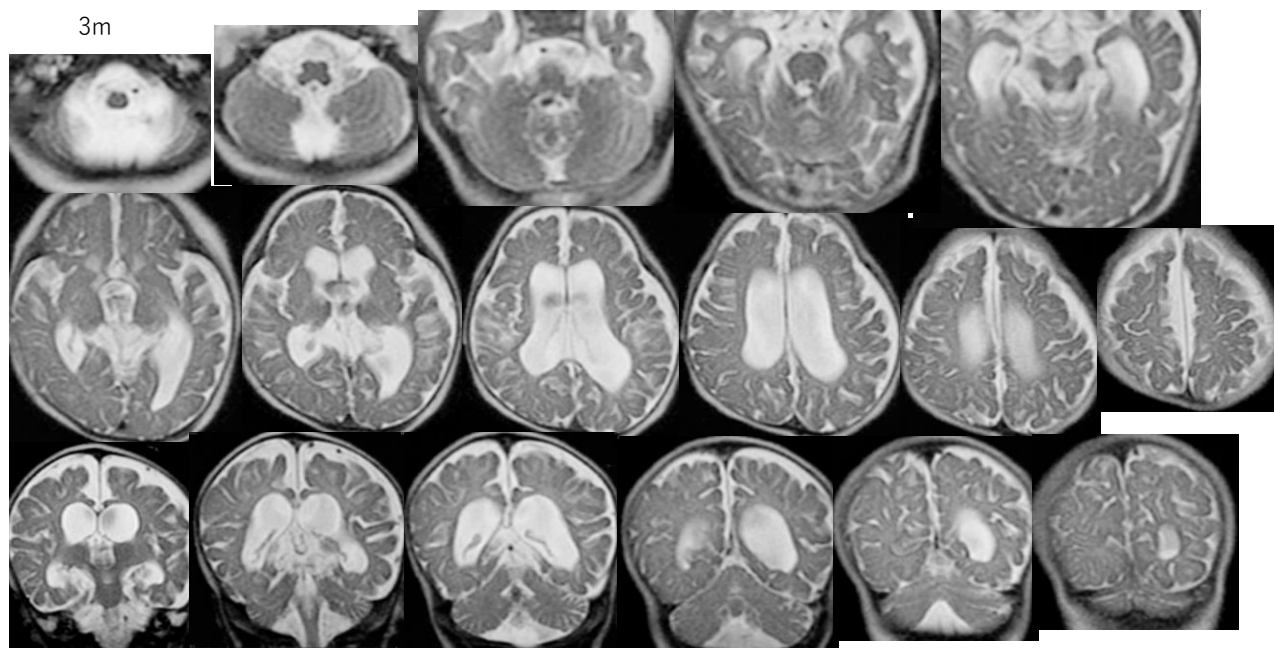
19



20



21



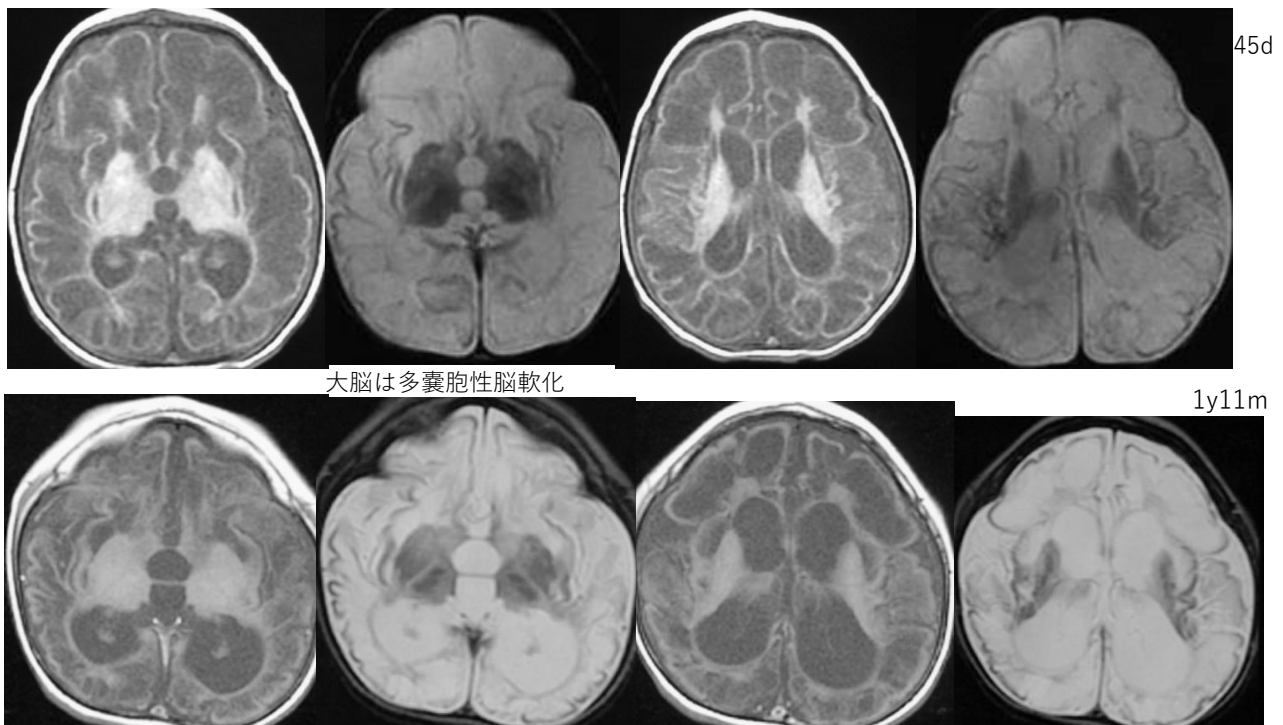
・中脳・橋・延髄 ・歯状核内側・外側病変 ・大脳白質

22

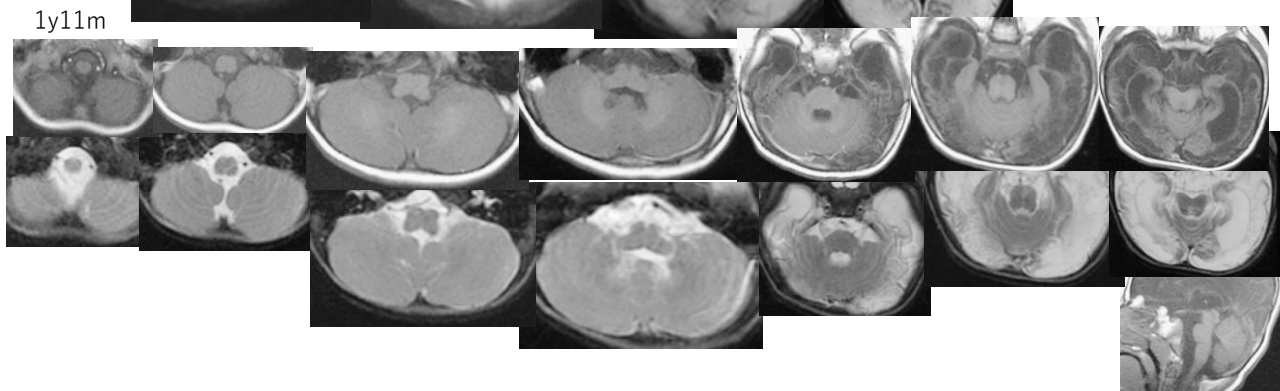
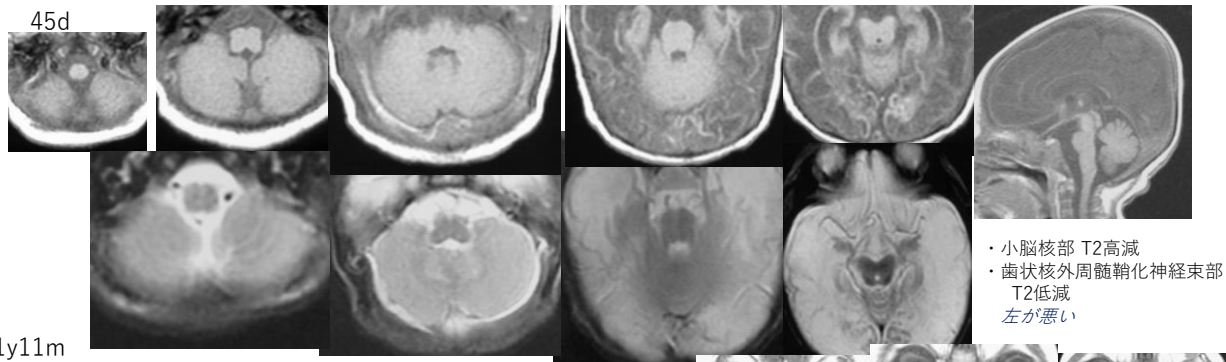
Multicystic encephalomalacia



23



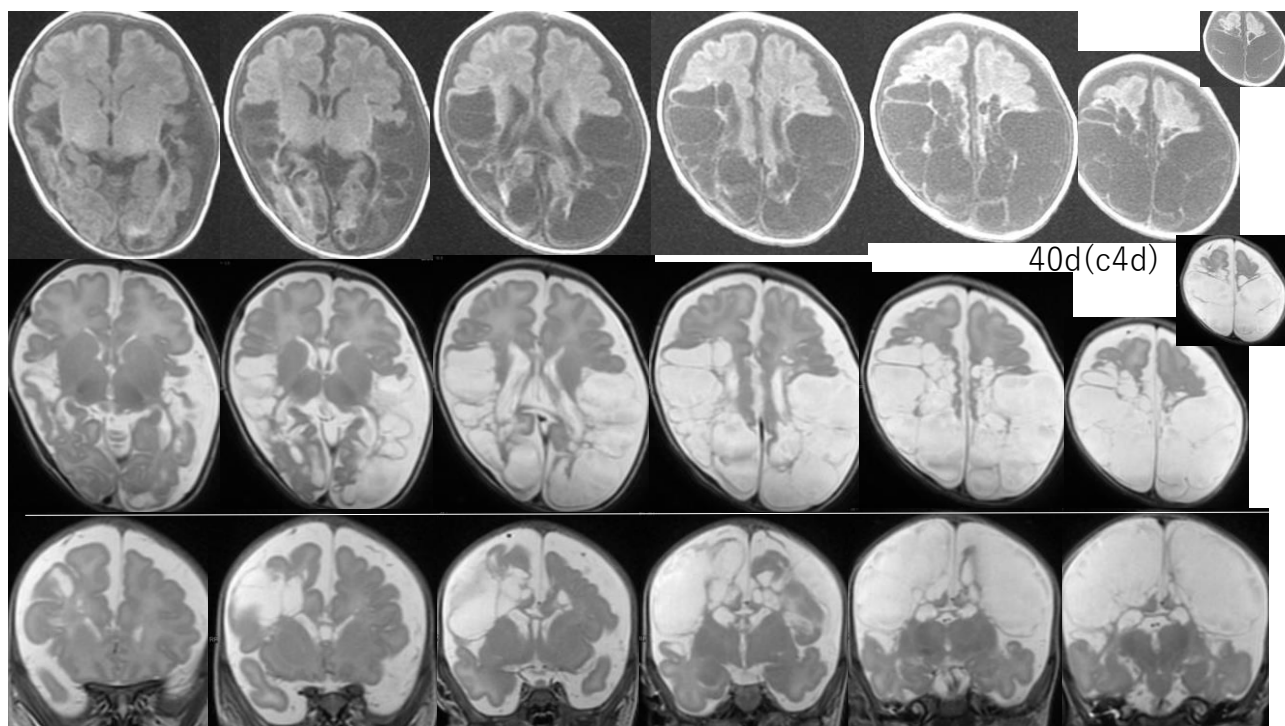
24



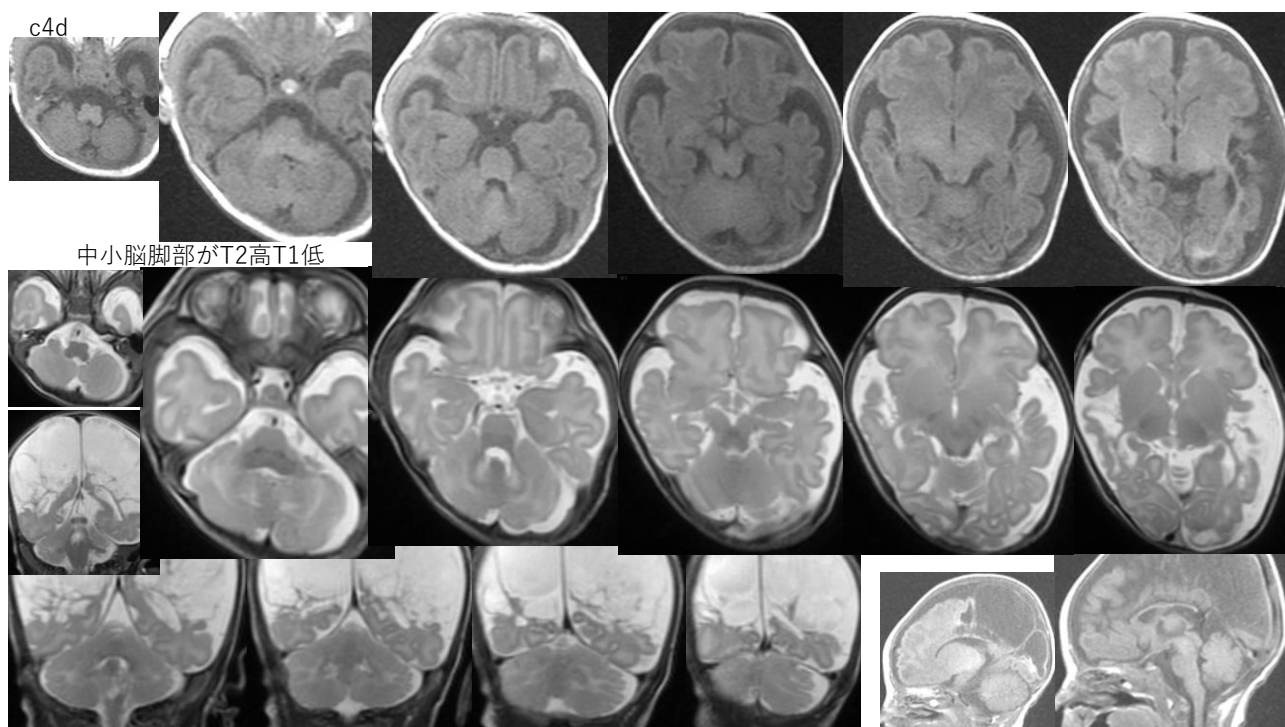
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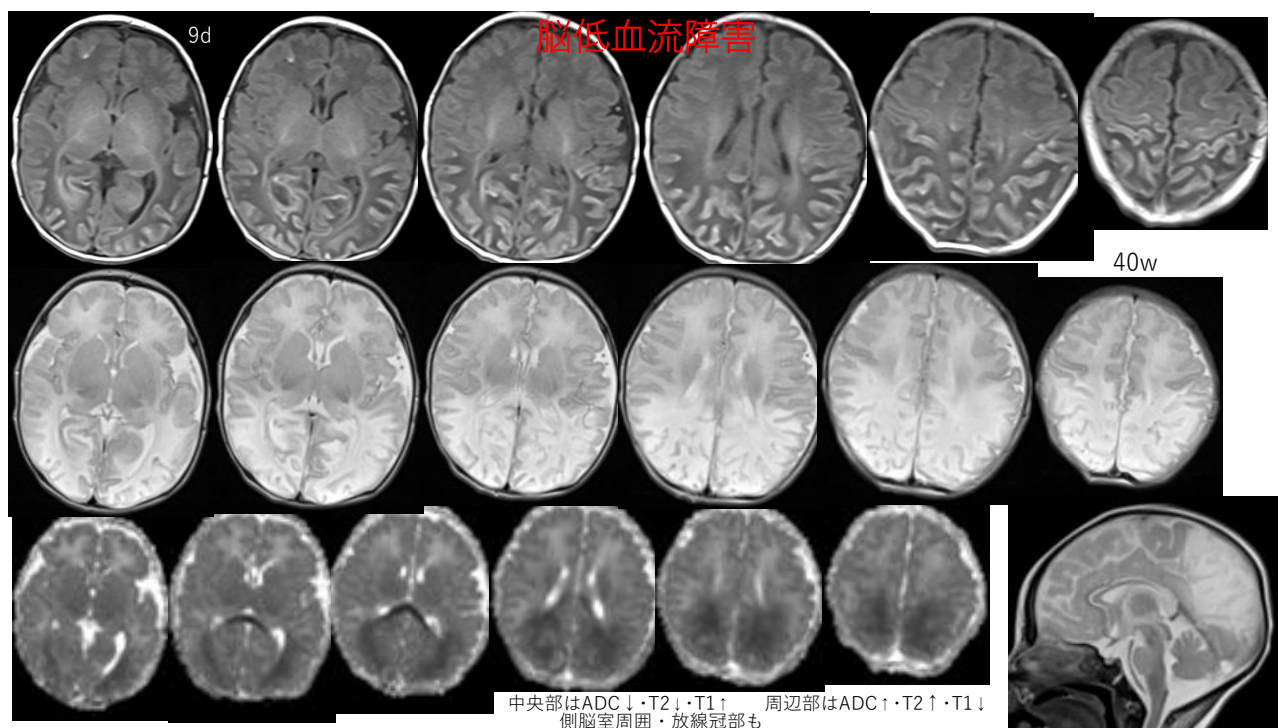
26



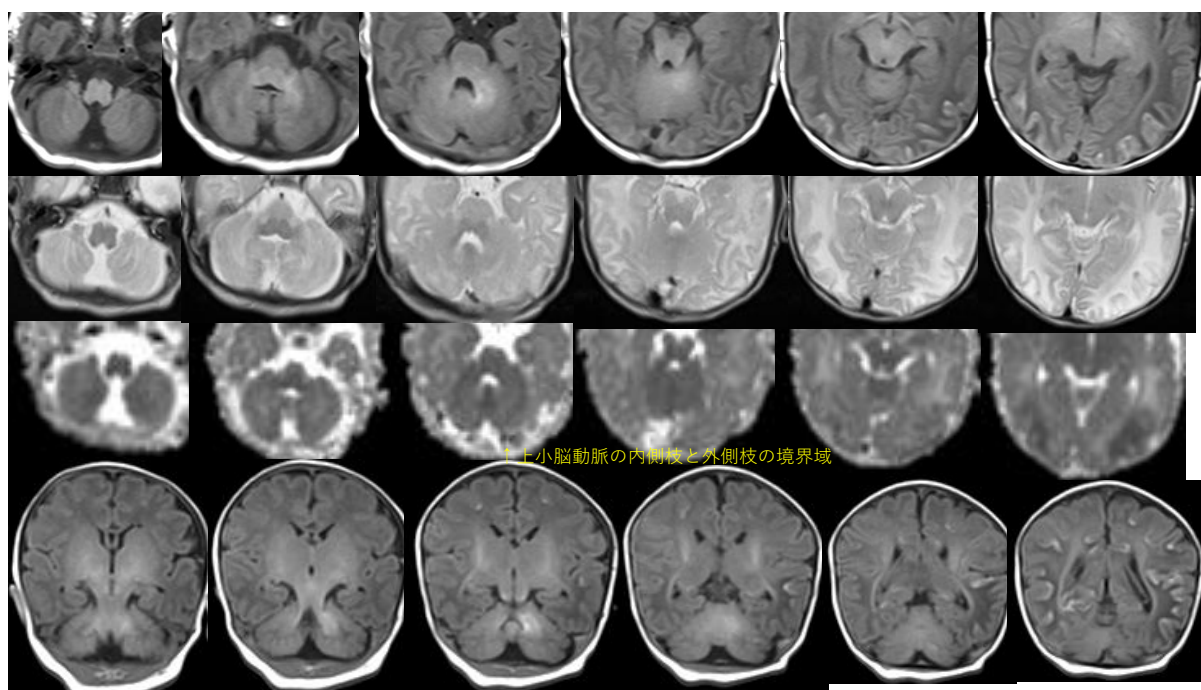
27



28



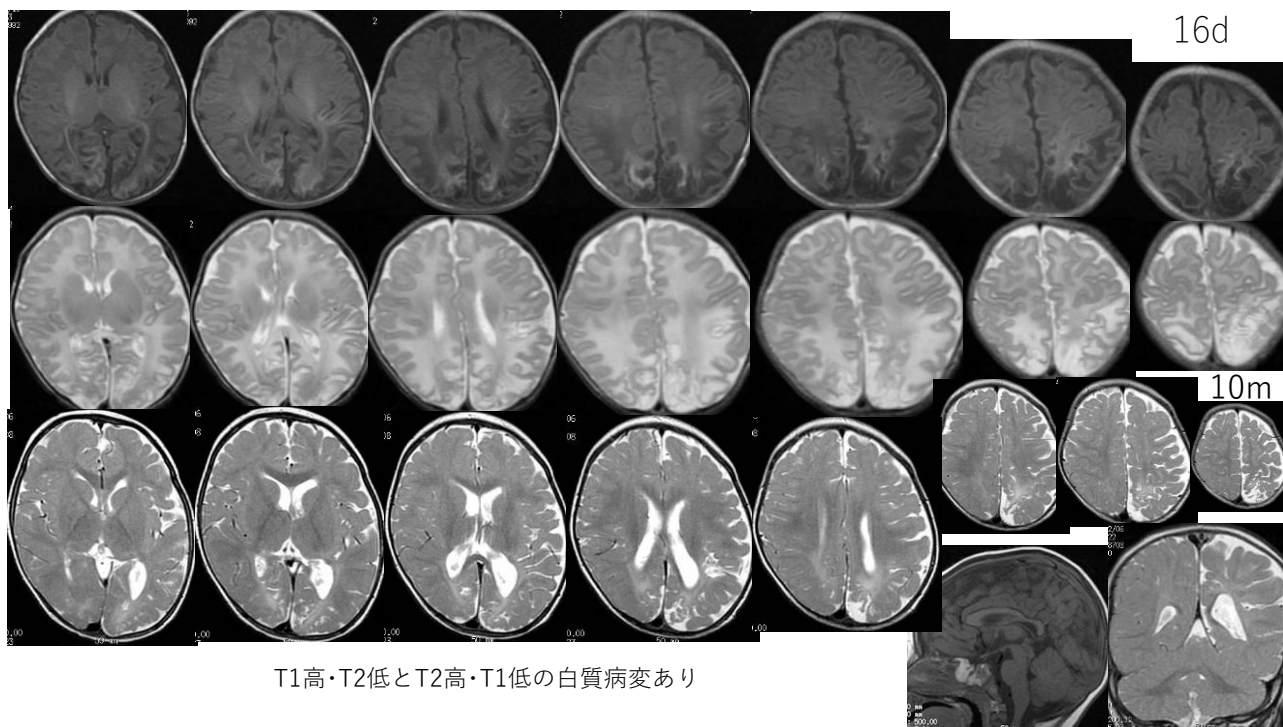
29



30

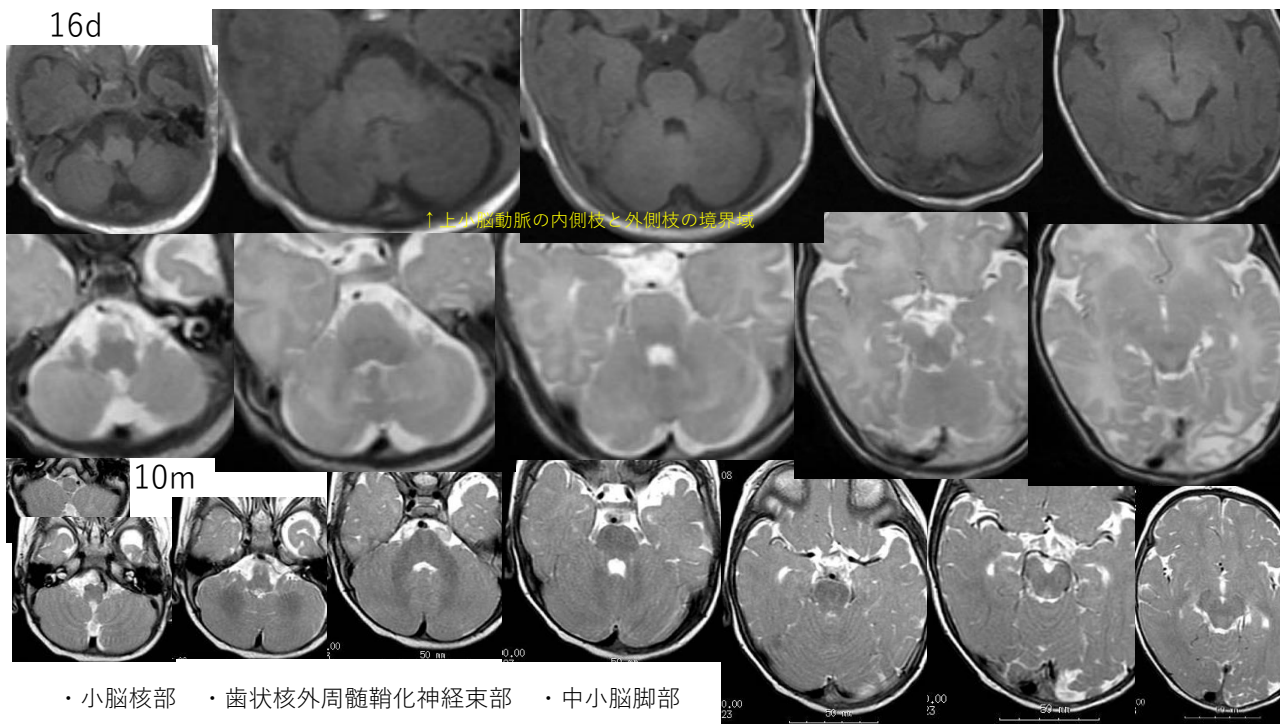


31



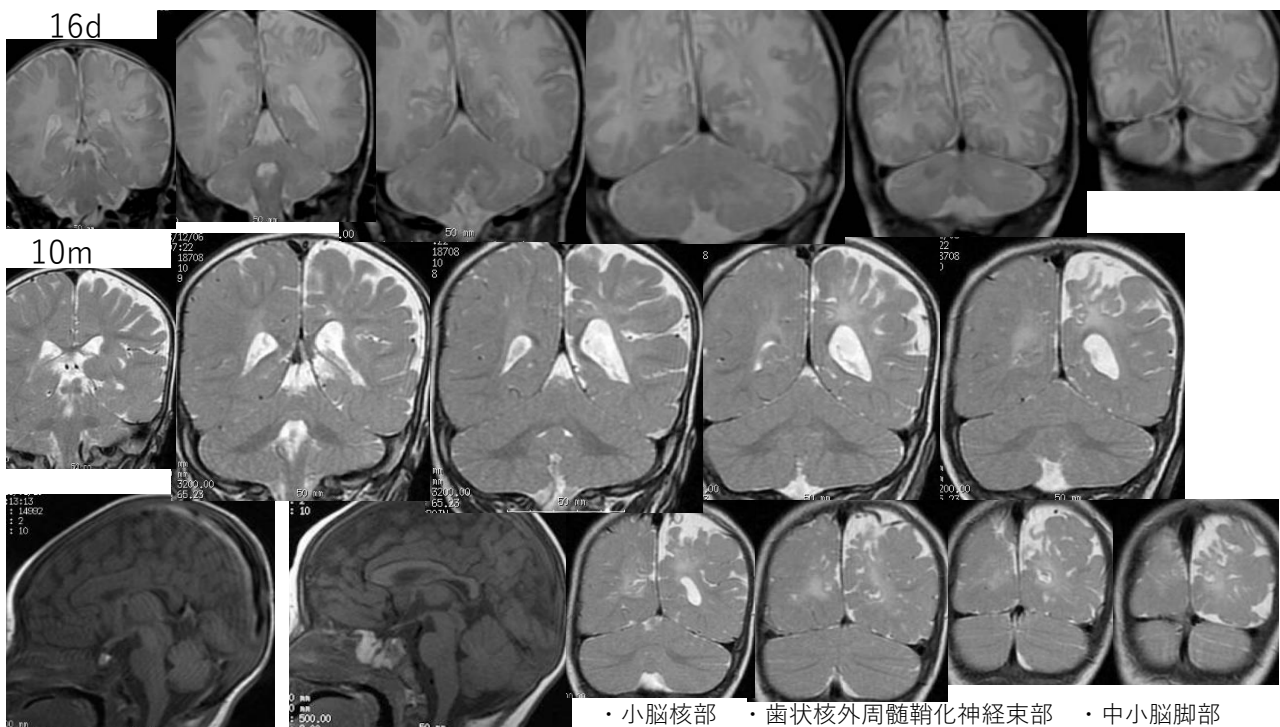
32

16d



33

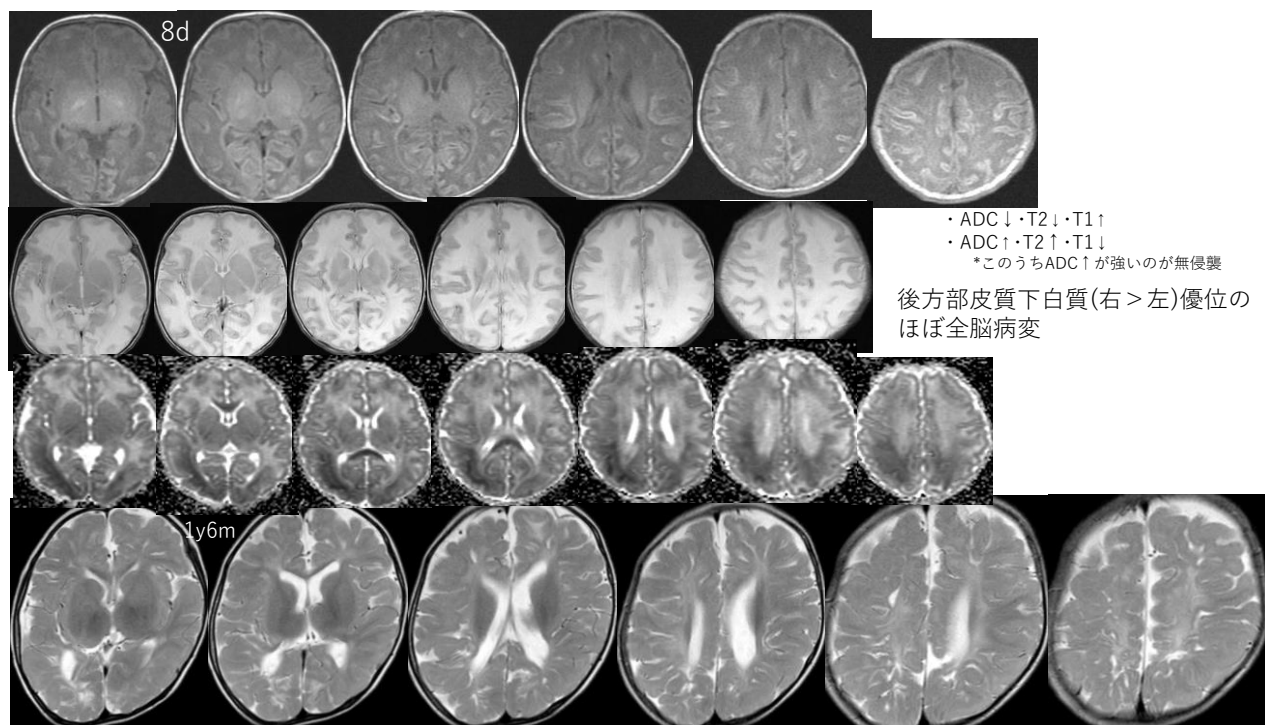
16d



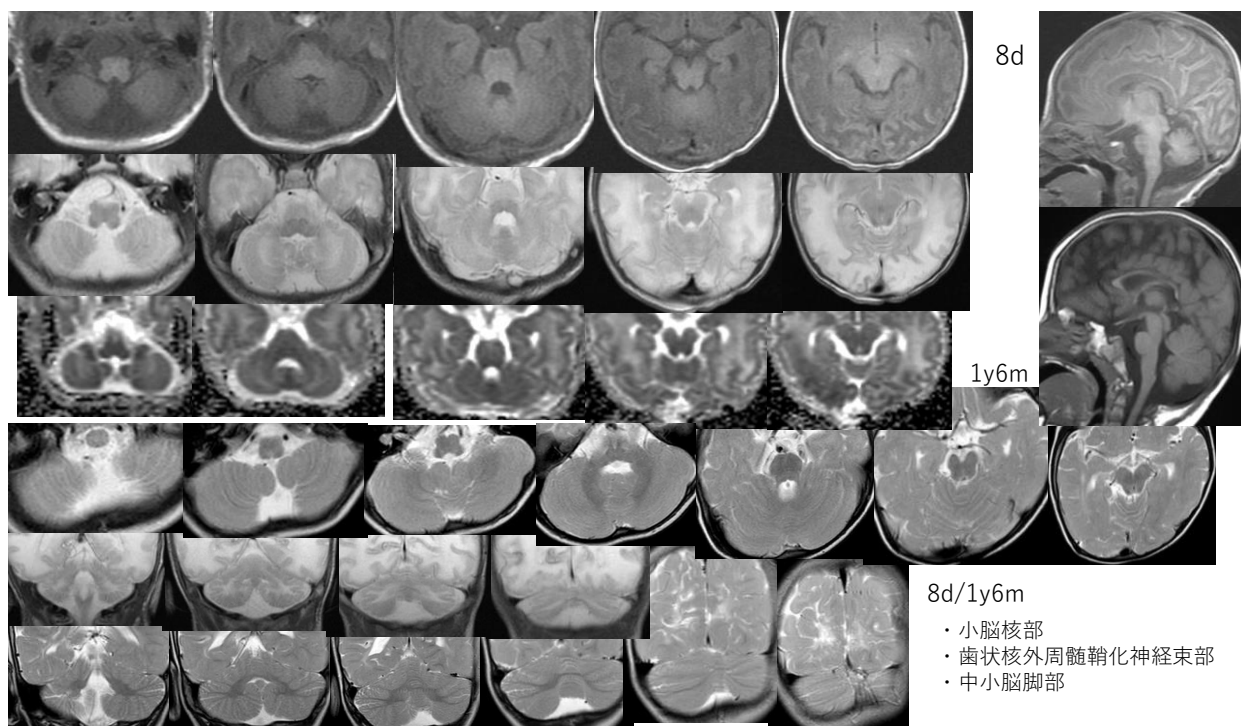
34



35



36



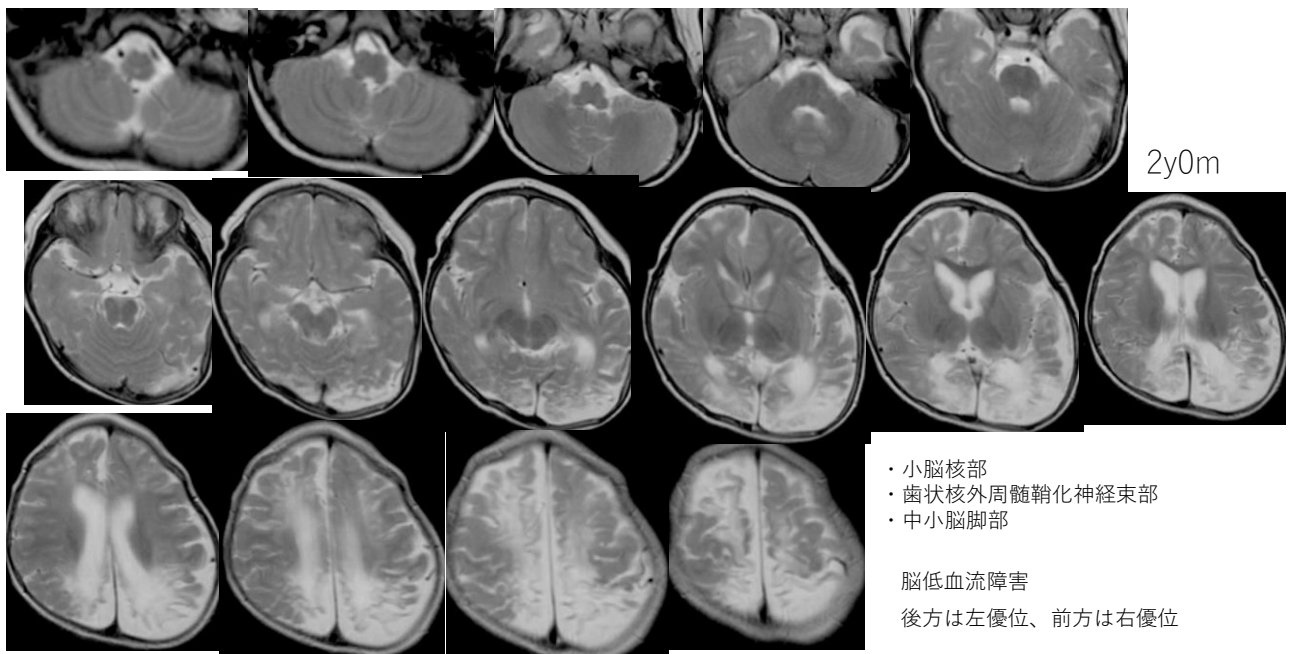
37



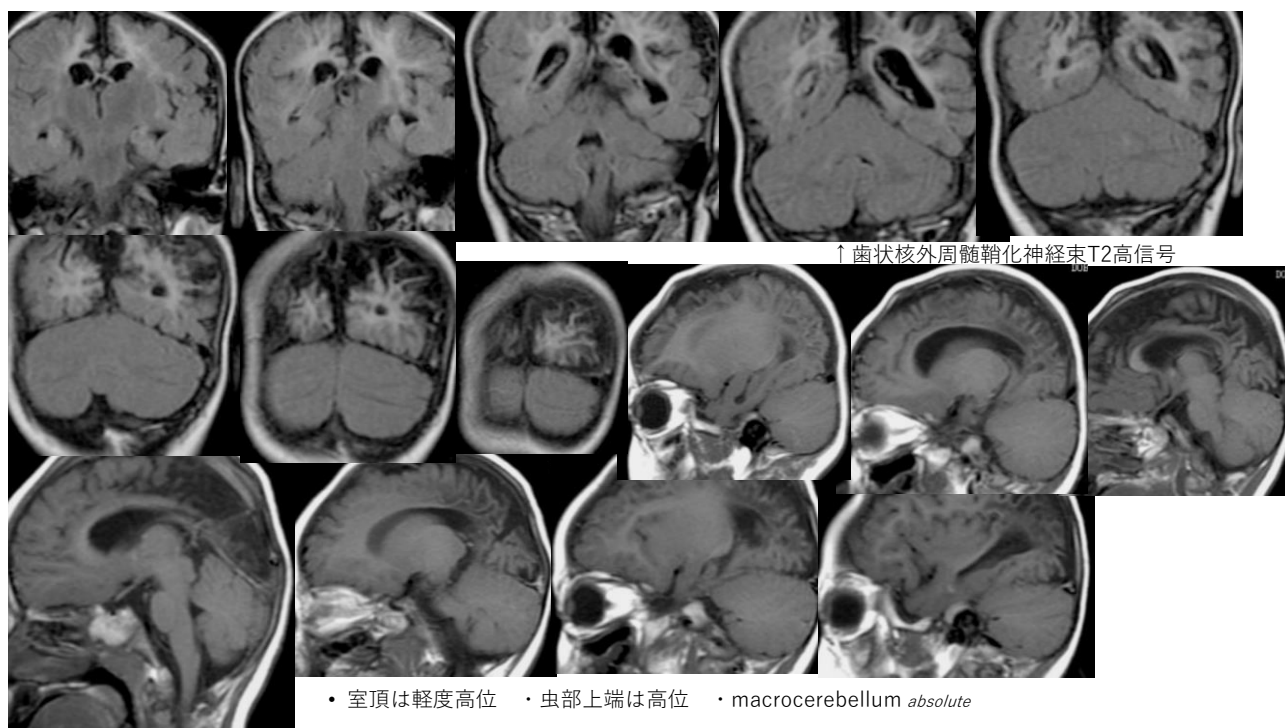
38



39



40

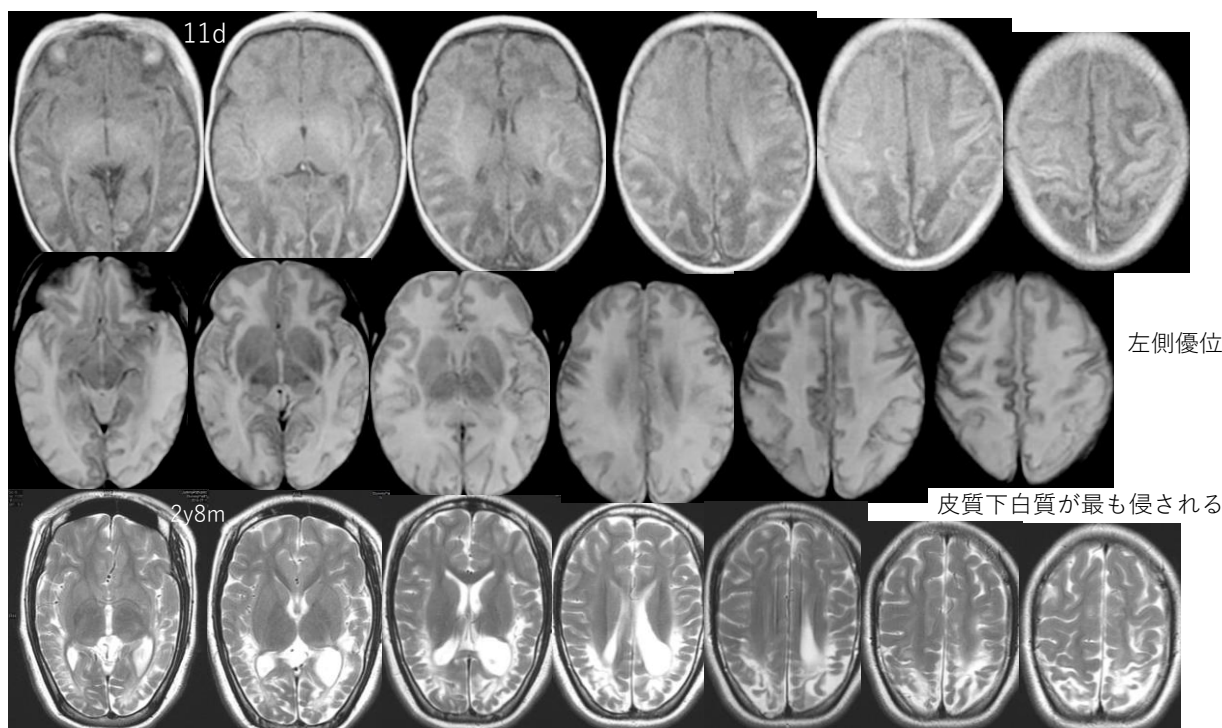


41

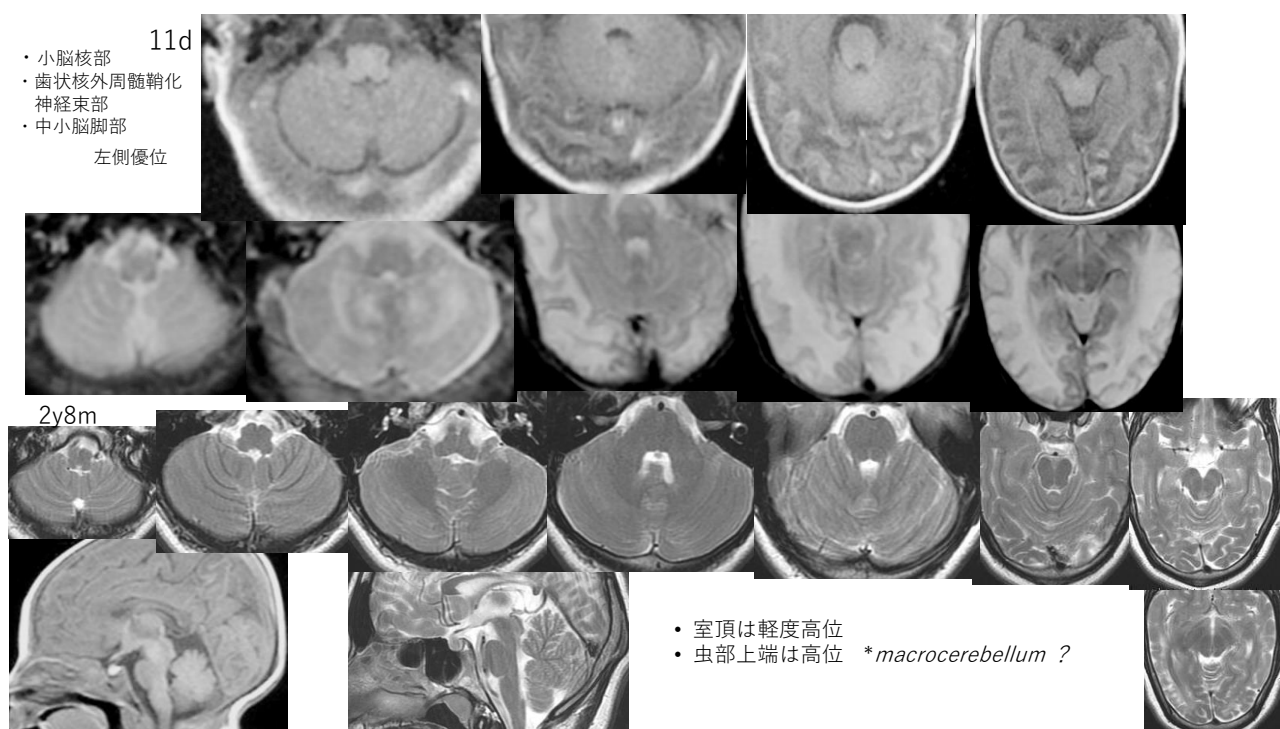
・ 39w HIE ・ 独歩2y10m ・ 重度ID



42

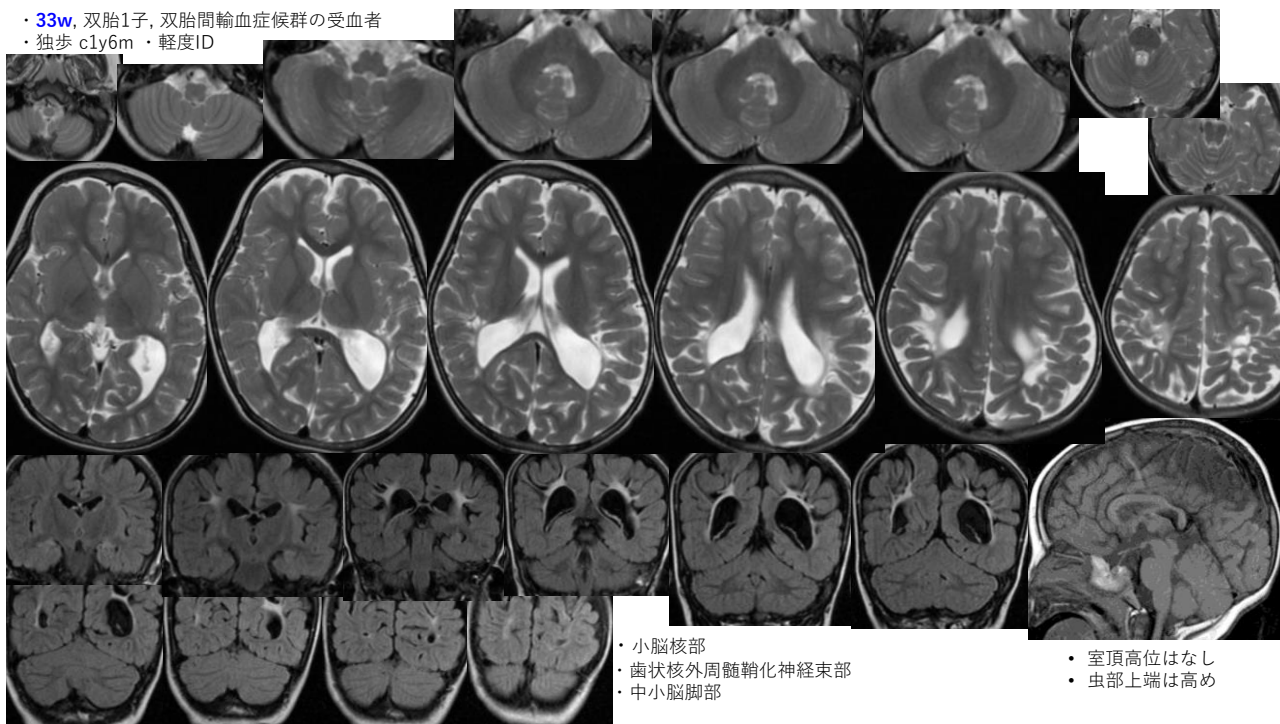


43



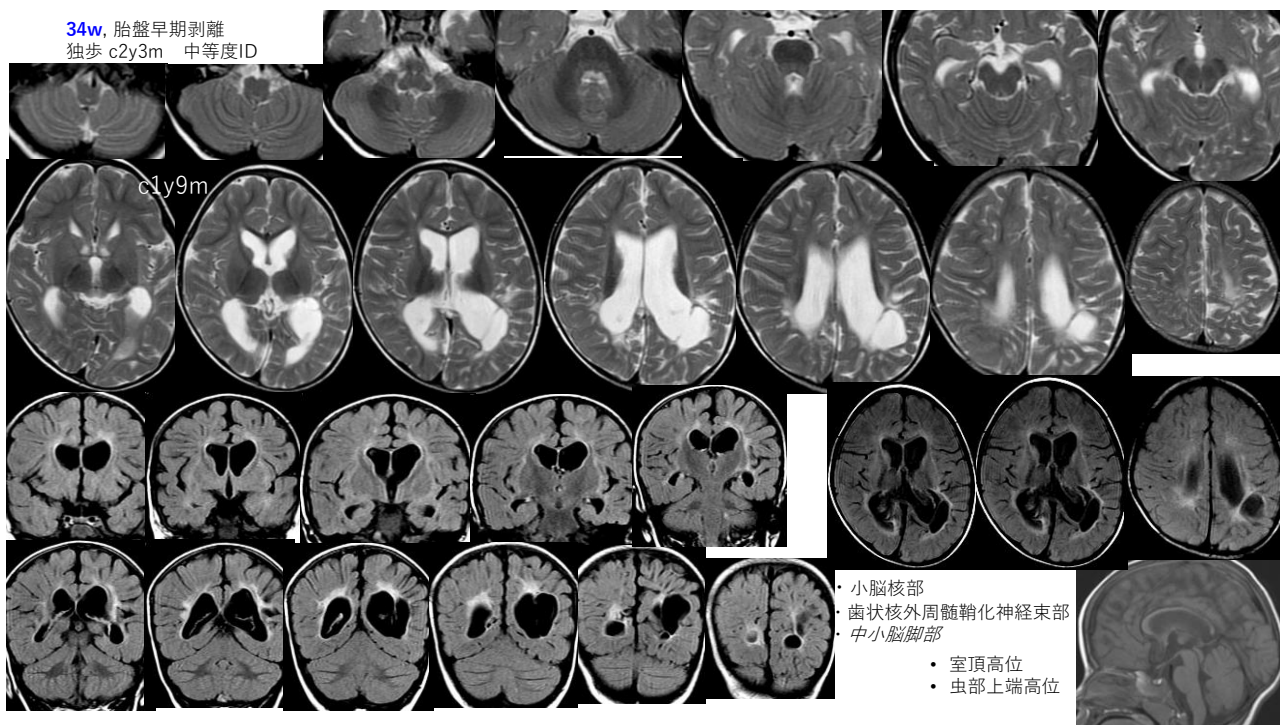
44

・33w, 双胎1子, 双胎間輸血症候群の受血者
 ・独歩 c1y6m ・軽度ID

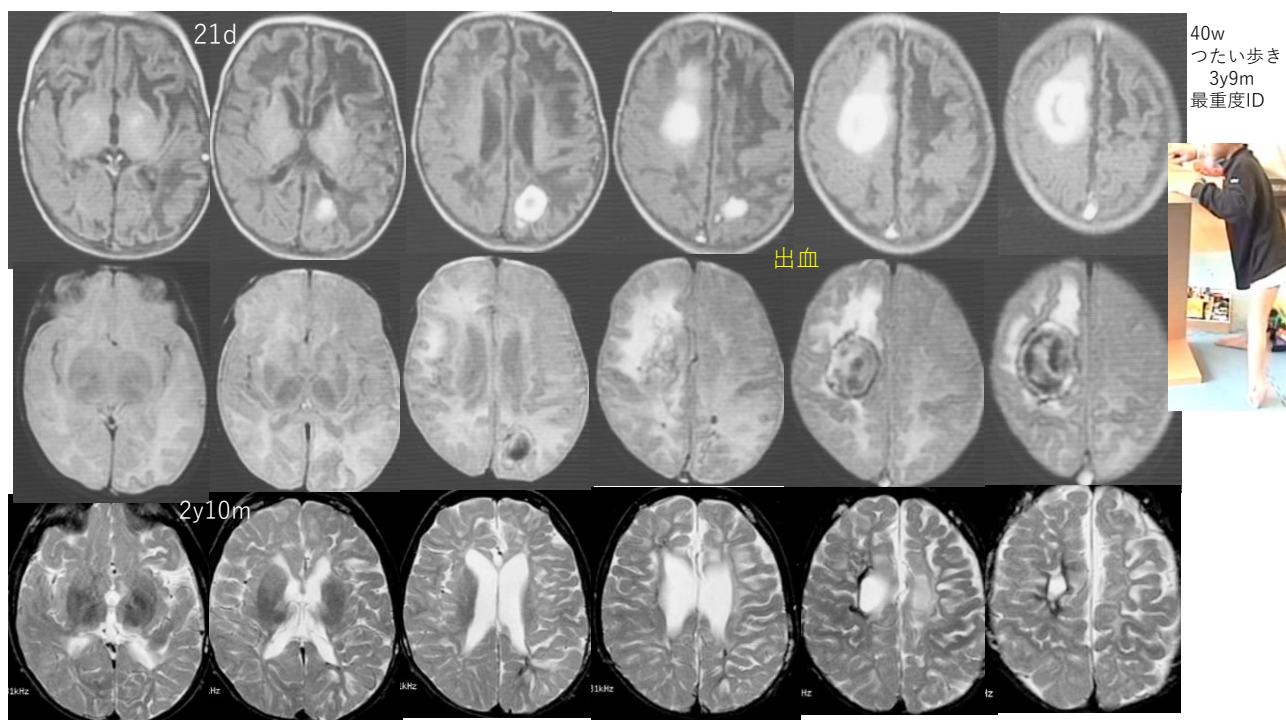


45

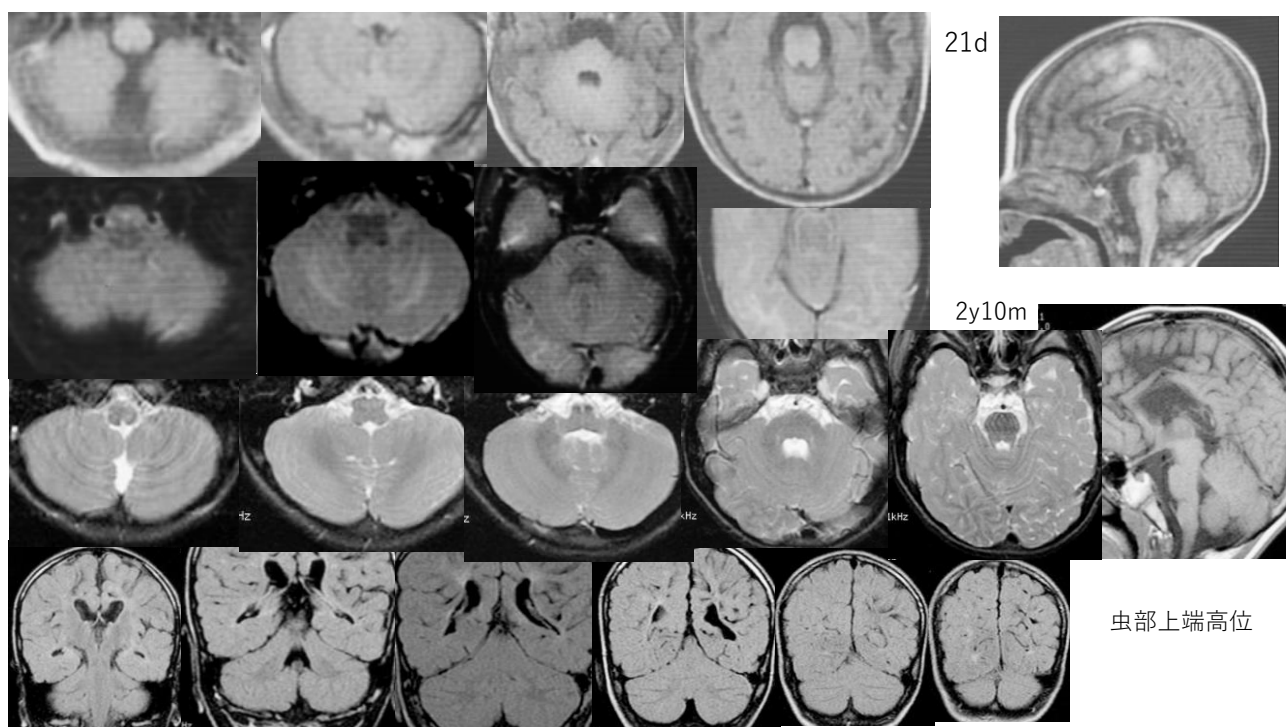
34w, 胎盤早期剥離
 独歩 c2y3m 中等度ID



46

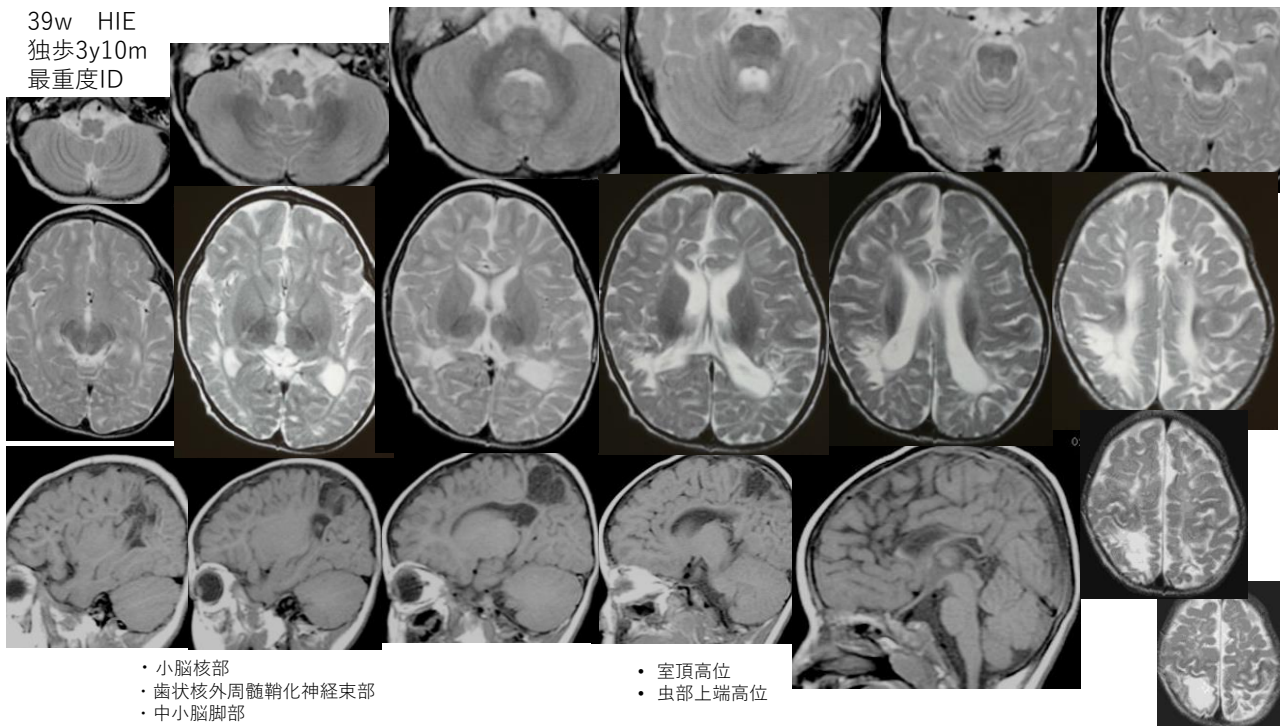


47

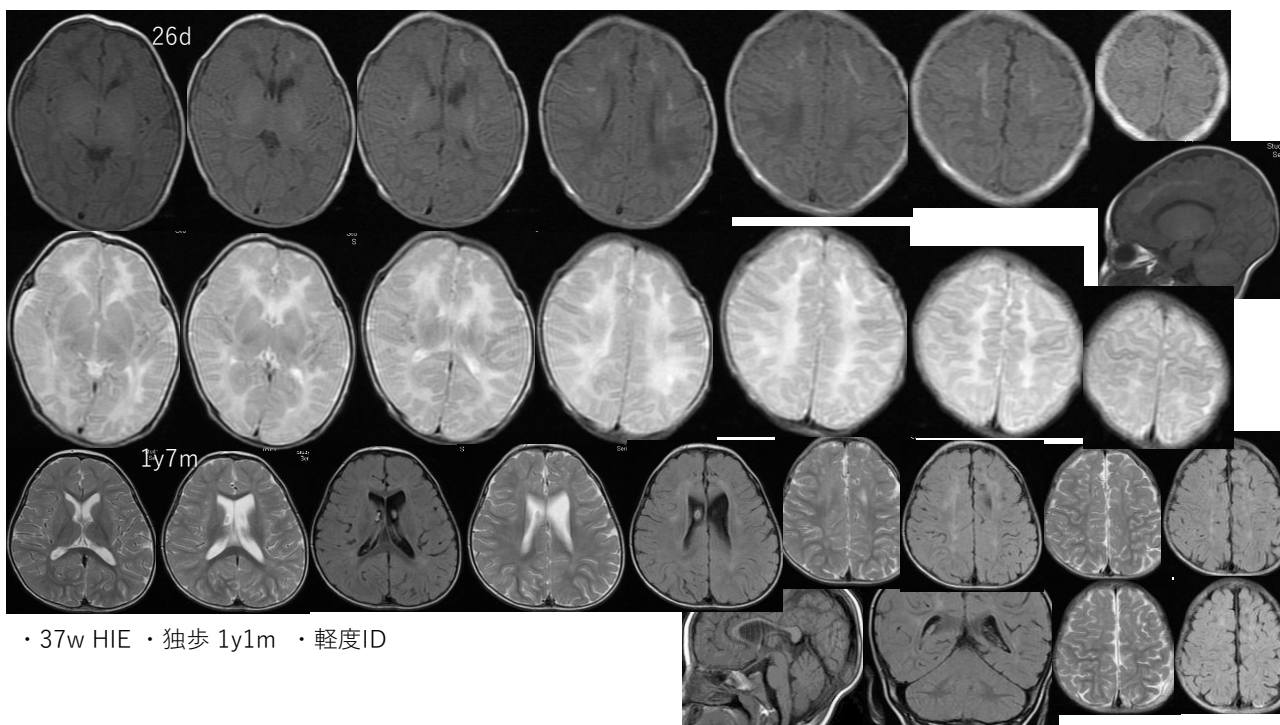


48

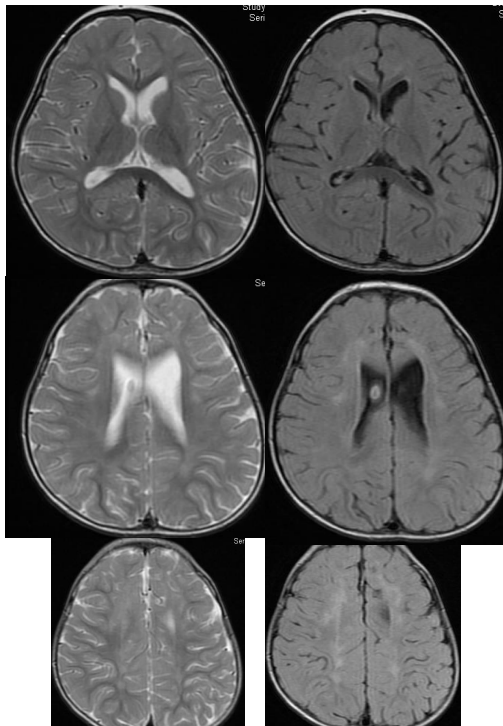
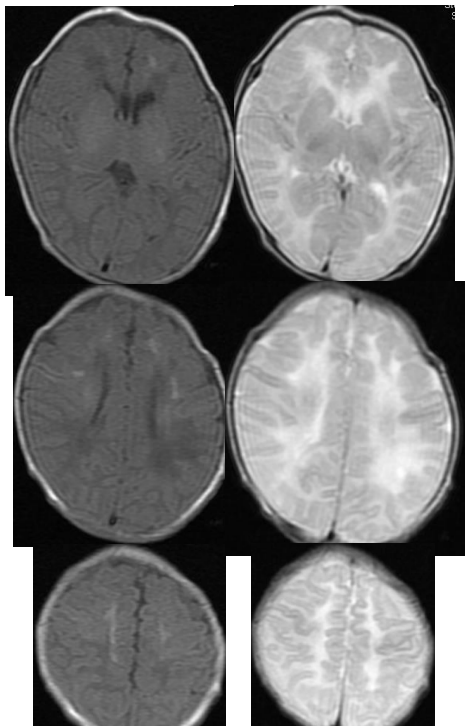
39w HIE
独歩3y10m
最重度ID



49



50



26d/1y7m

- T2高・T1低のU-fiber部は保たれる
- その直下の皮質下白質部T1高・T2弱高が侵襲部である

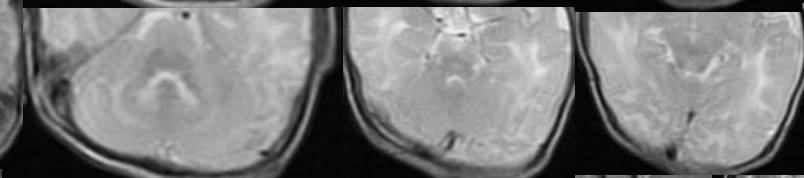
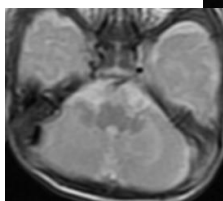
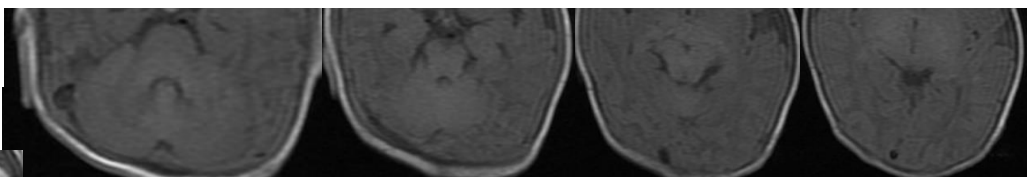


- 室頂高位
- 虫部上端高位

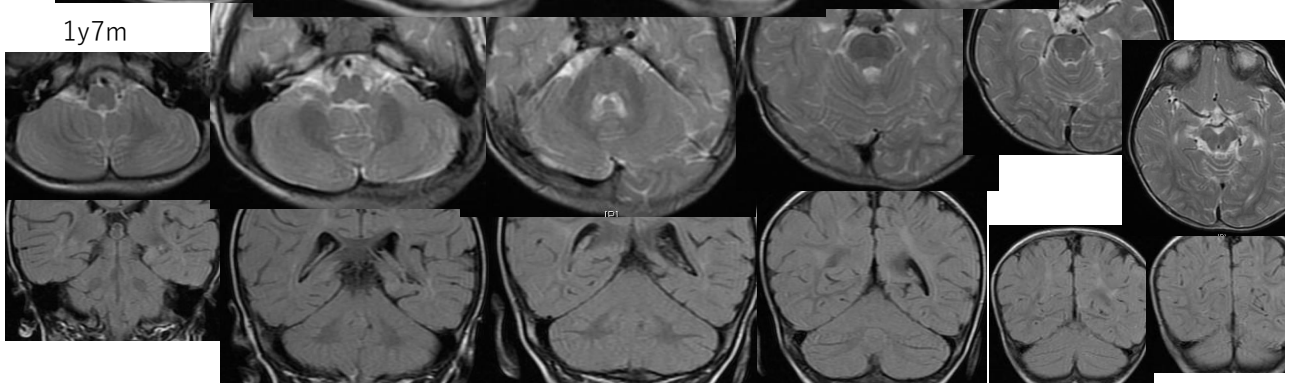
51

26d

小脳
左の方が悪い



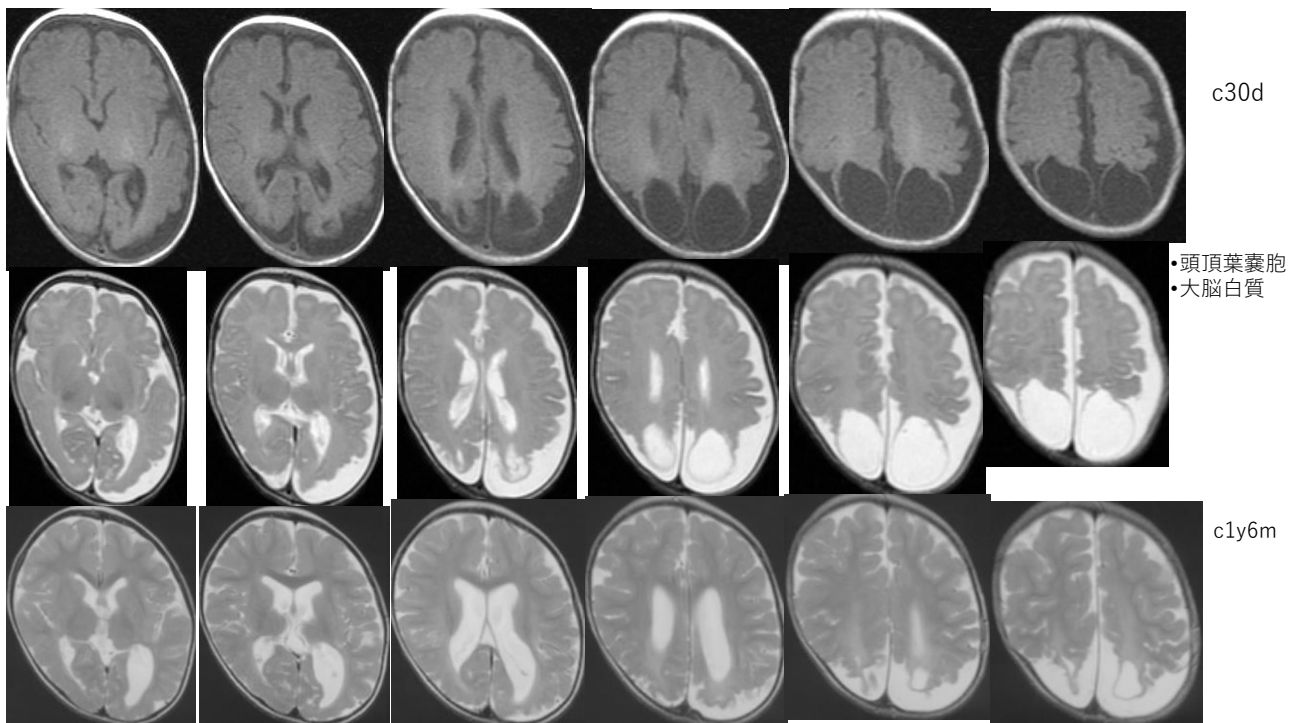
1y7m



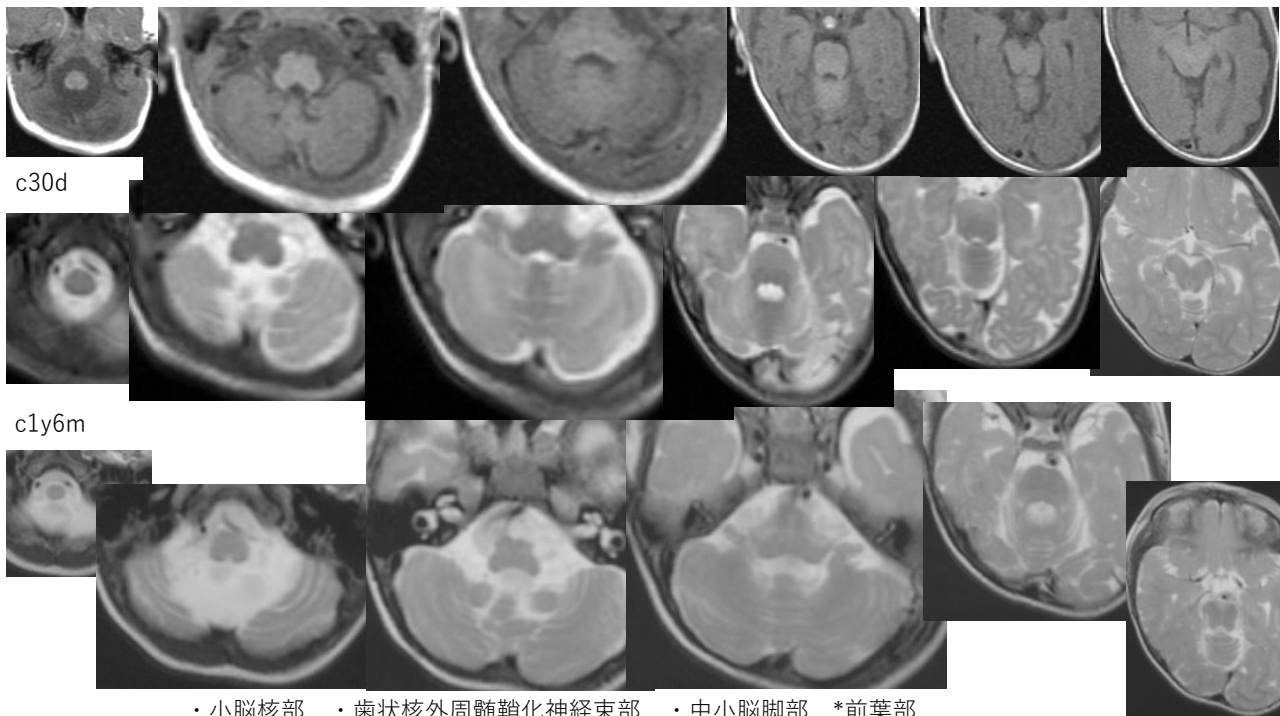
52



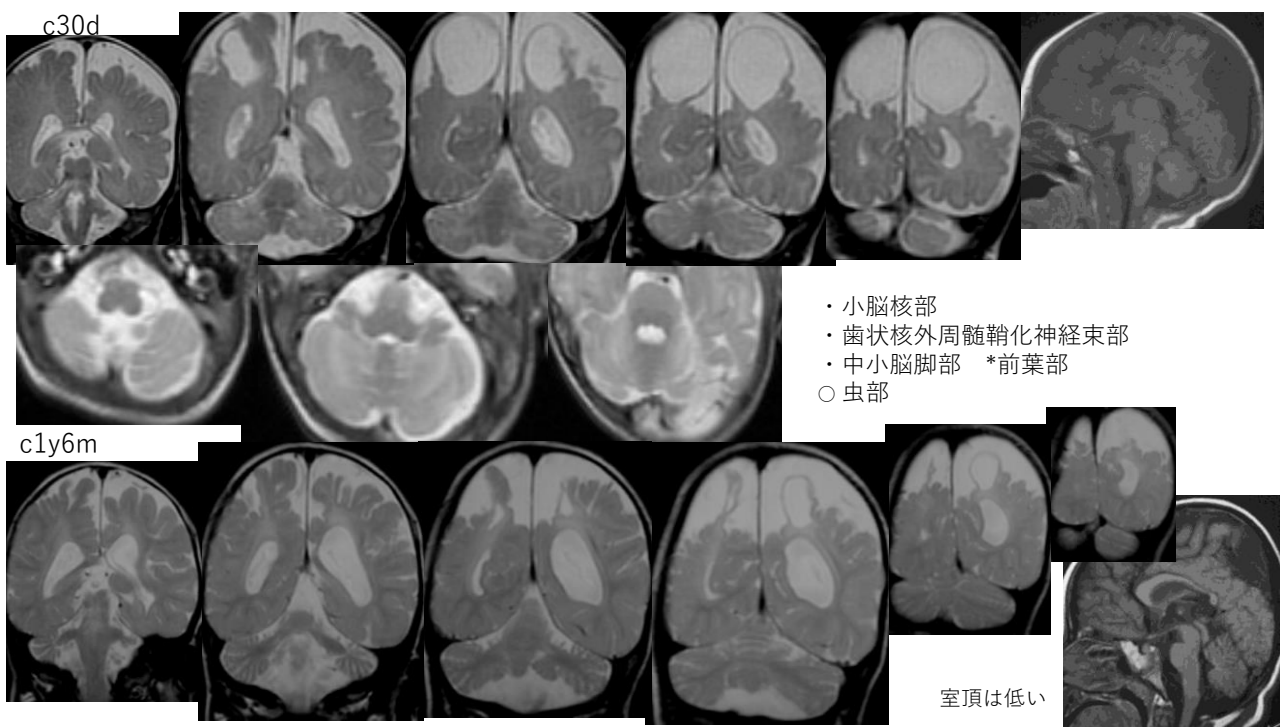
53



54



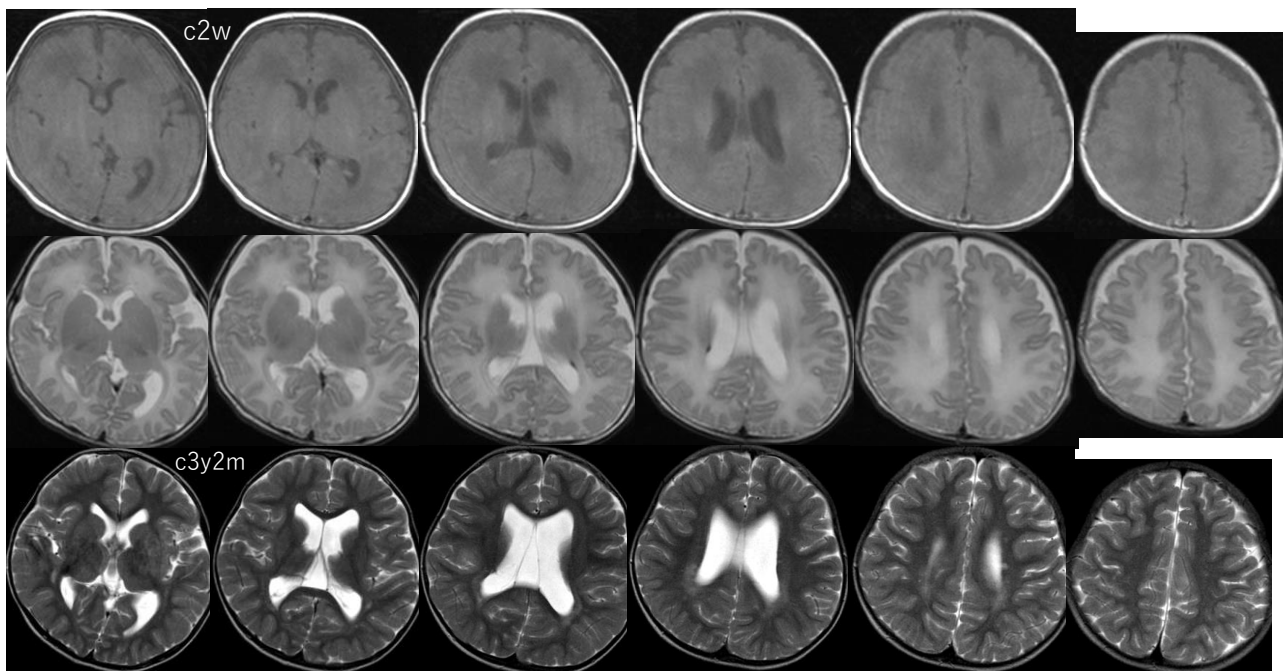
55



56



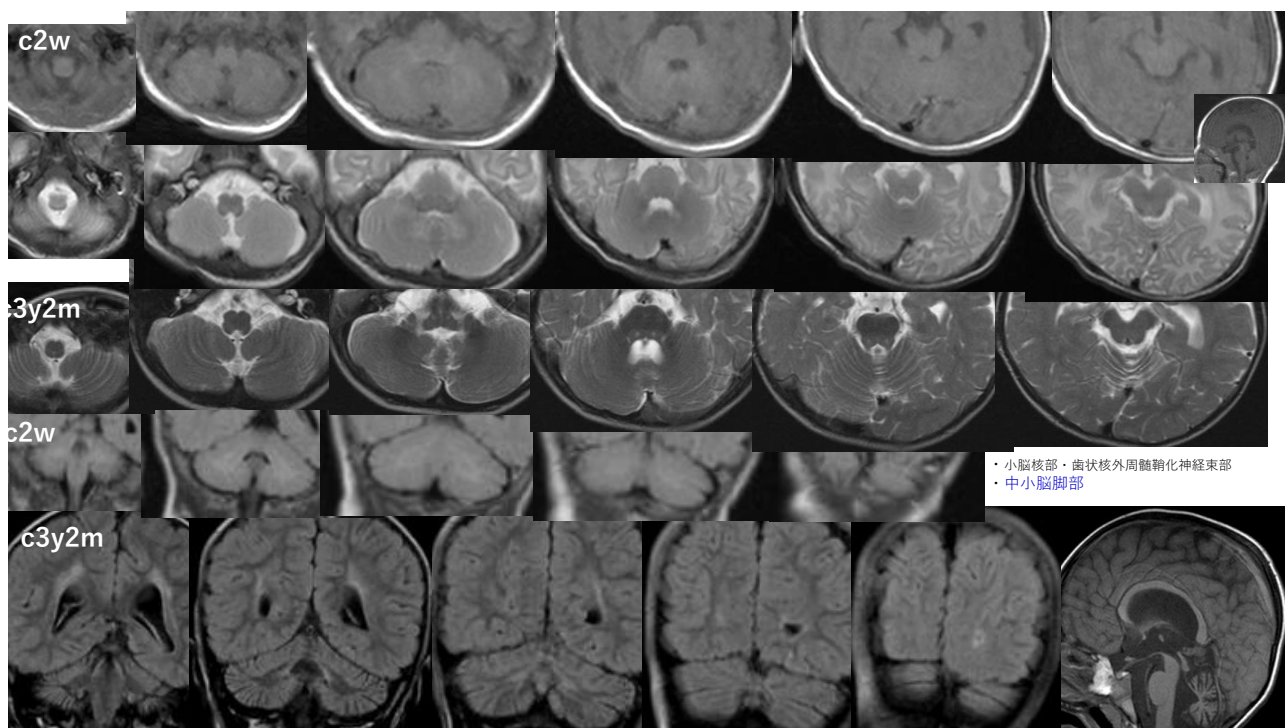
57



大脳白質病変

・側脳室周囲T1高T2低部がT2高信号病変になる ・T2高信号部は萎縮する

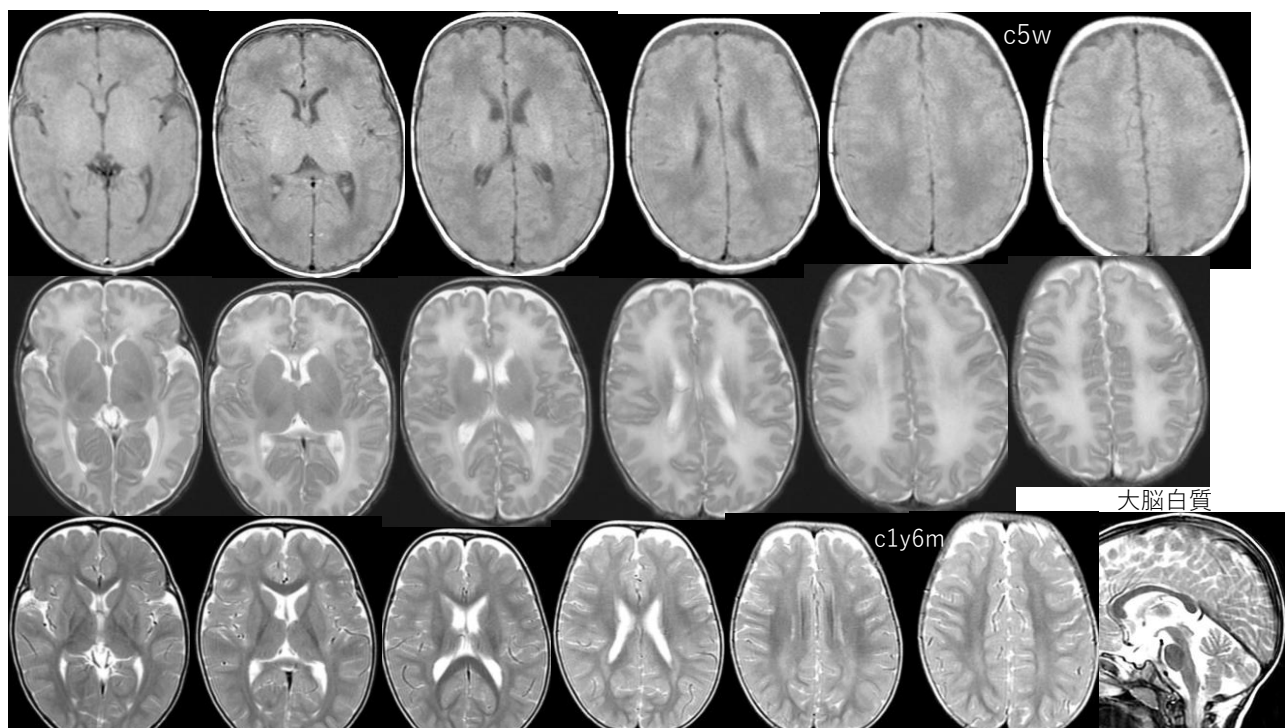
58



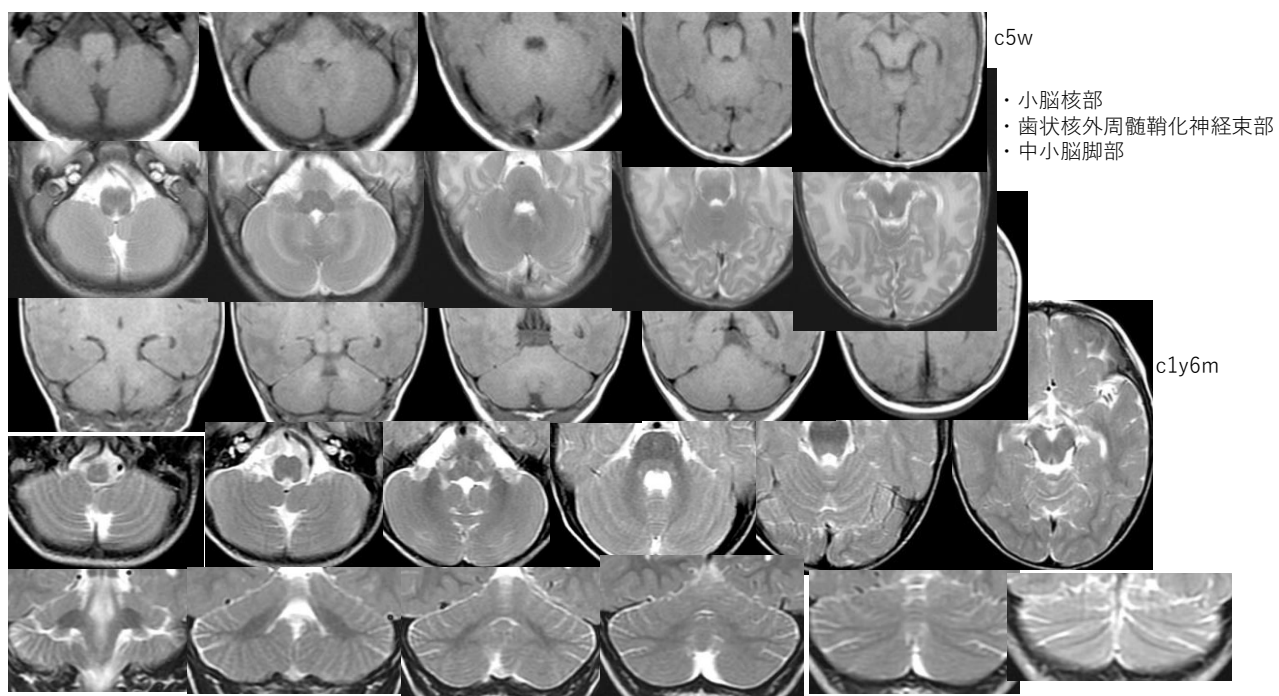
59



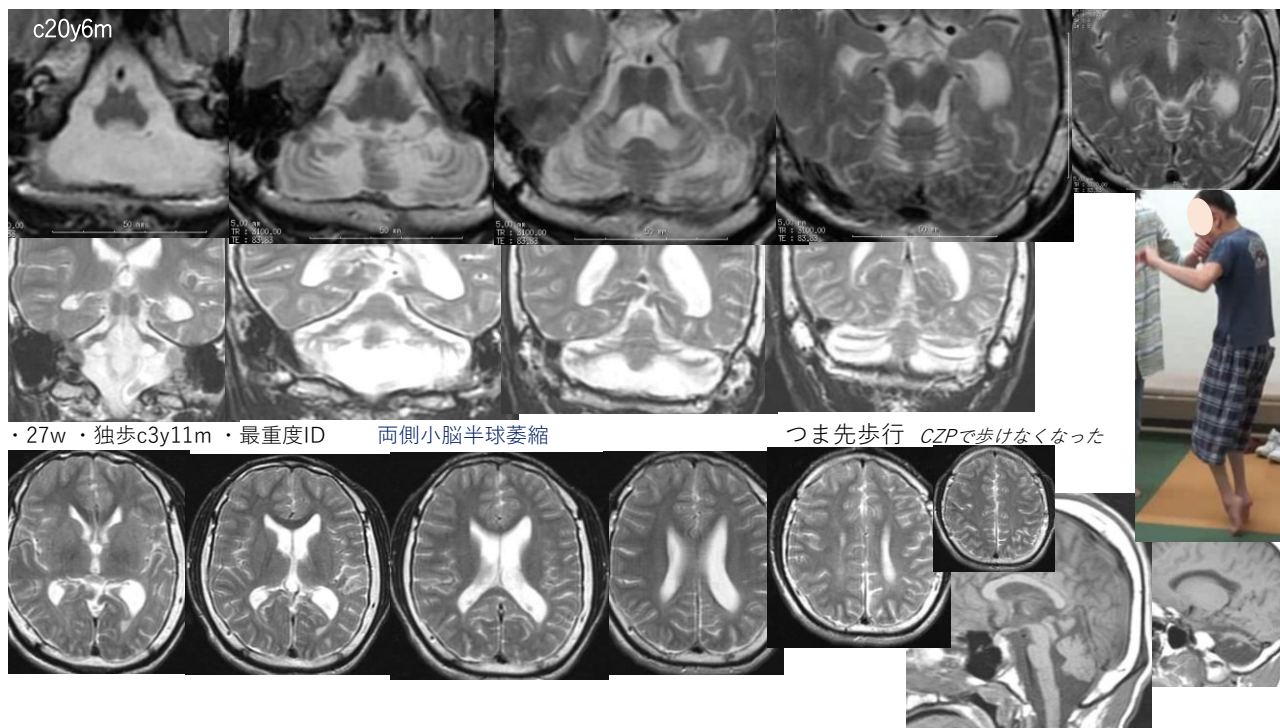
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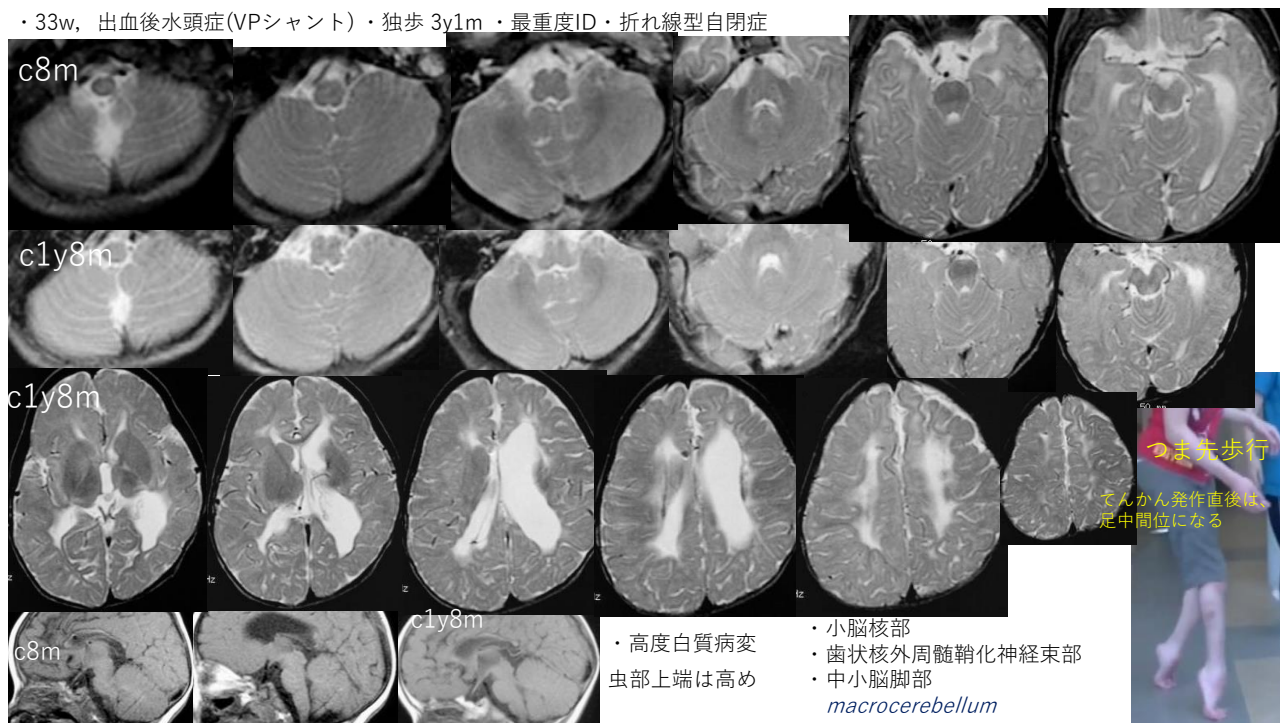
61



62



63



64