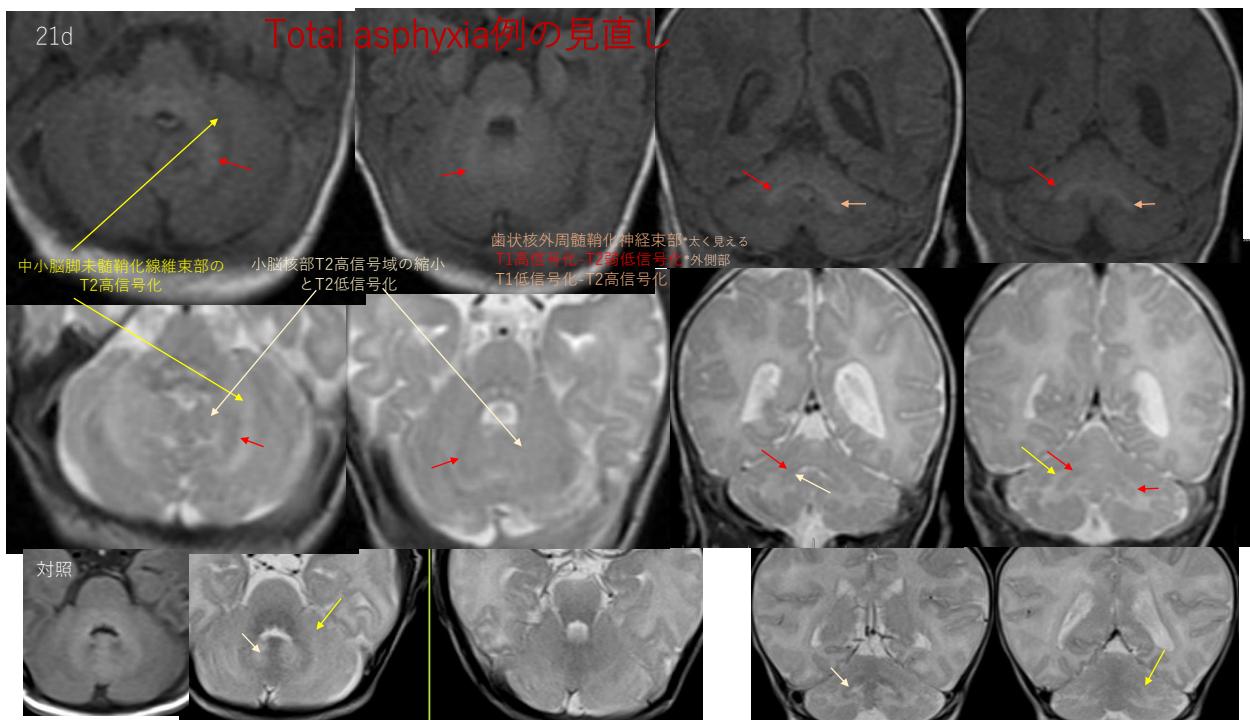


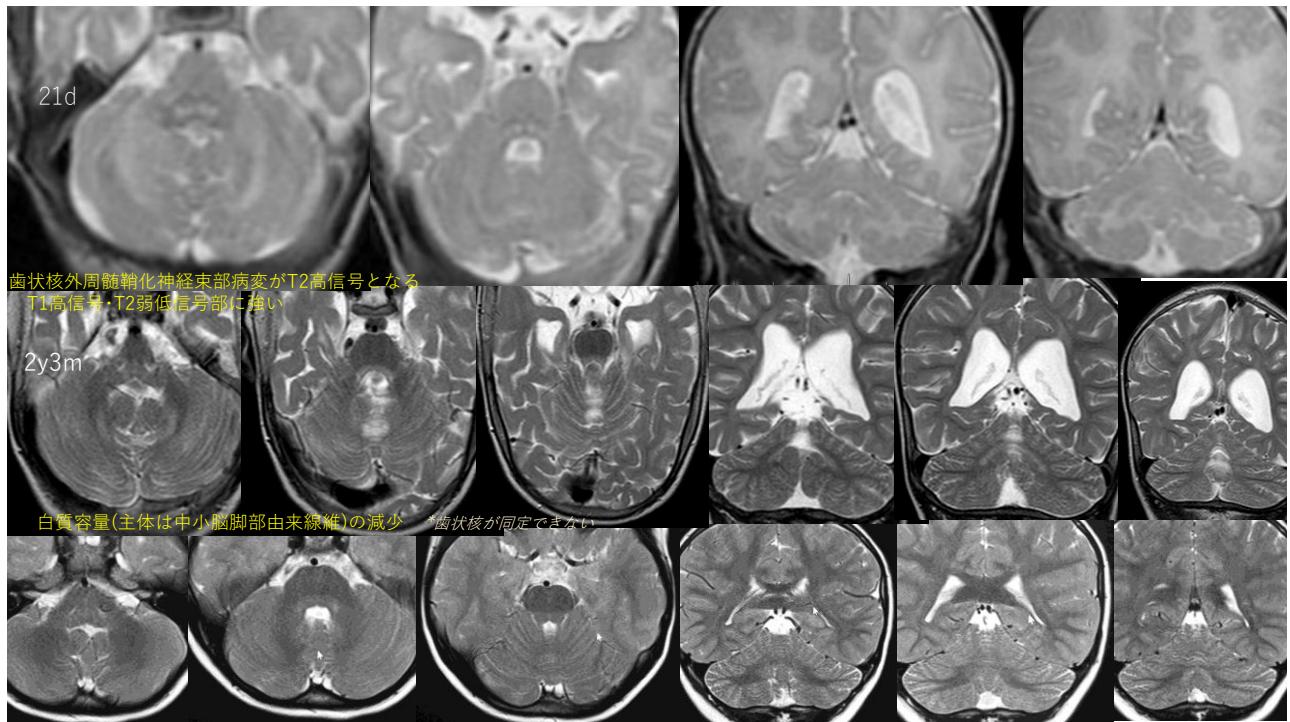
発達期脳性運動障害の小脳病変と症候



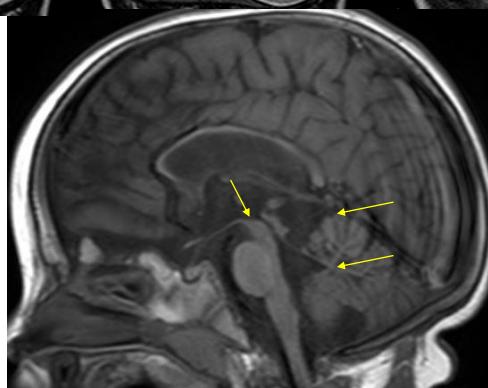
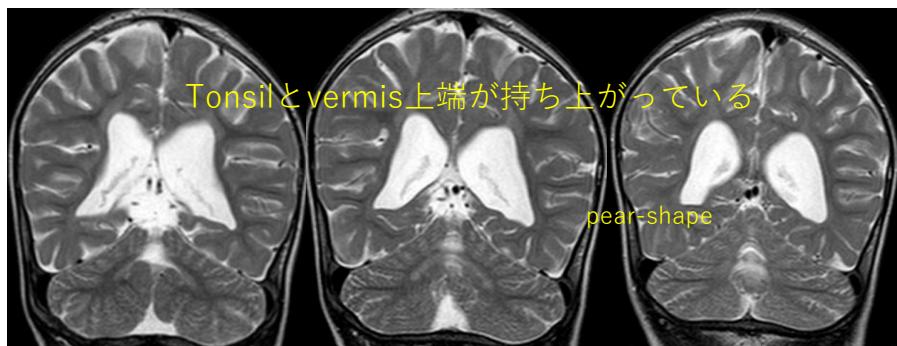
1



2



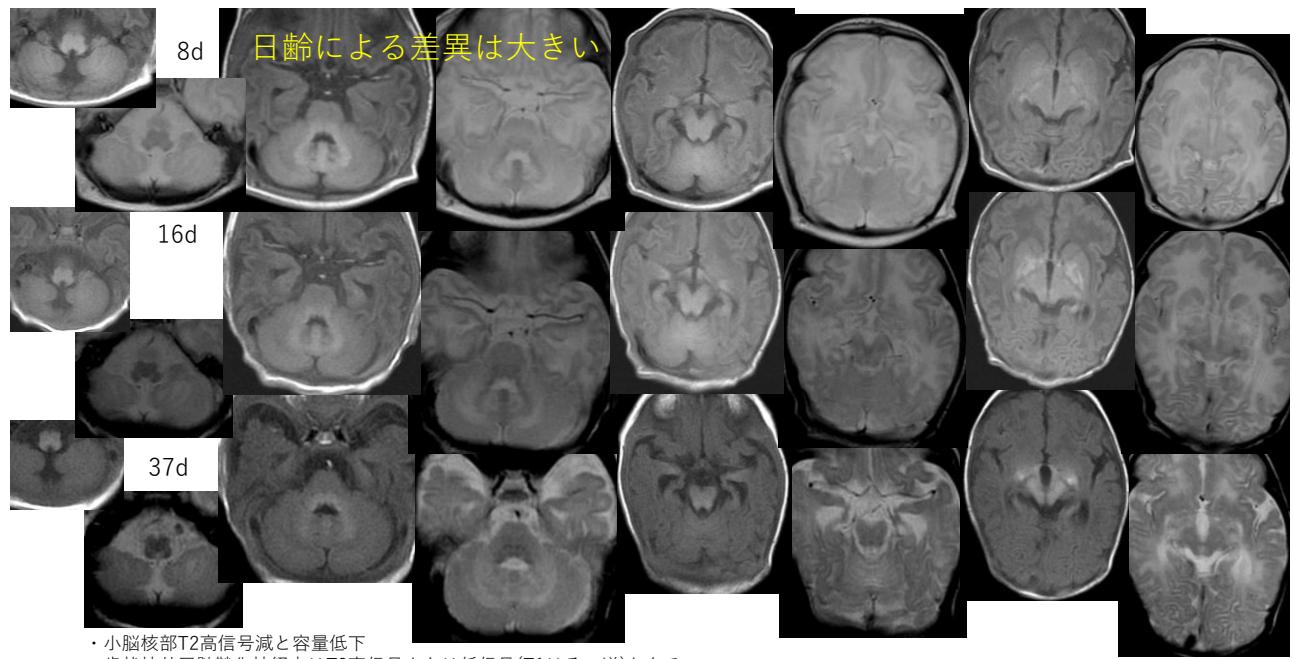
3



- 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

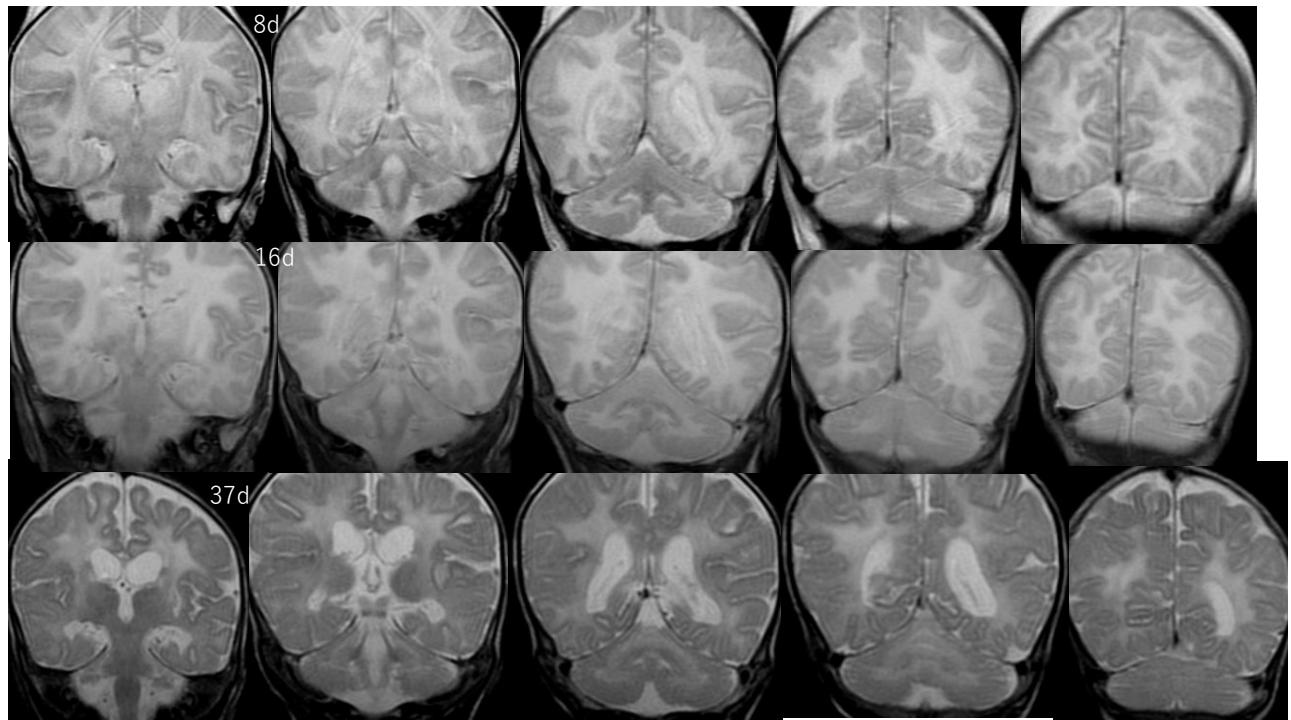
4

2

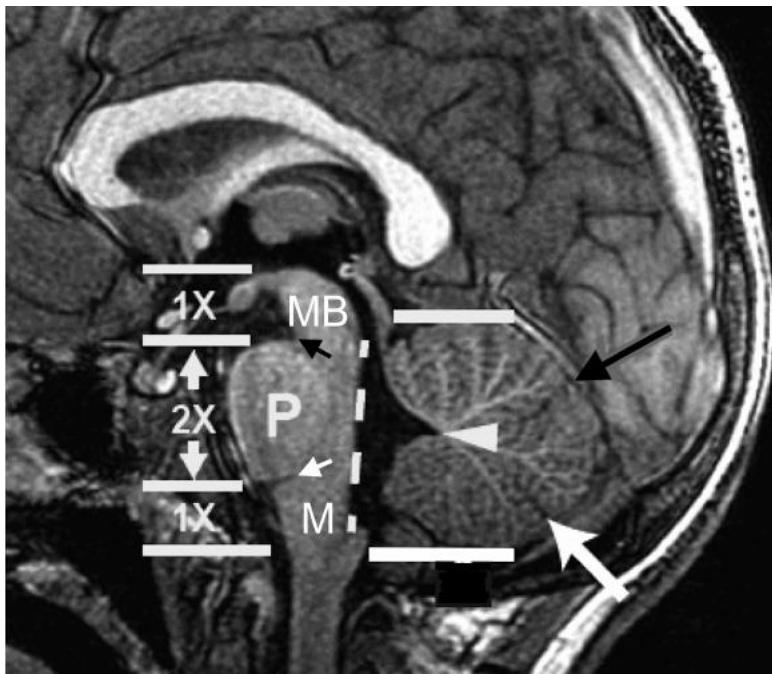


- ・小脳核部T2高信号減と容量低下
- ・歯状核外周髓鞘化神経束はT2高信号または低信号(T1はその逆)となる
- ・中小脳脚部のT2高信号部が広がる
- ・前方虫部はT2高信号化し萎縮する

5



6

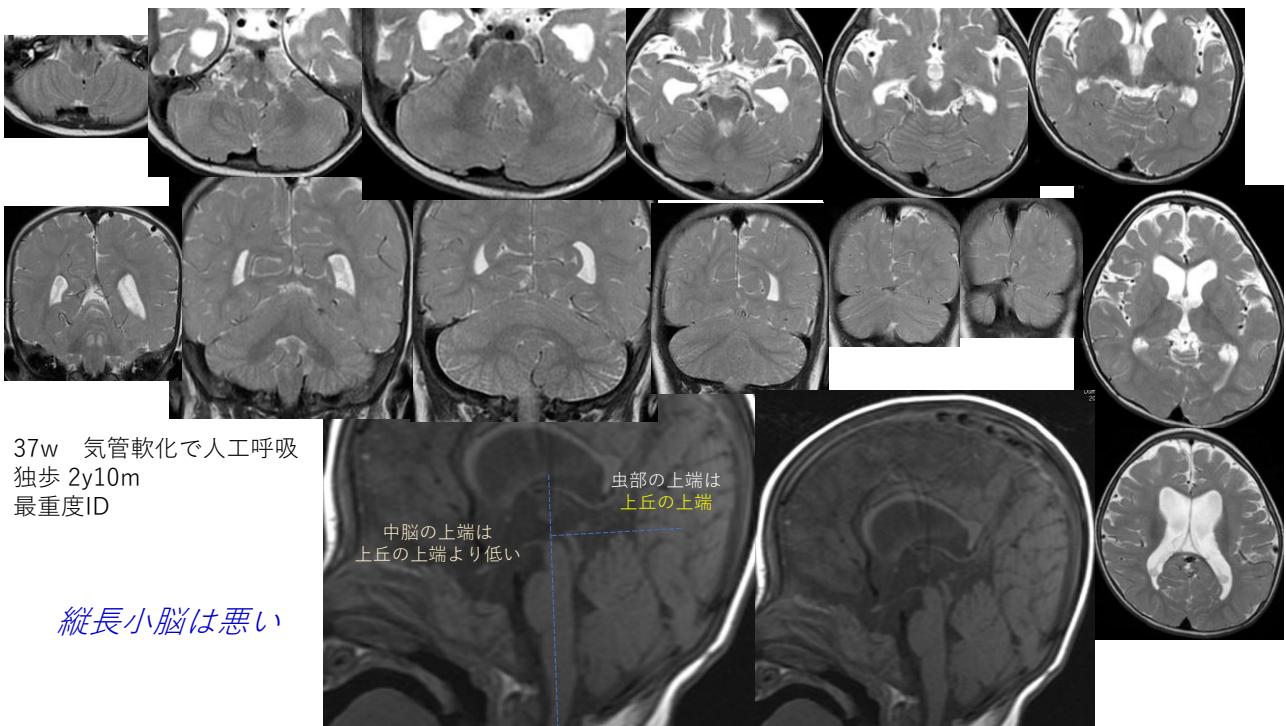


Normal midline sagittal anatomy of the midbrain-hindbrain

- 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

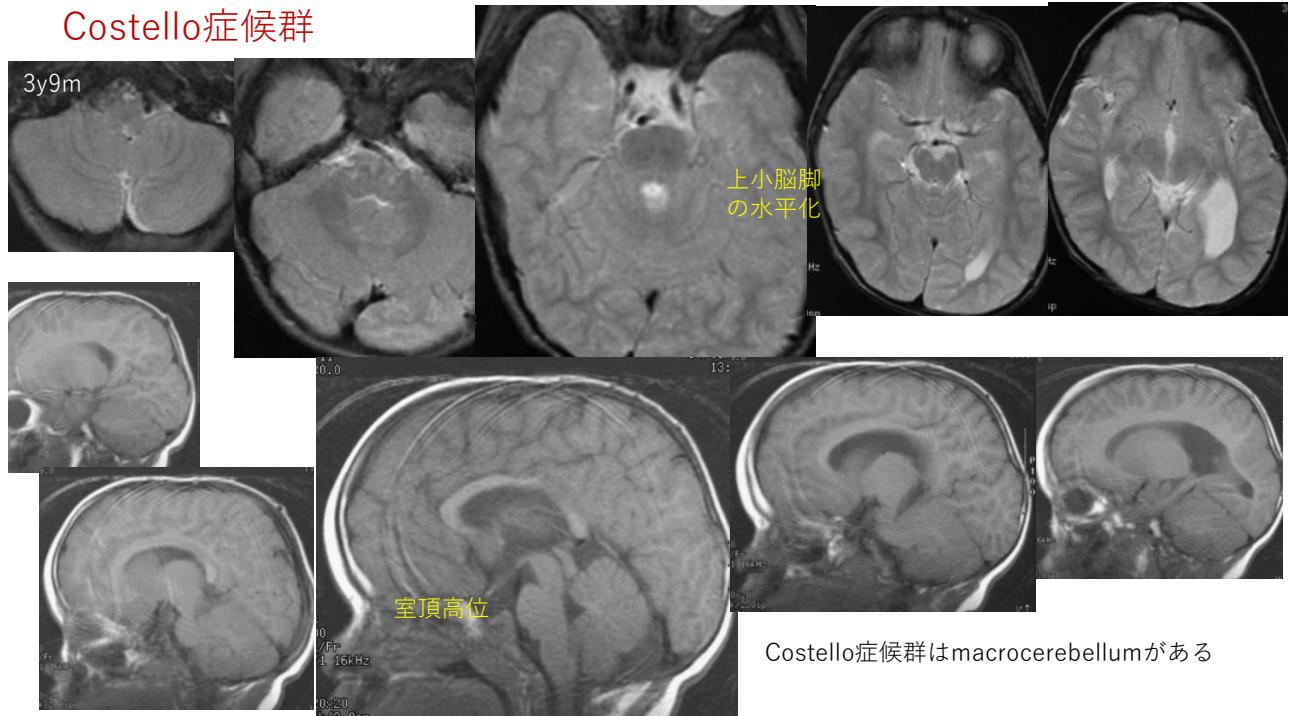
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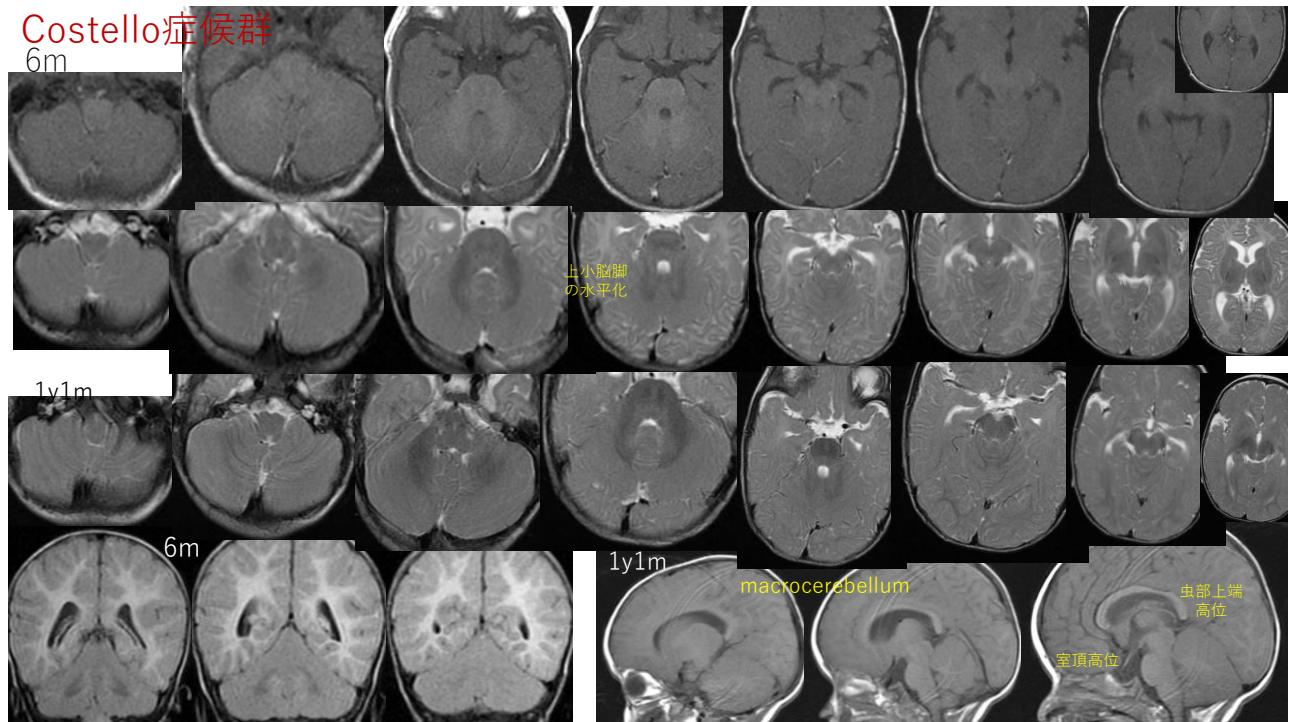
8

4

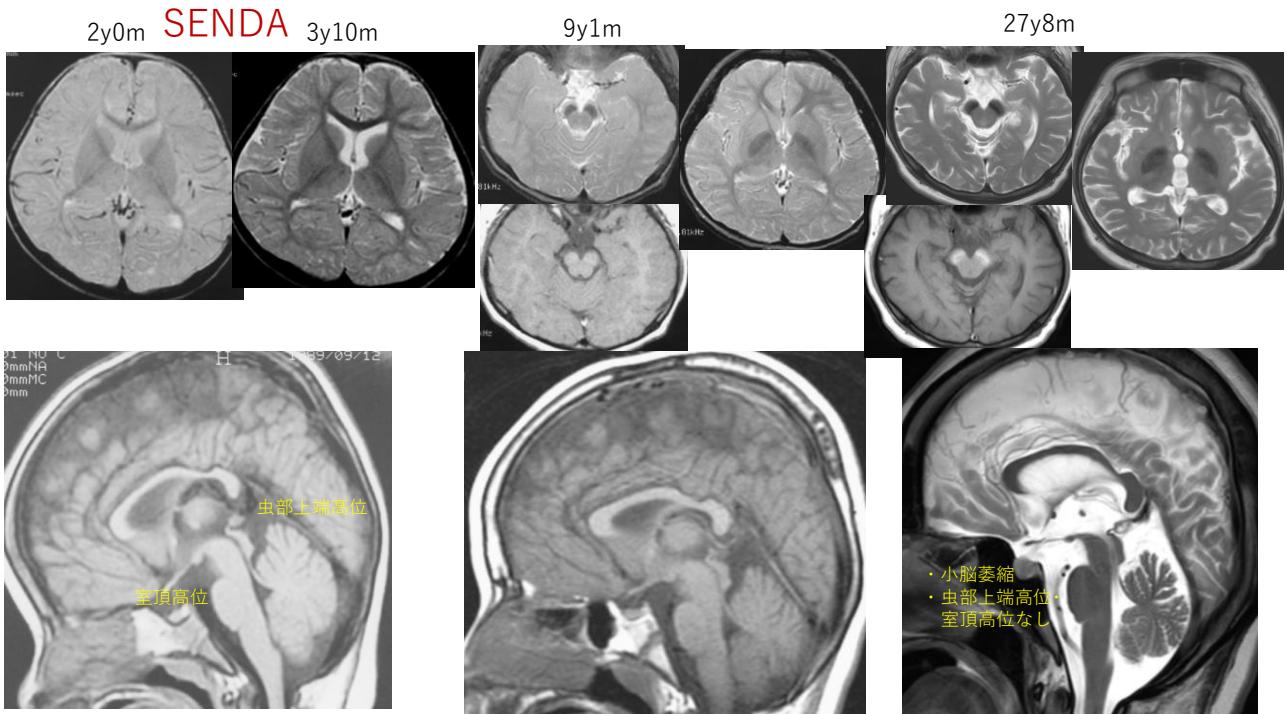
Costello症候群



9



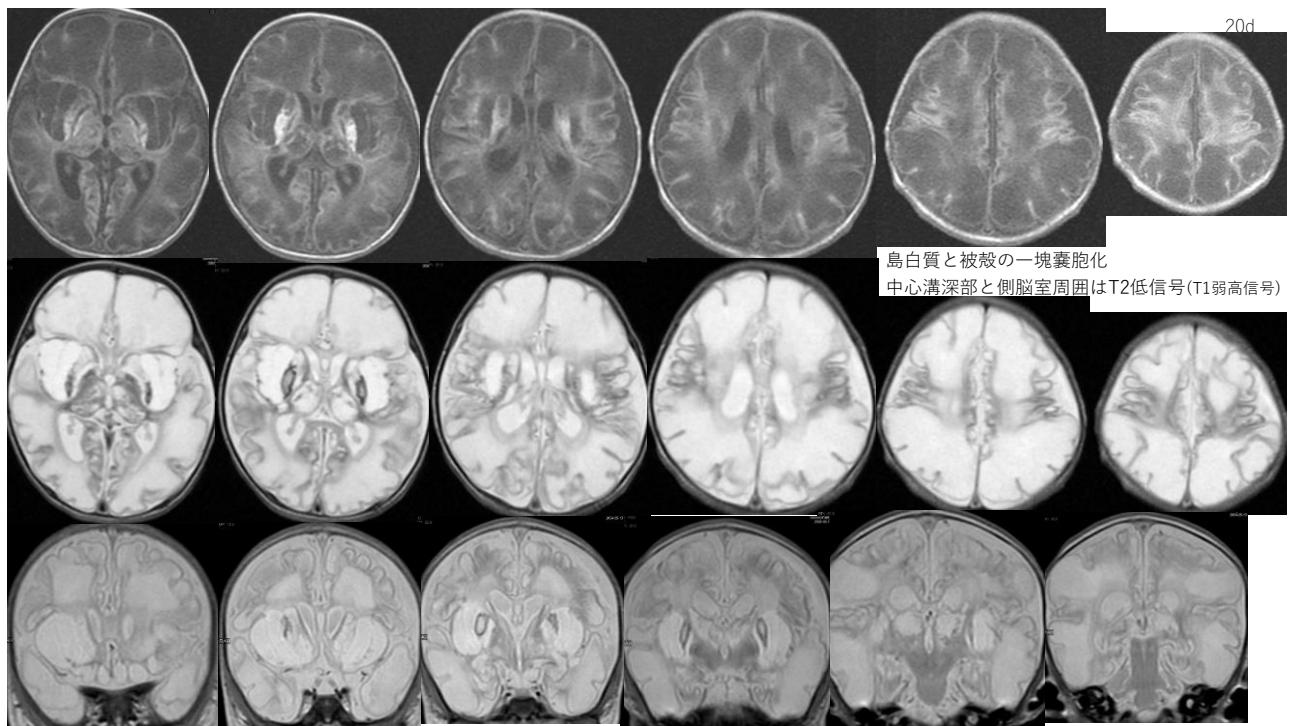
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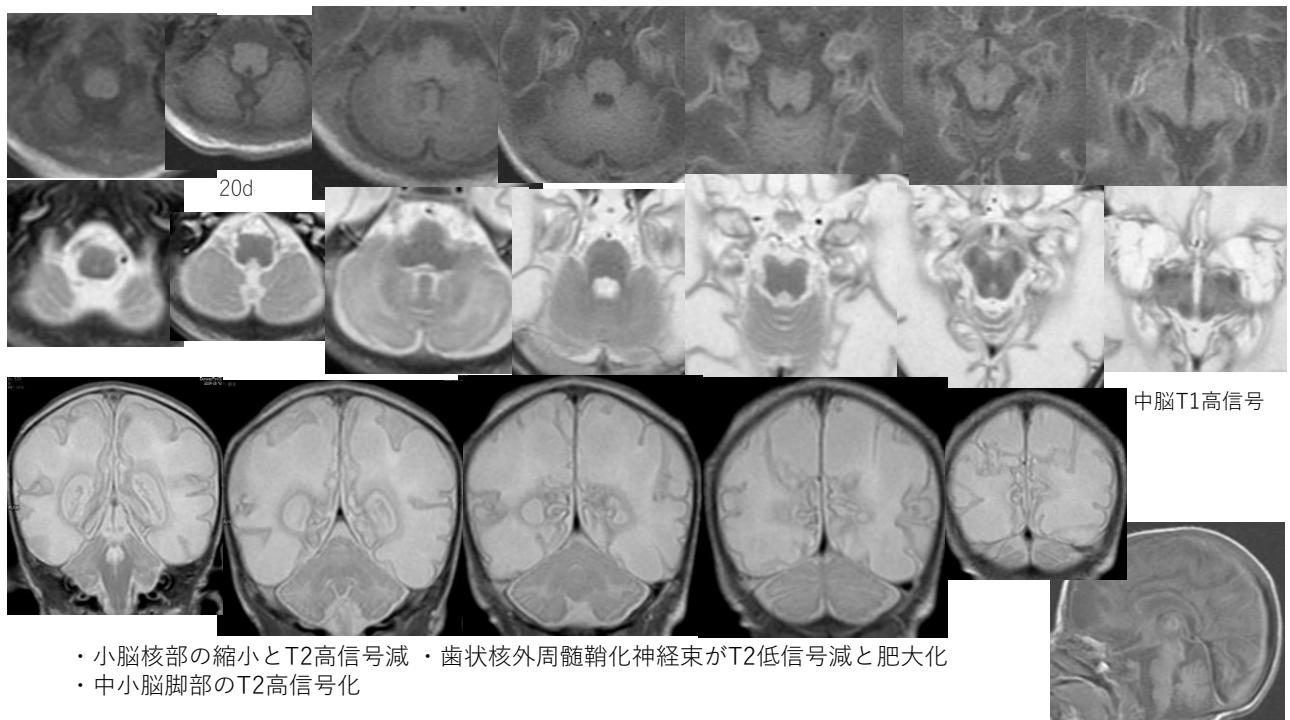
11



12



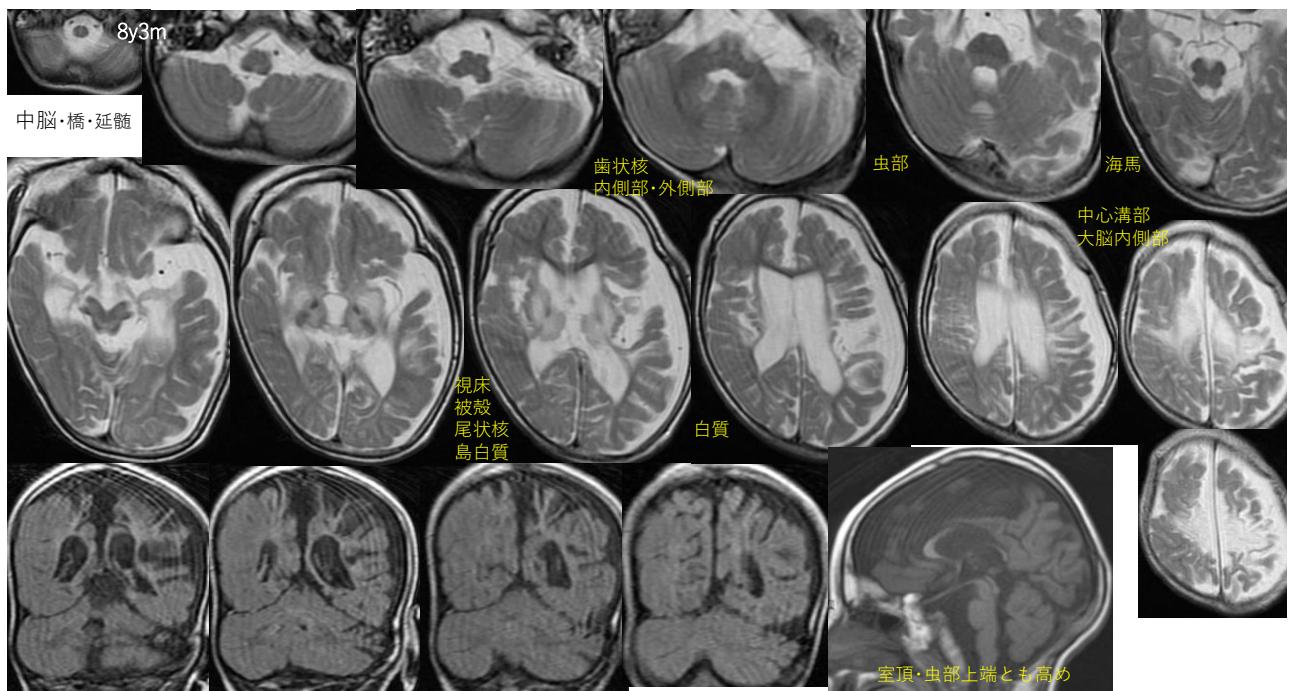
13



14



15



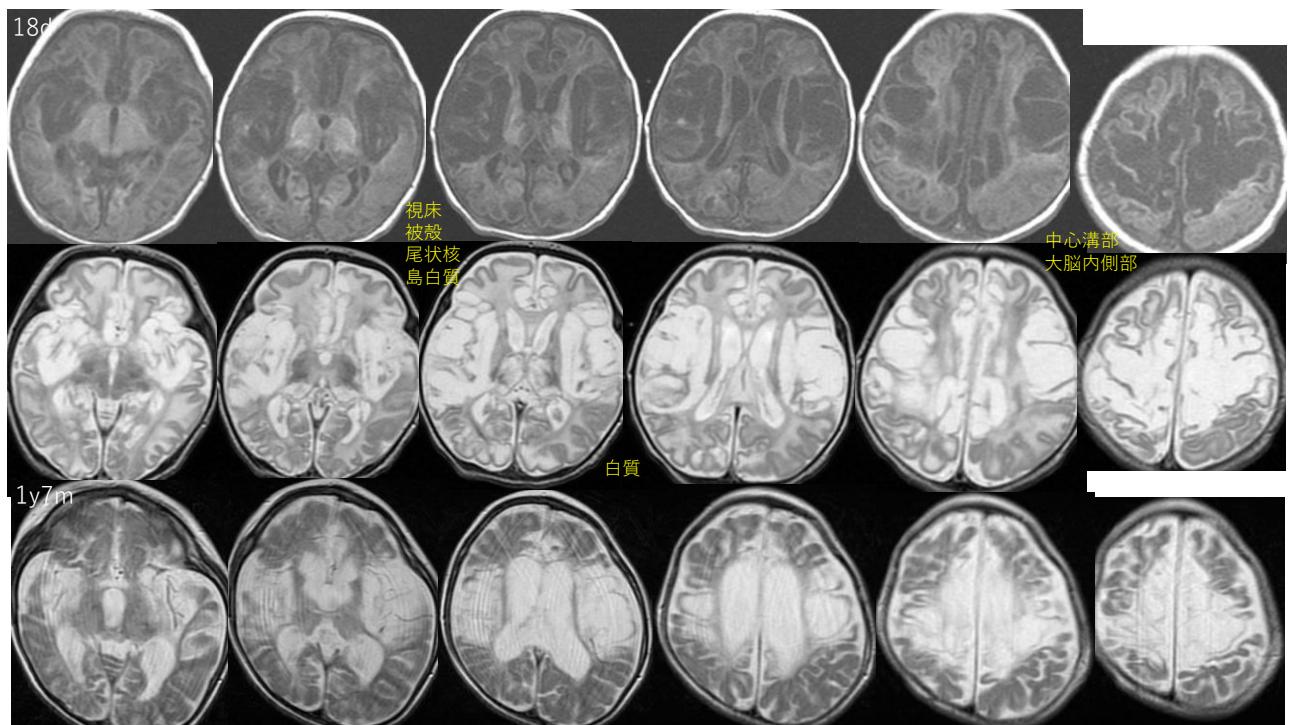
16

股膝屈曲位となる重症HIE

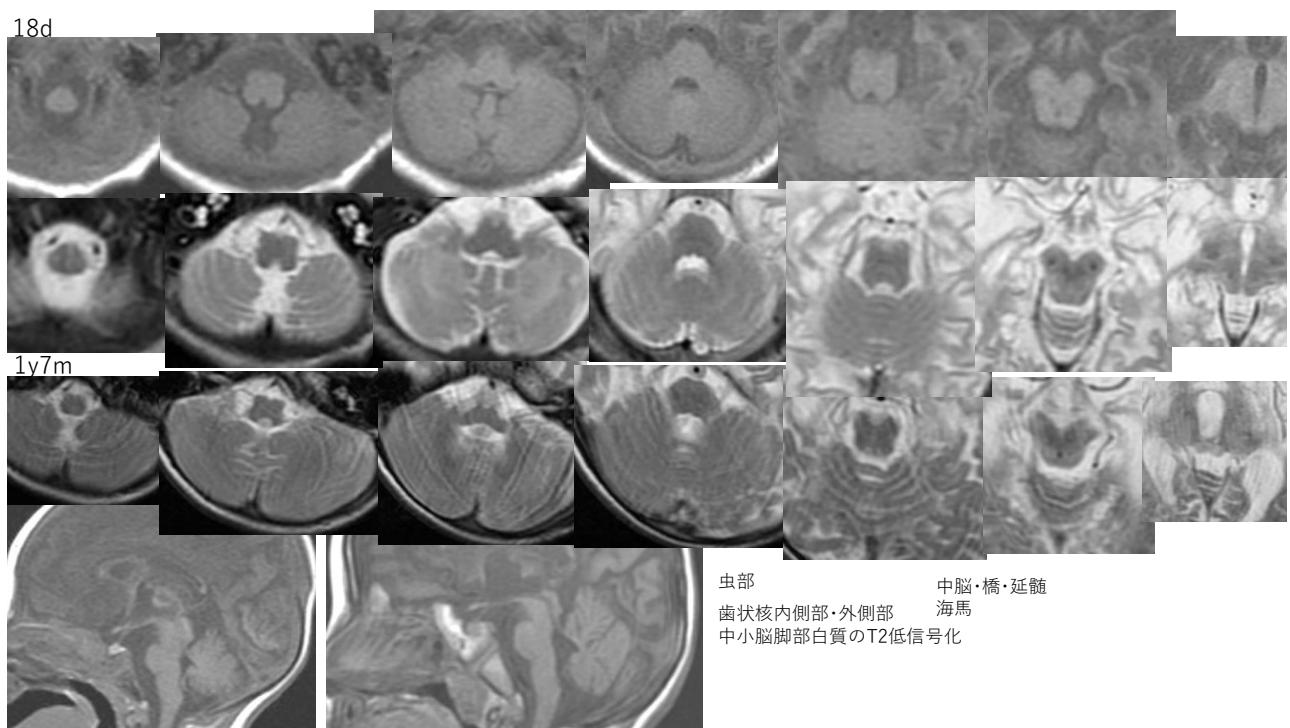
股伸展荷重制限・股屈曲過活動・分離運動制限・共収縮制御障害



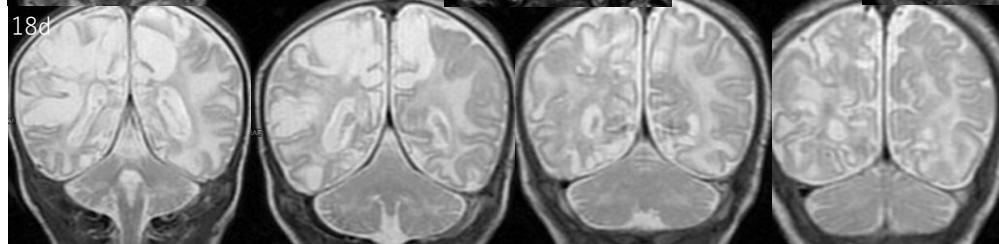
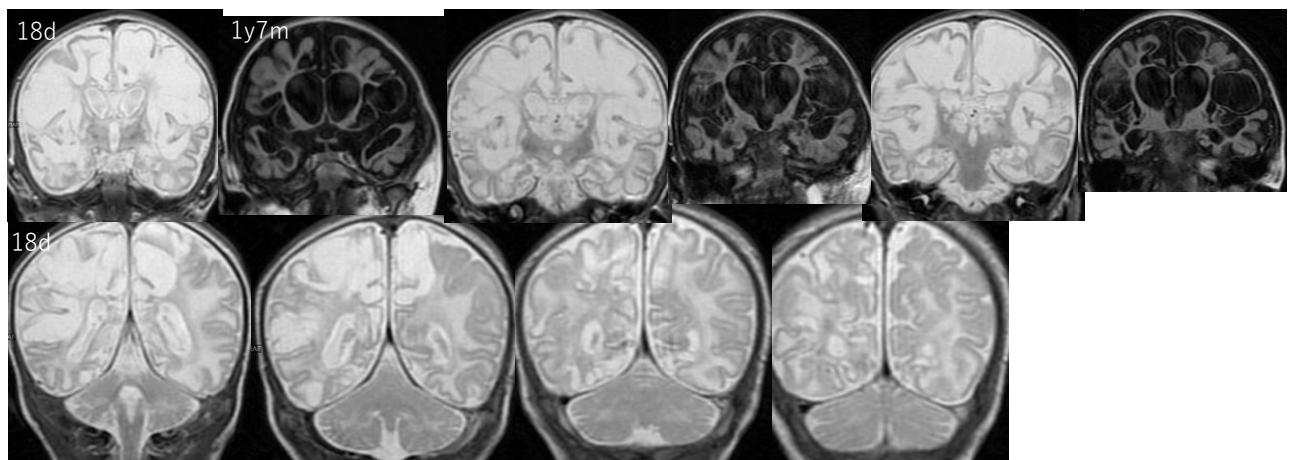
17



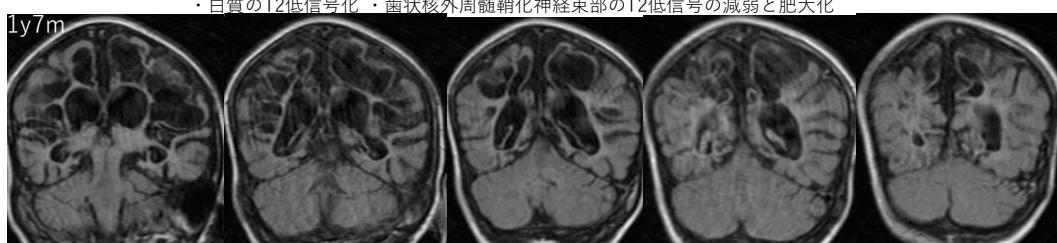
18



19



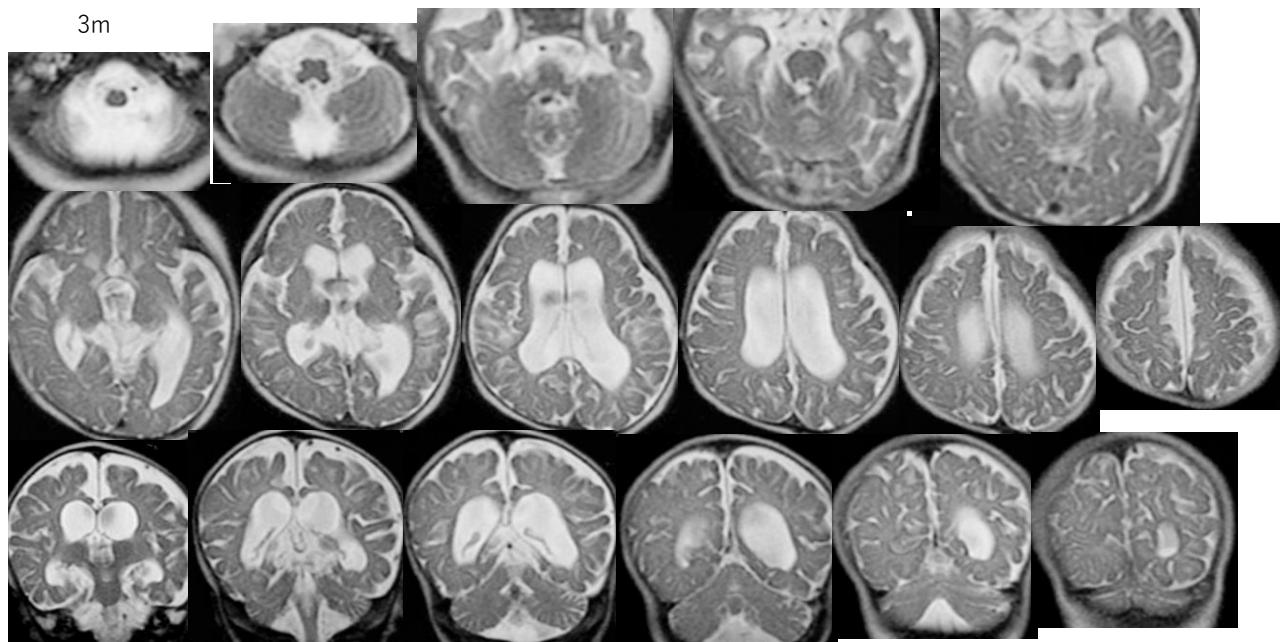
・白質のT2低信号化 ・歯状核外周髄鞘化神經束部のT2低信号の減弱と肥大化



20



21



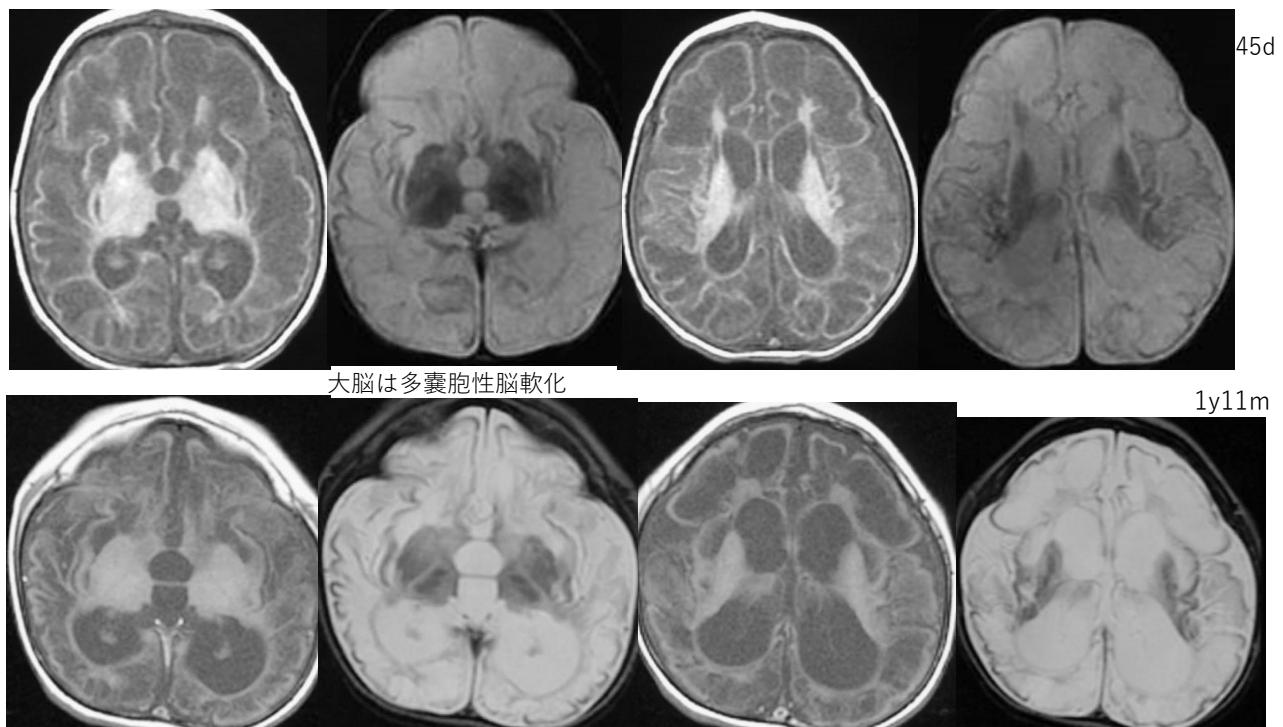
・中脳・橋・延髄 ・歯状核内側・外側病変 ・大脳白質

22

Multicystic encephalomalacia

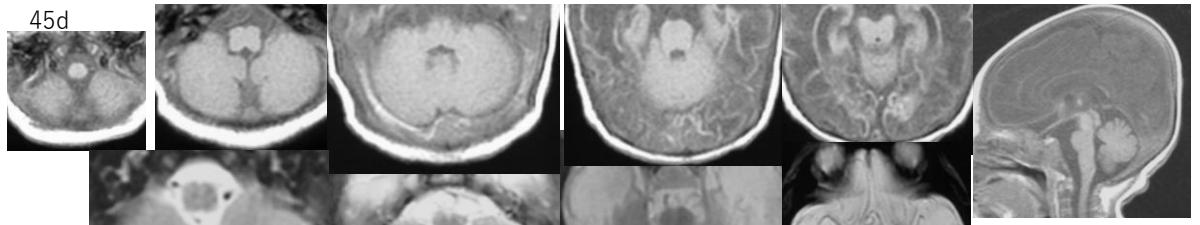


23

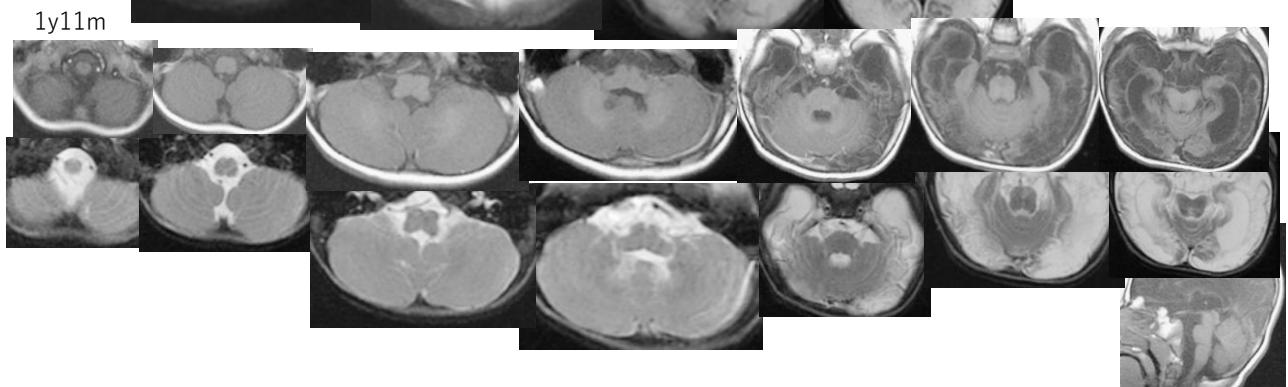


24

12



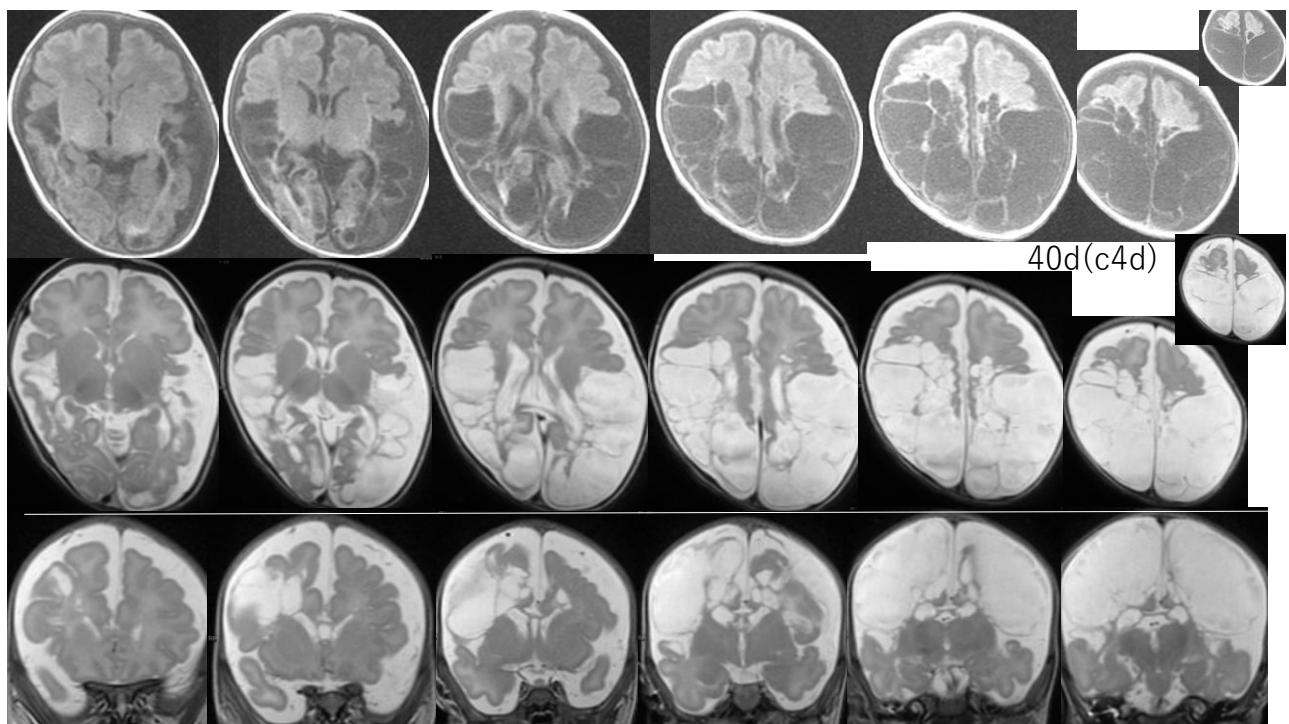
- ・小脳核部 T2高減
- ・歯状核外周髓鞘化神経束部 T2低減
- 左が悪い



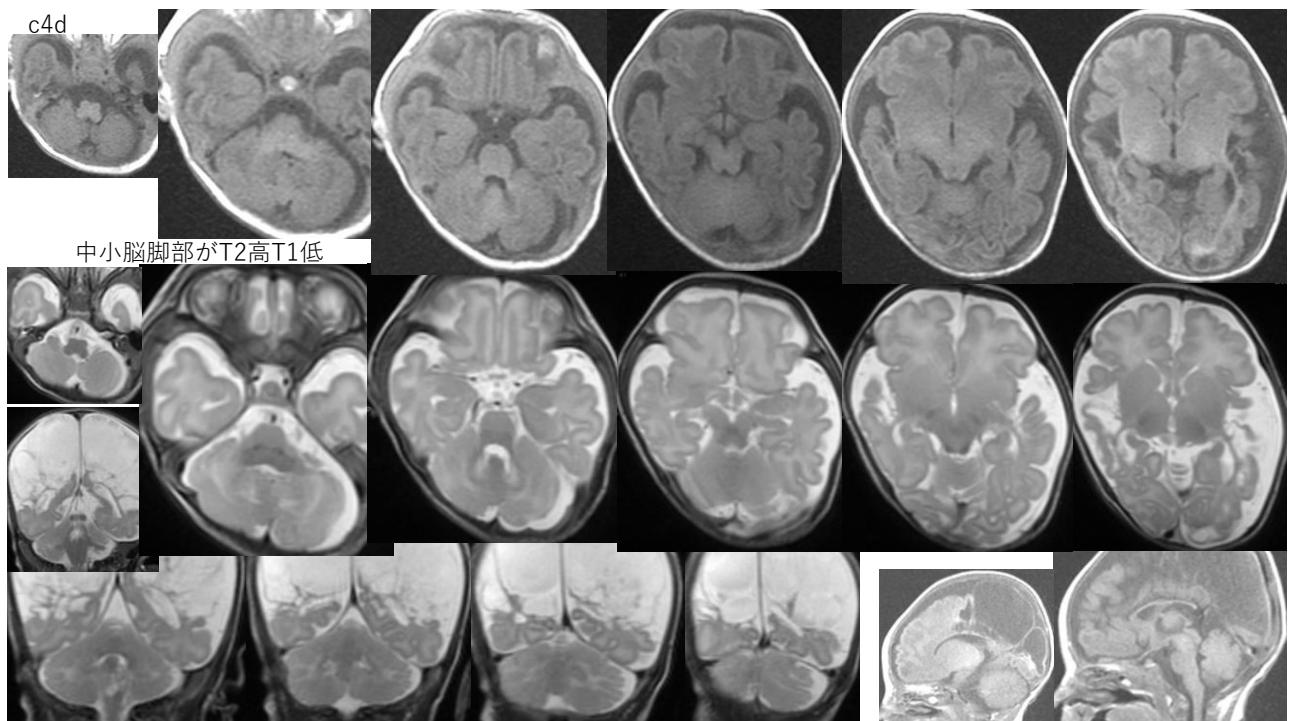
25



26

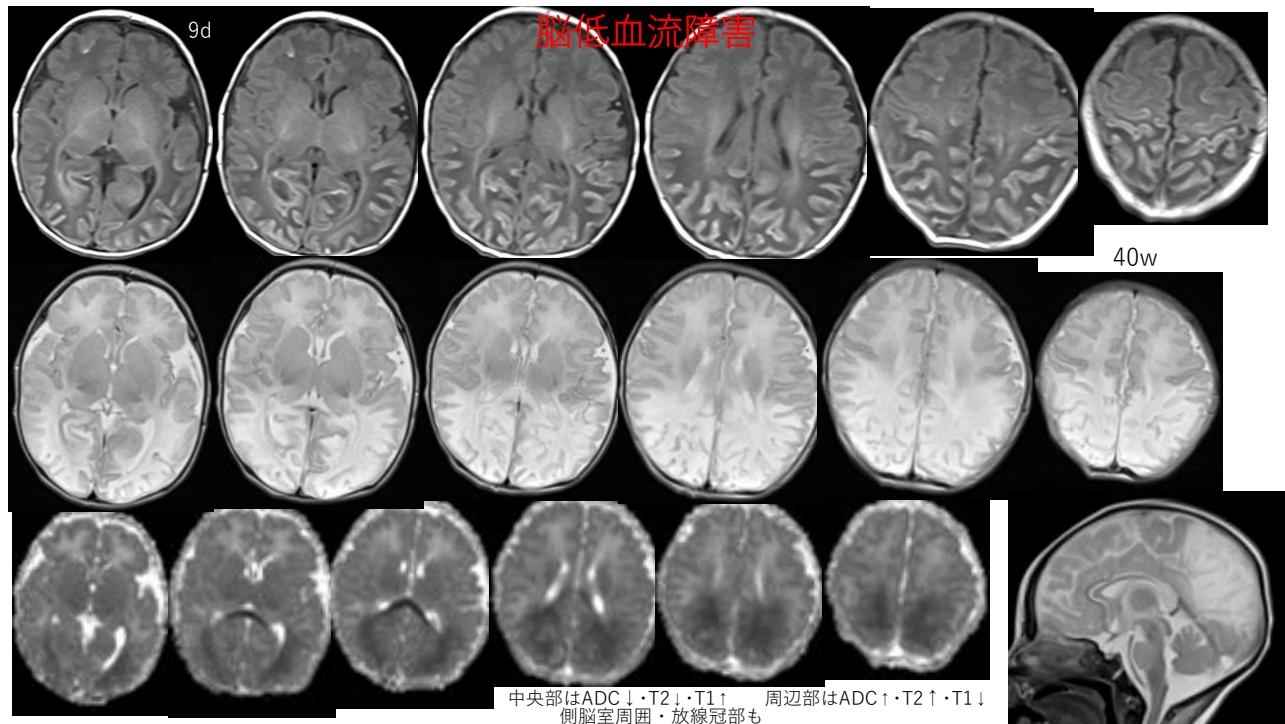


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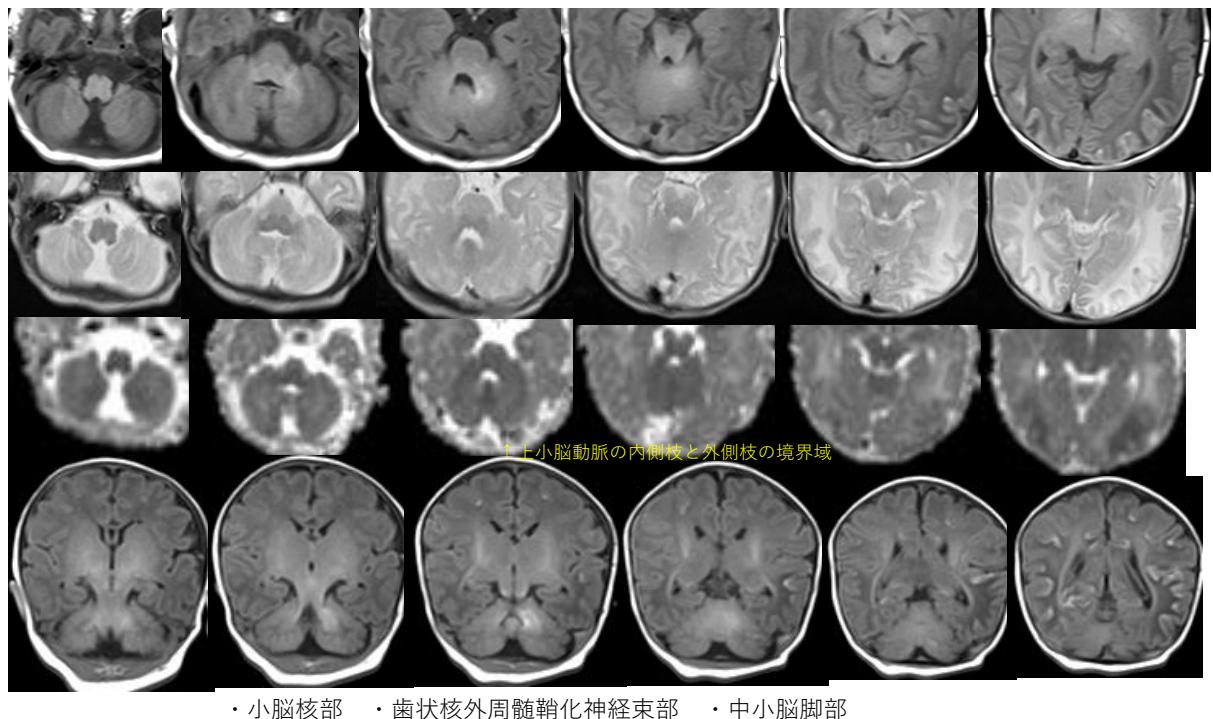


28

14



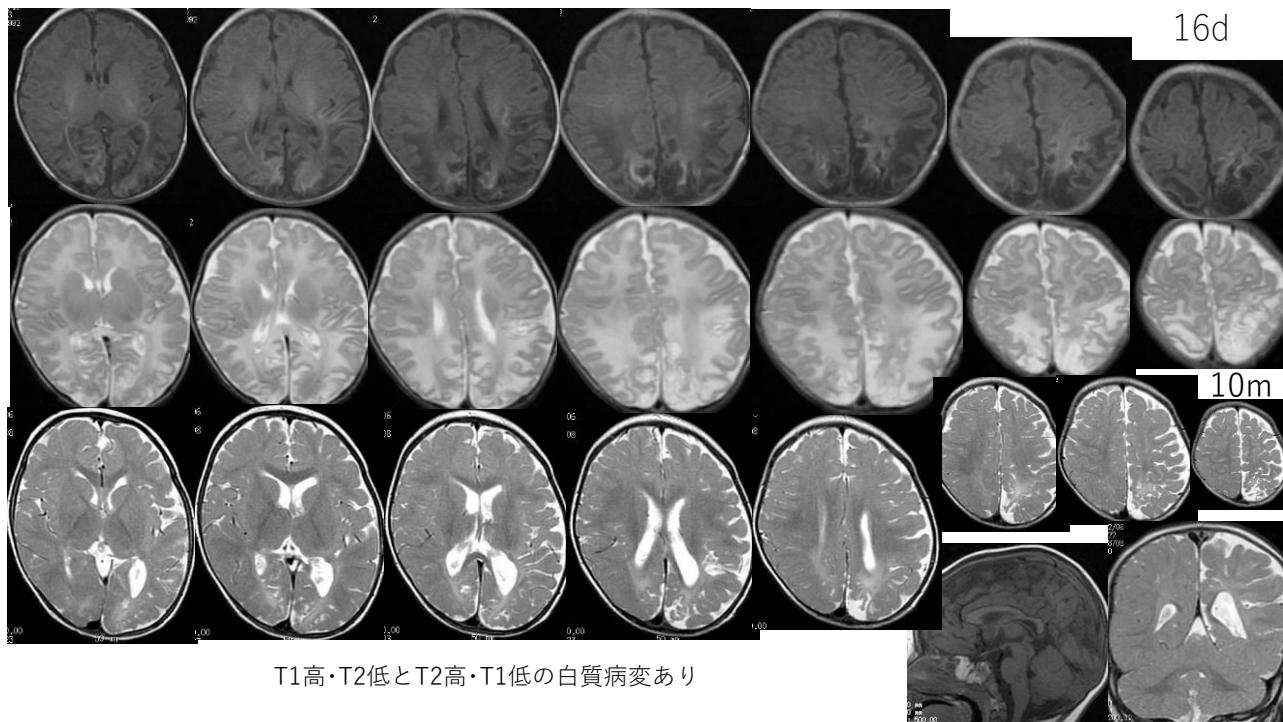
29



30



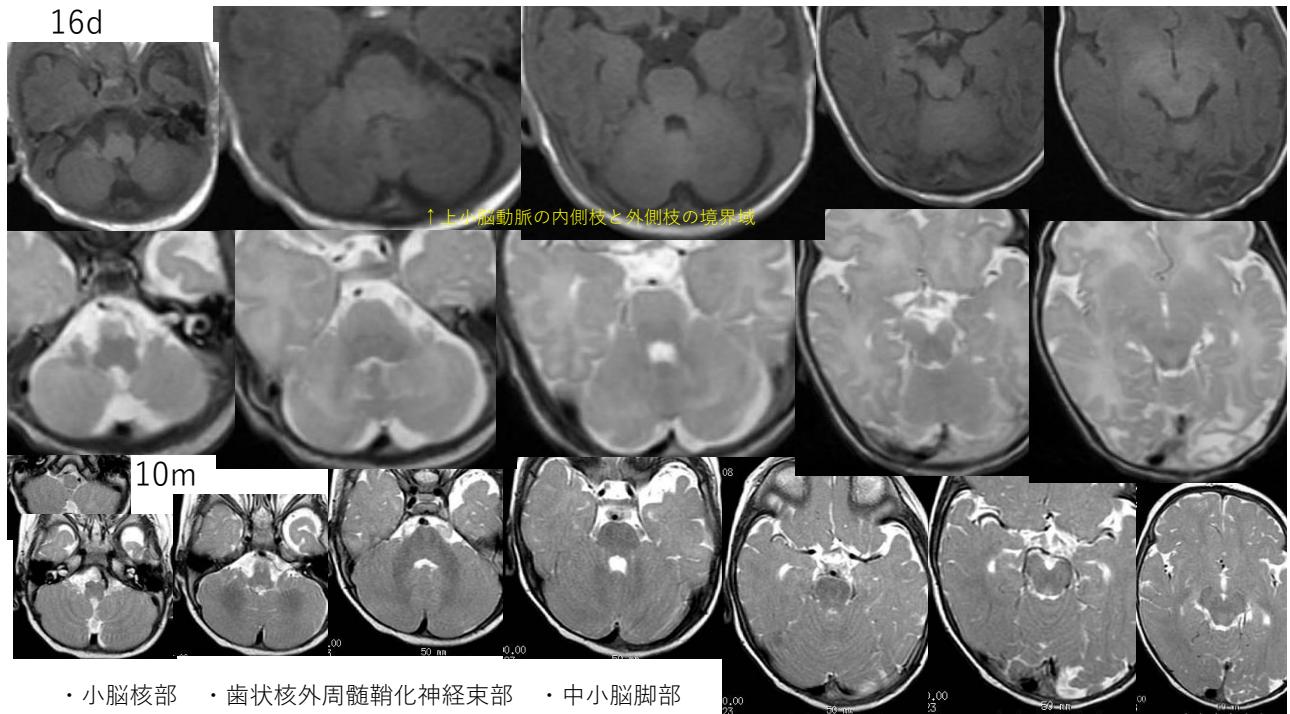
31



32

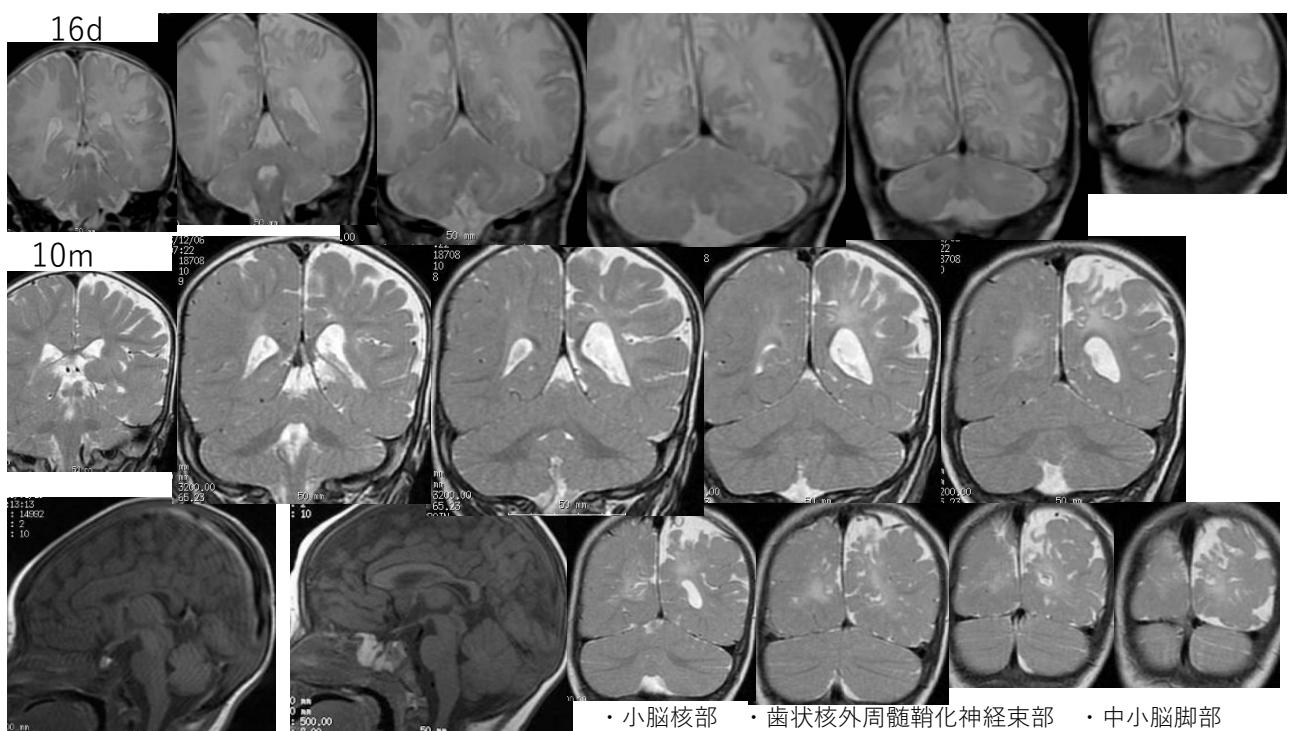
16

16d



33

16d

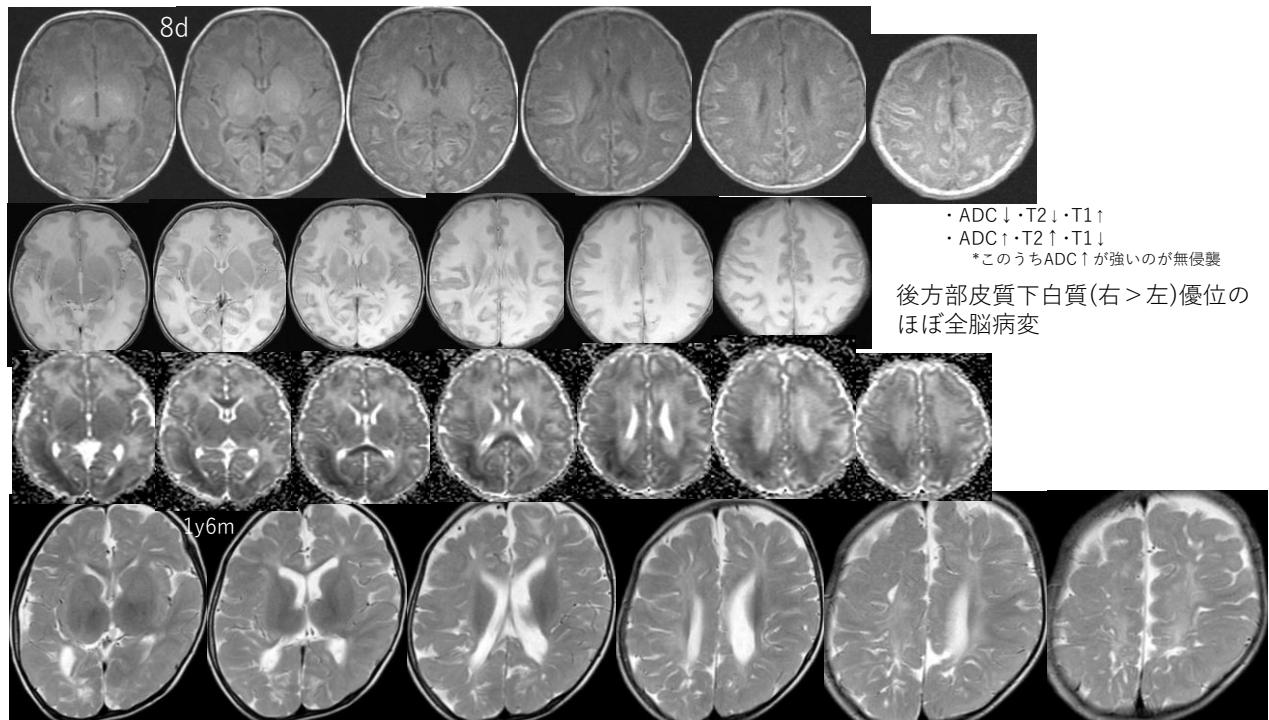


34

17

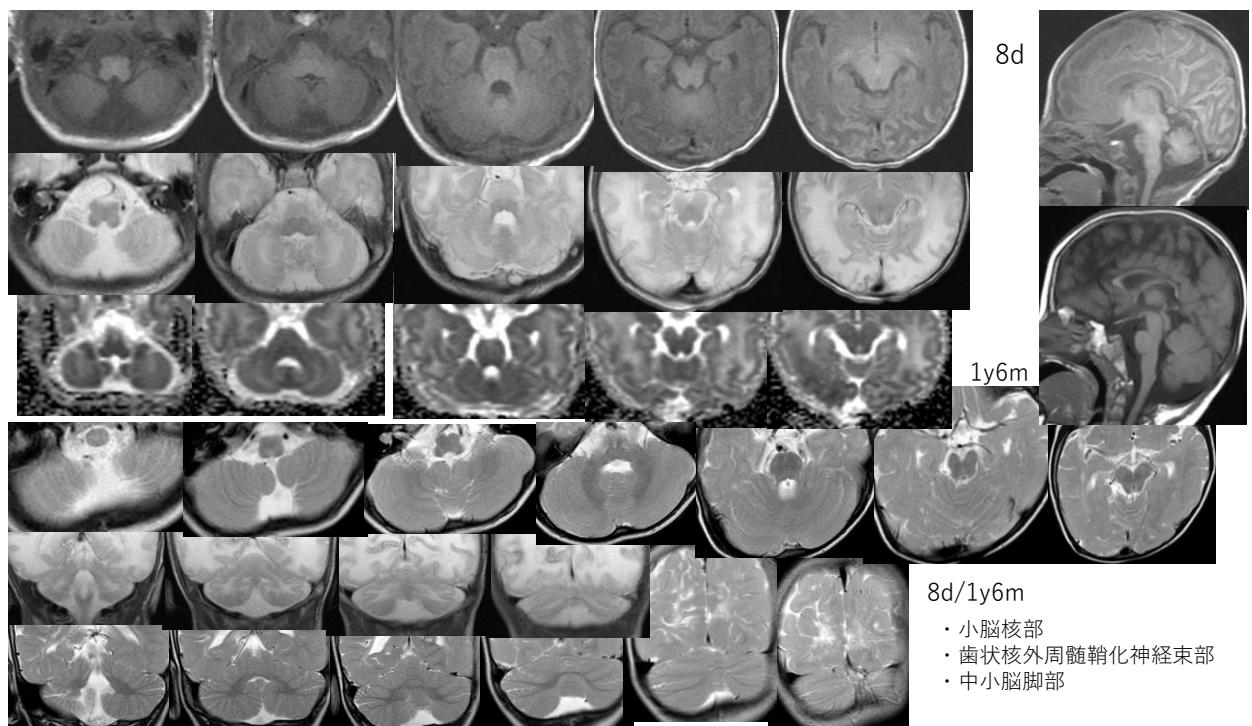


35

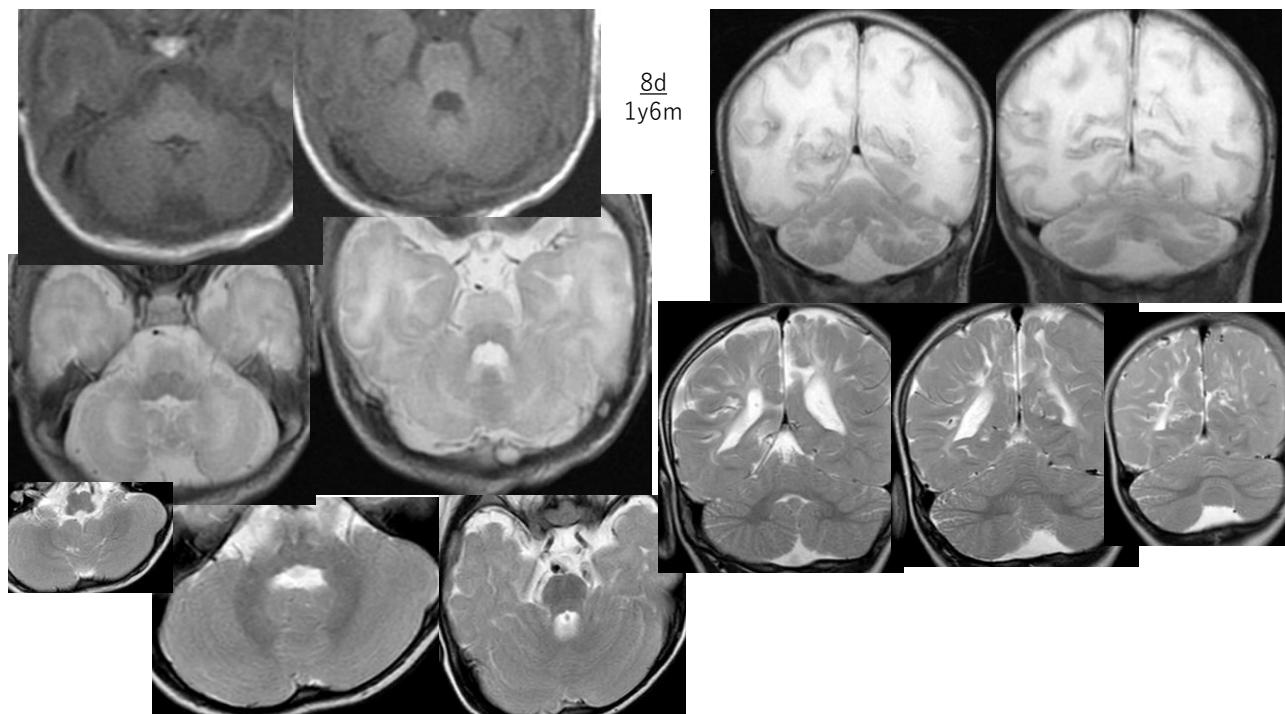


36

18



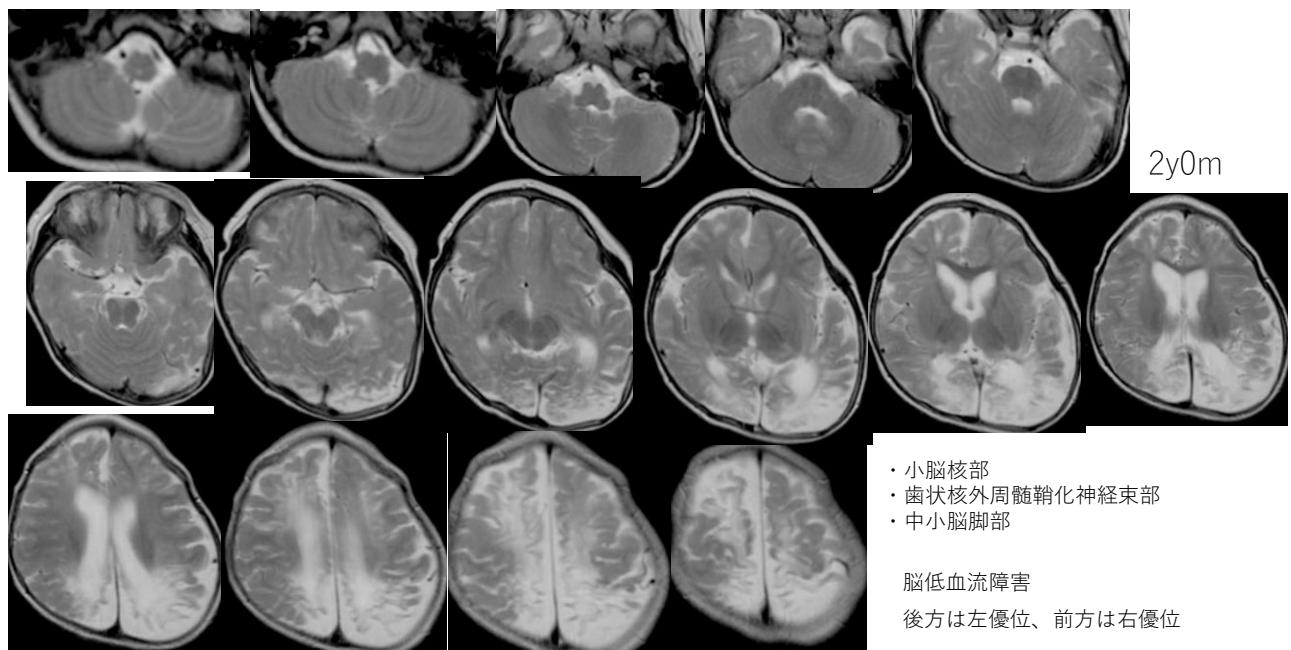
37



38

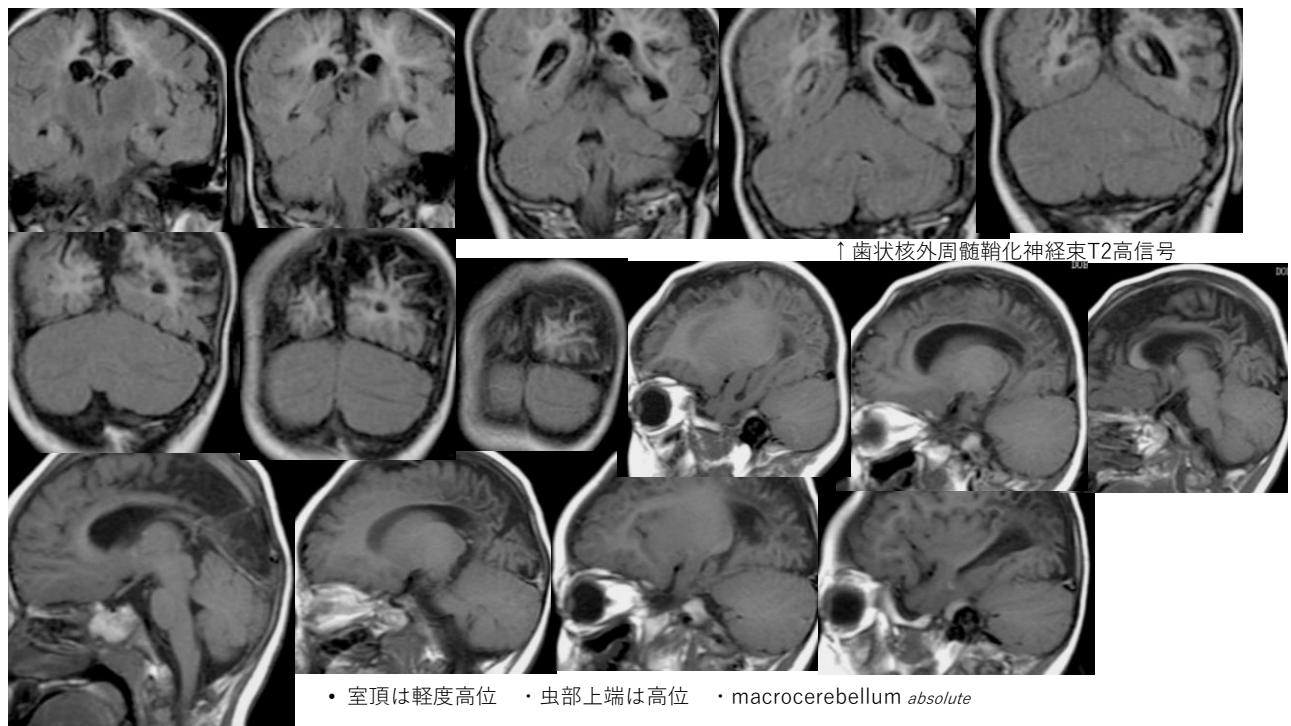


39



40

20

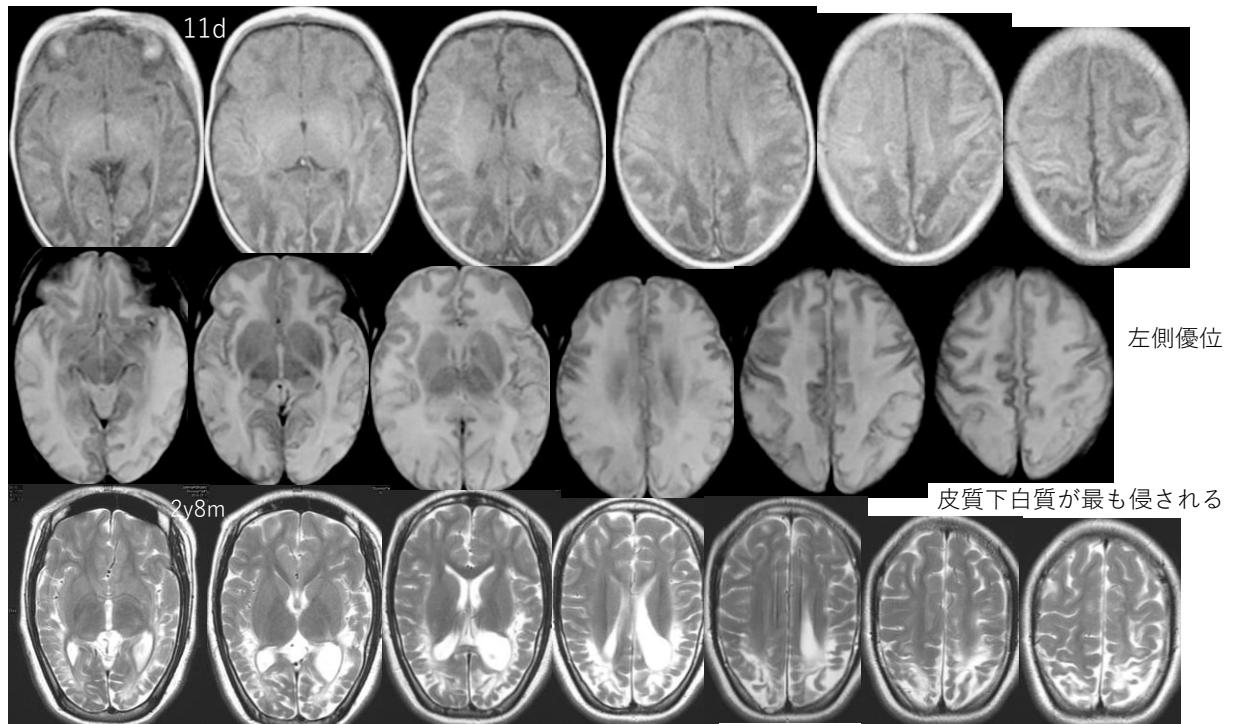


41

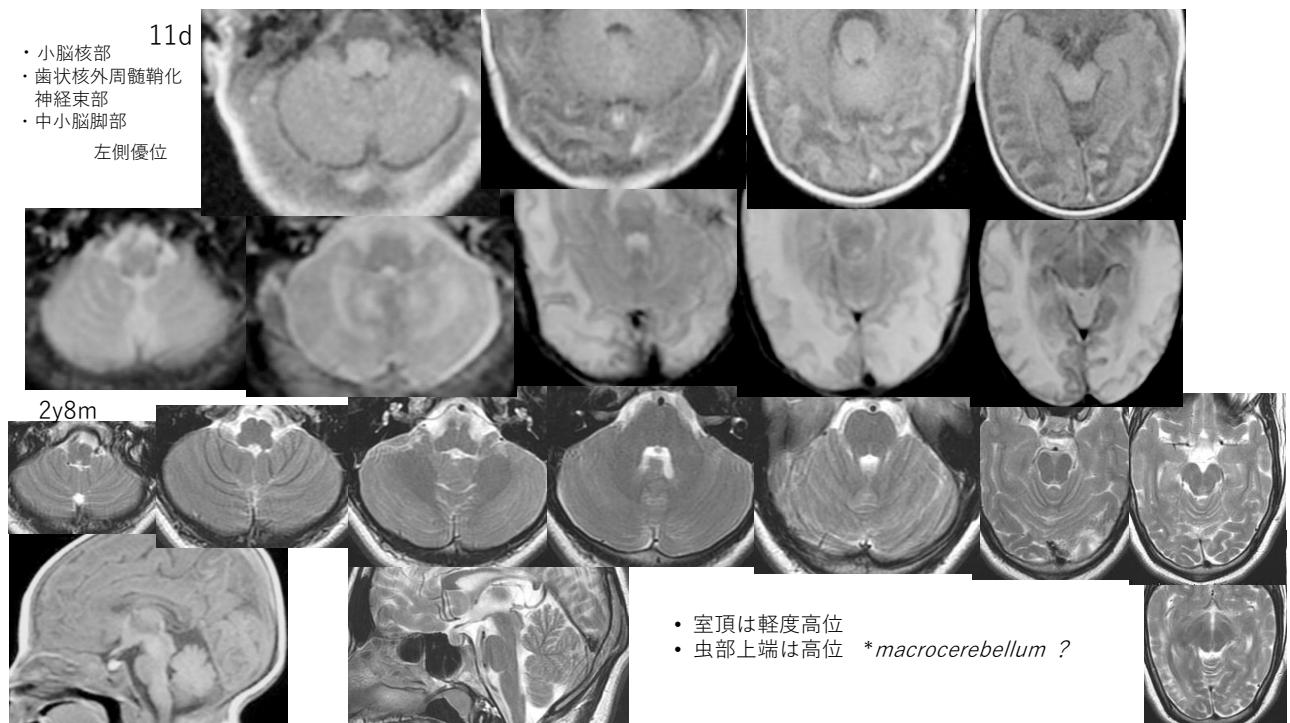
・39w HIE 　・独歩2y10m 　・重度ID



42

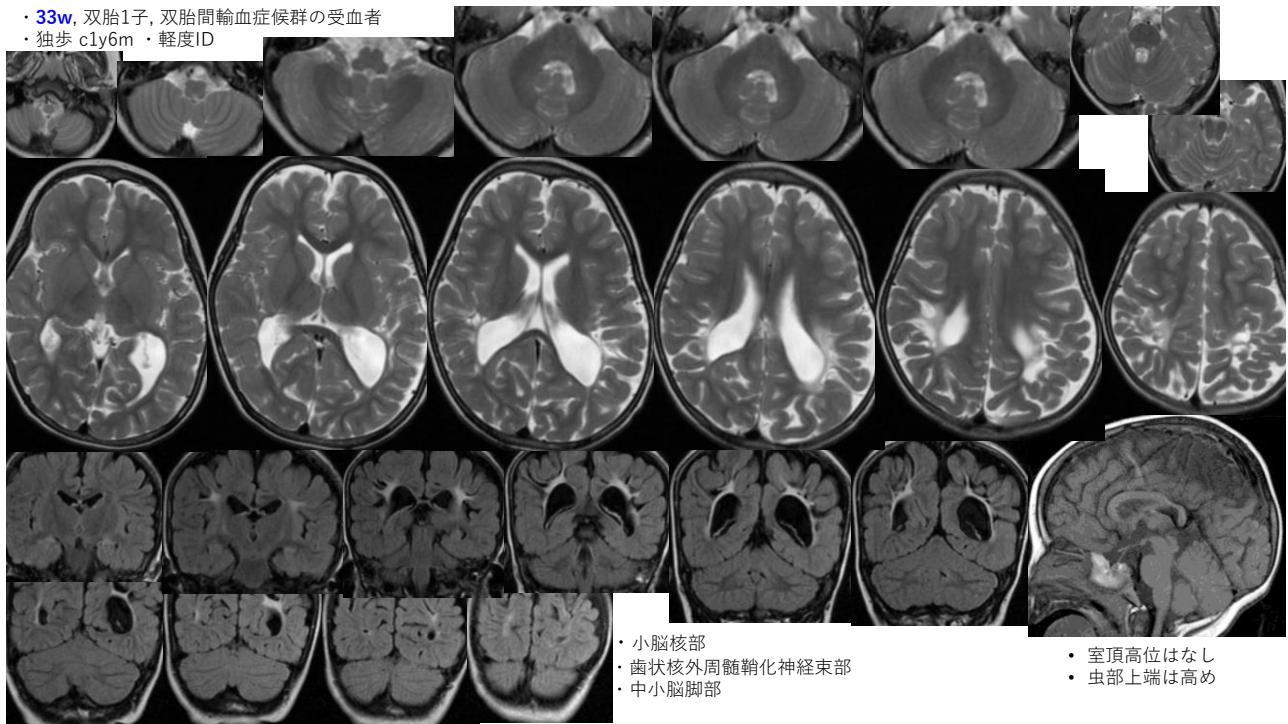


43



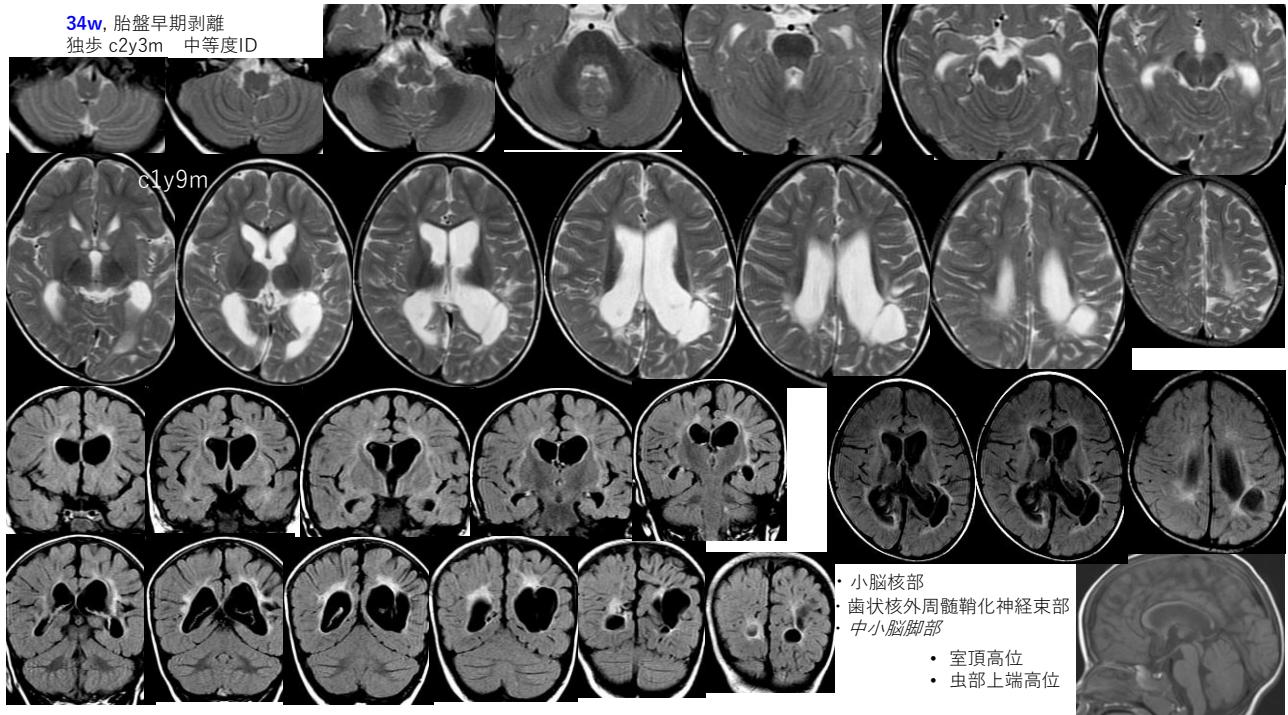
44

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

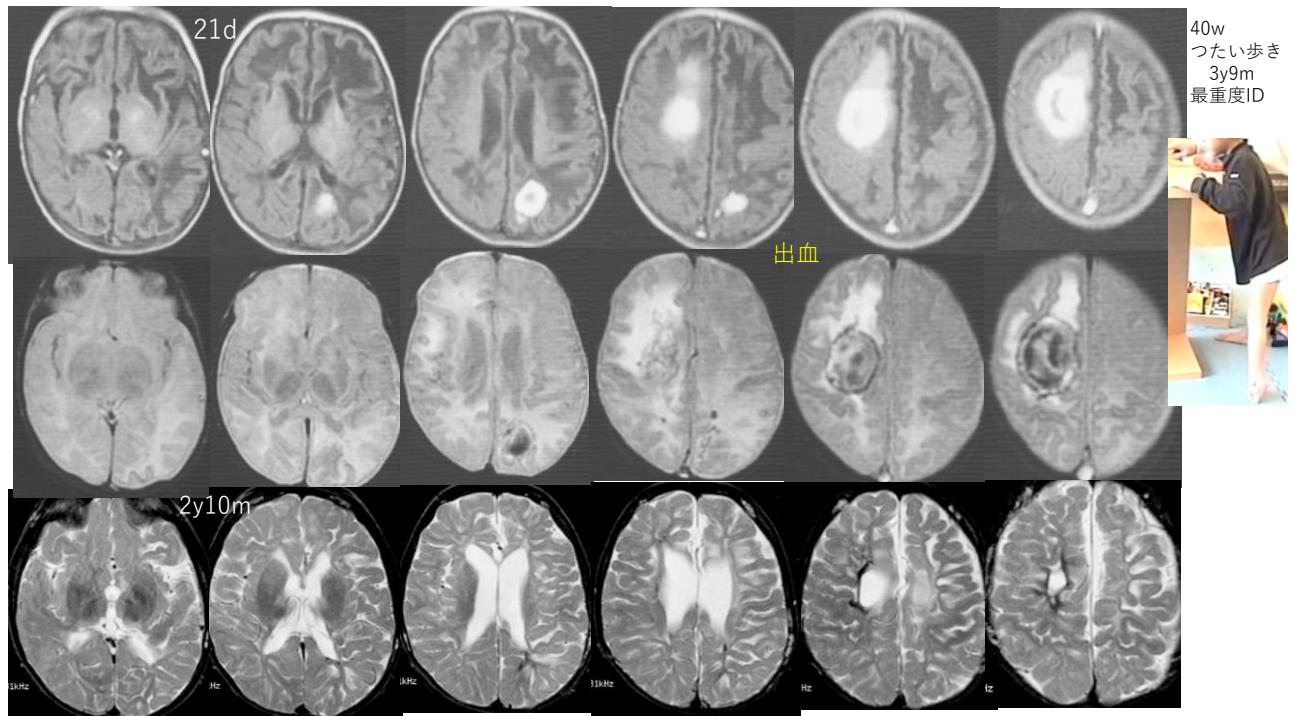


45

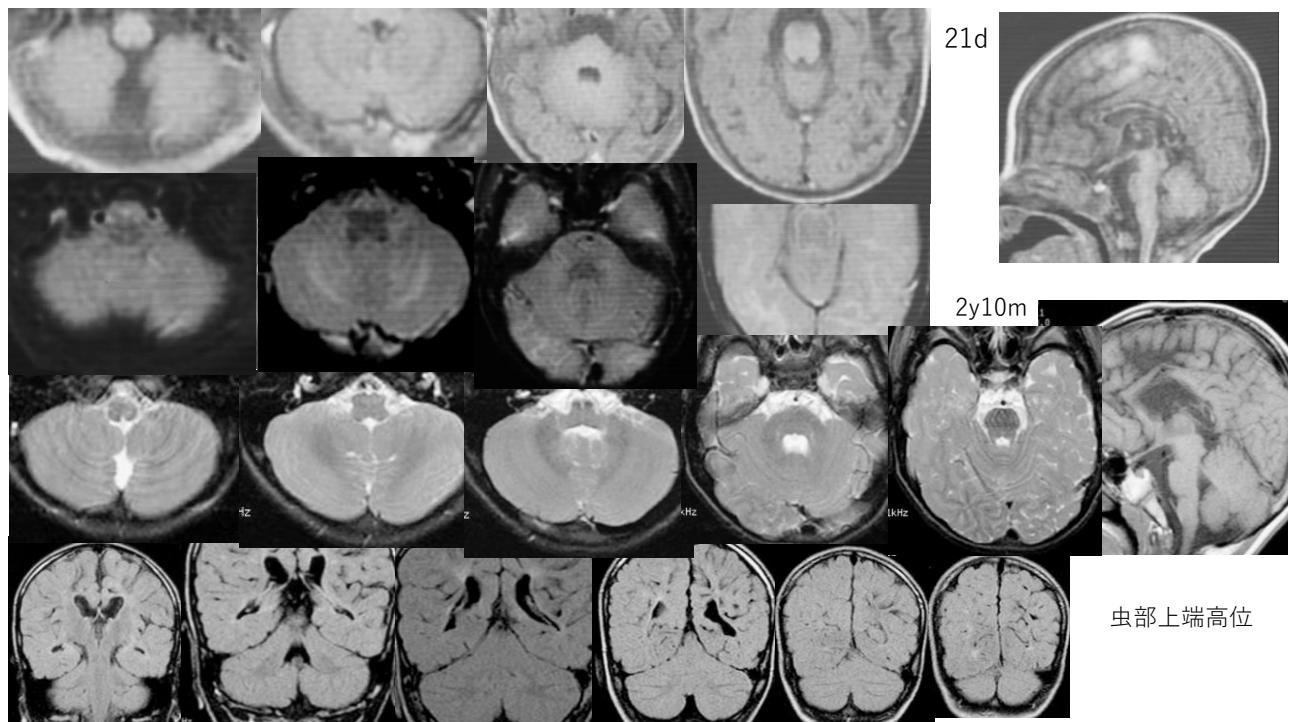
34w, 胎盤早期剥離
独歩 c2y3m 中等度ID



46

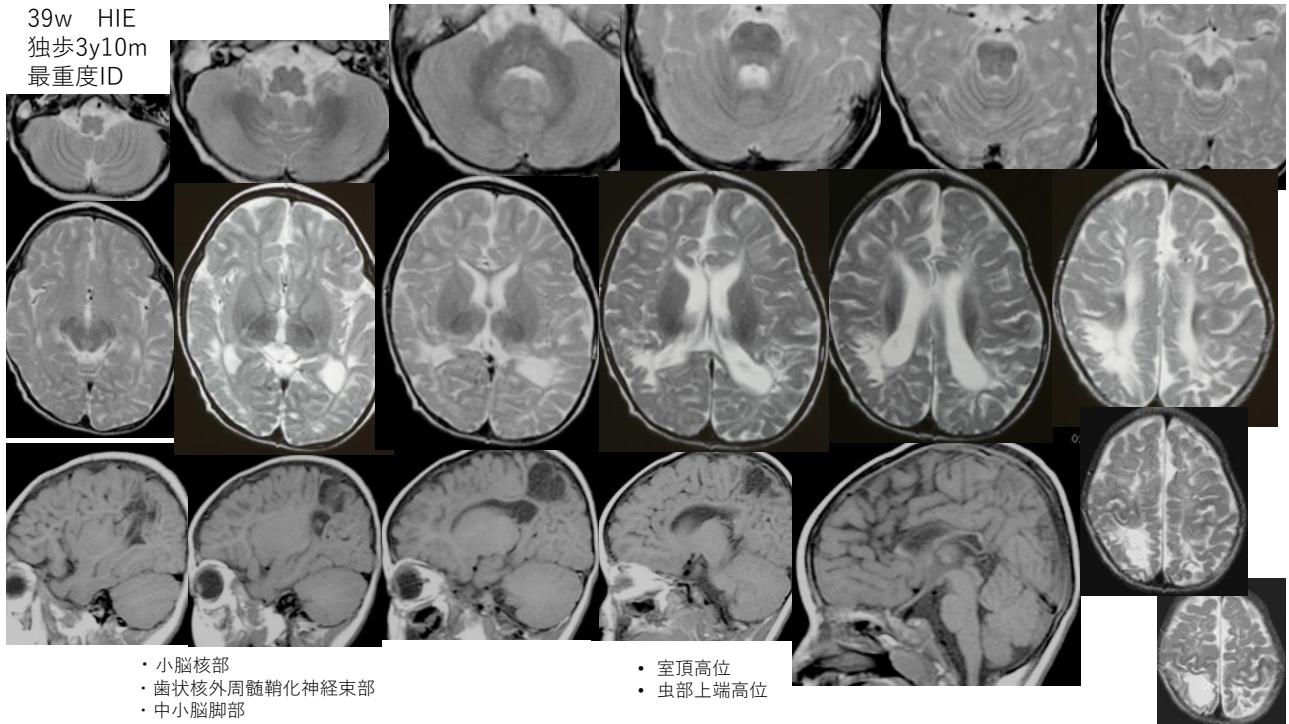


47

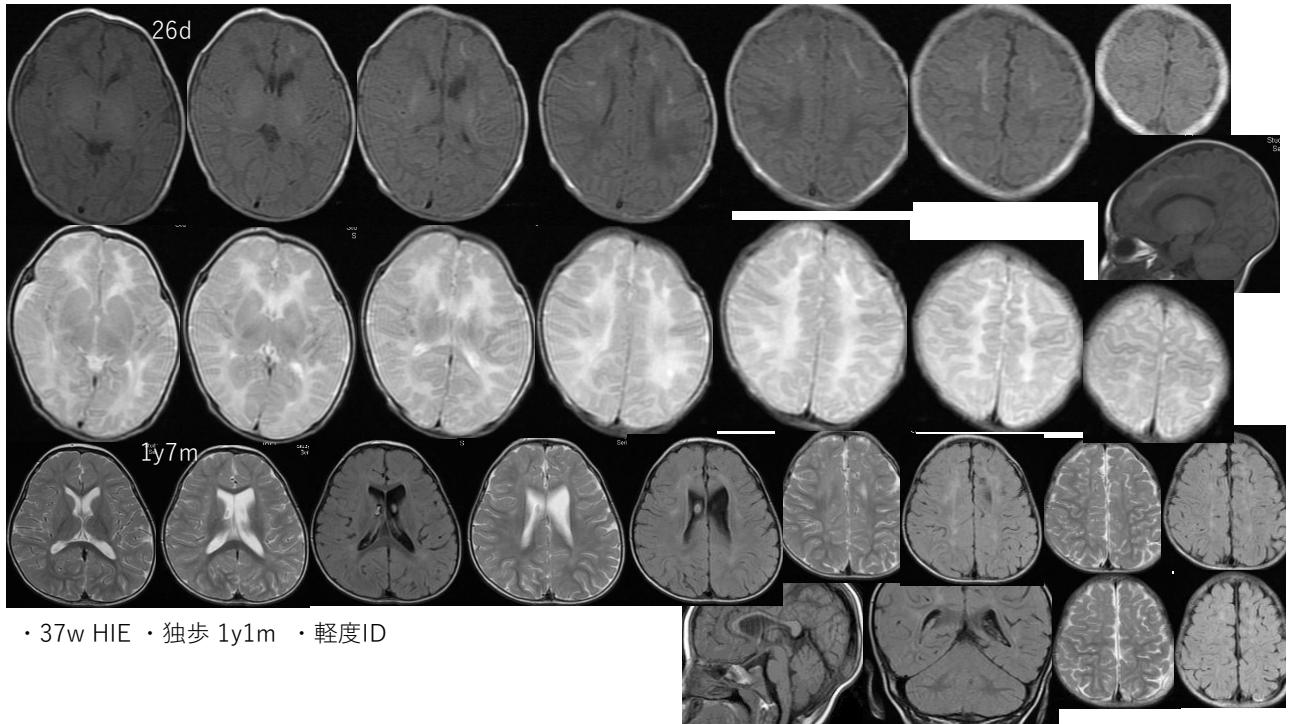


48

39w HIE
独歩3y10m
最重度ID

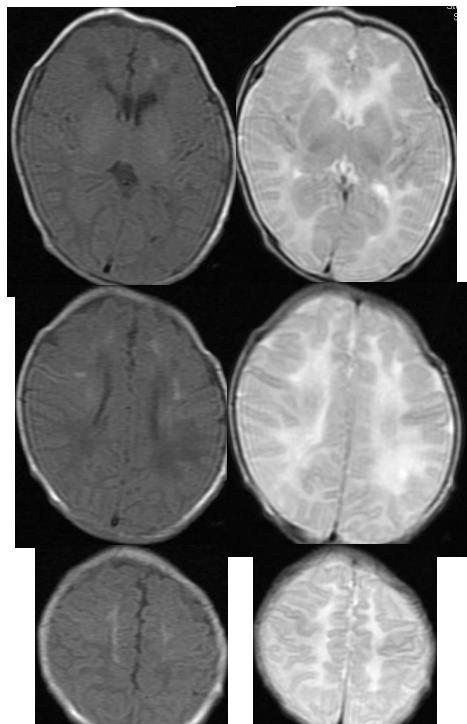


49

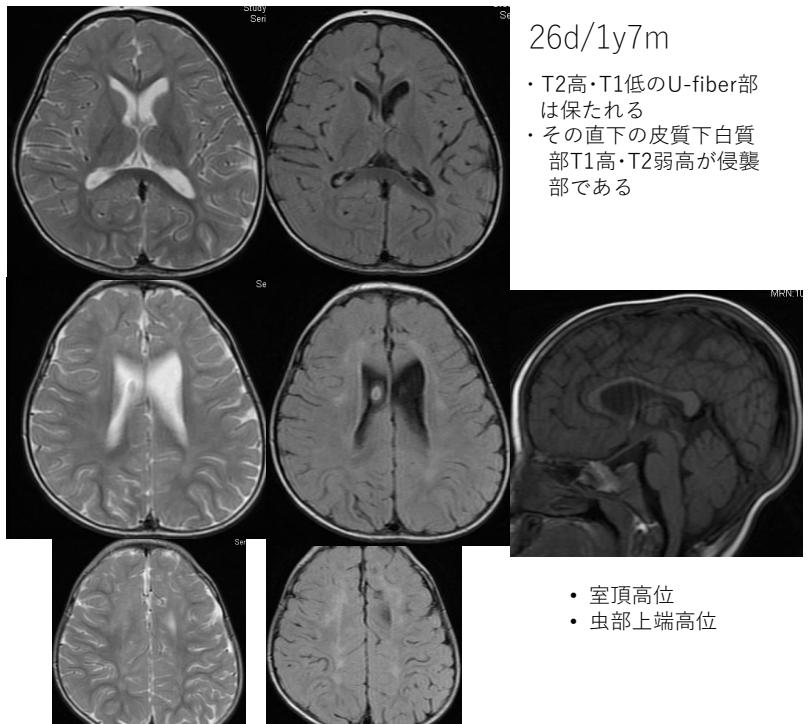


50

25

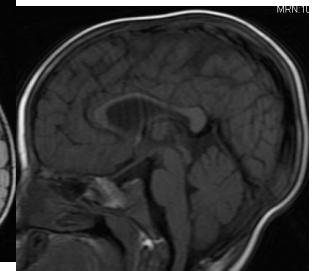


51



26d/1y7m

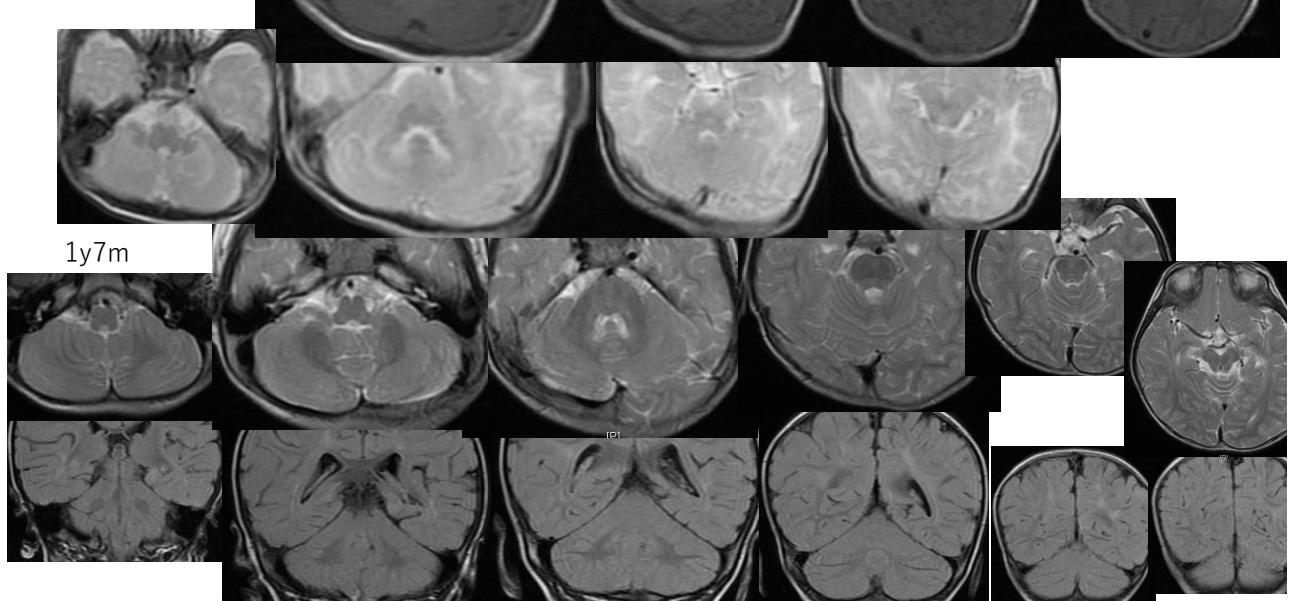
- T2高・T1低のU-fiber部は保たれる
- その直下の皮質下白質部T1高・T2弱高が侵襲部である



- 室頂高位
- 虫部上端高位

26d

小脳
左の方が悪い

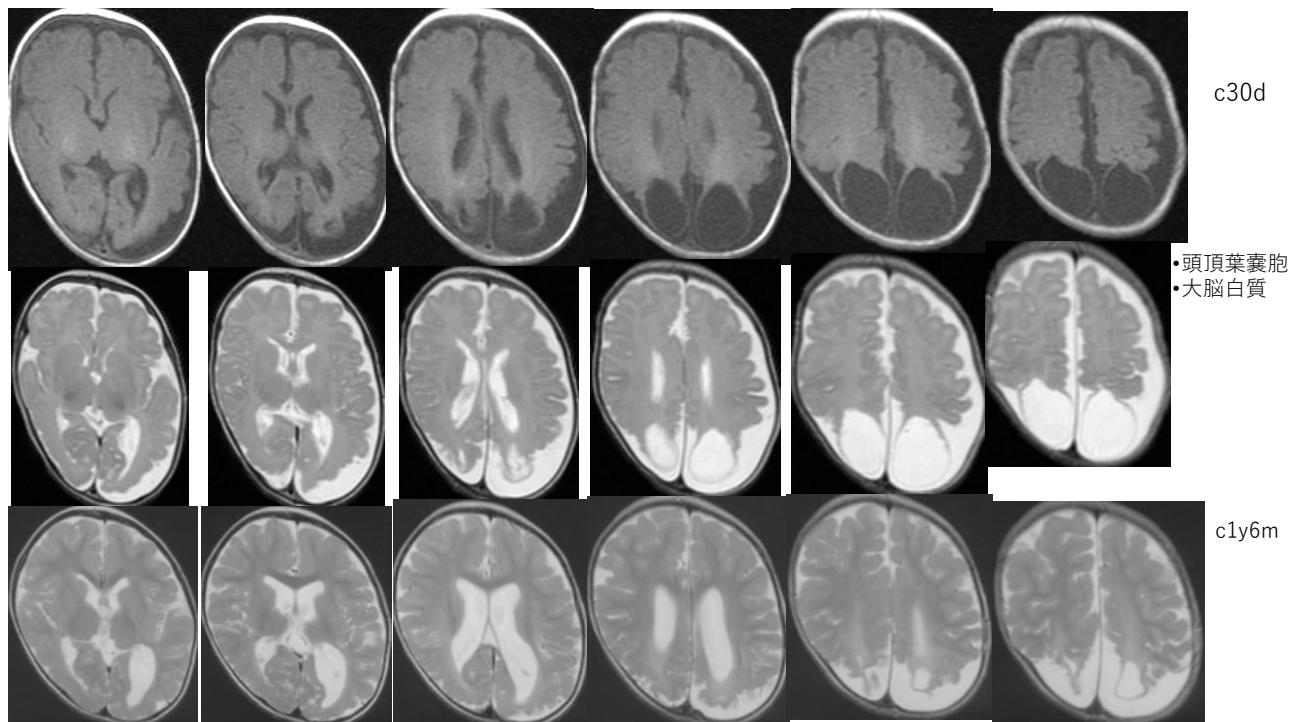


52

26

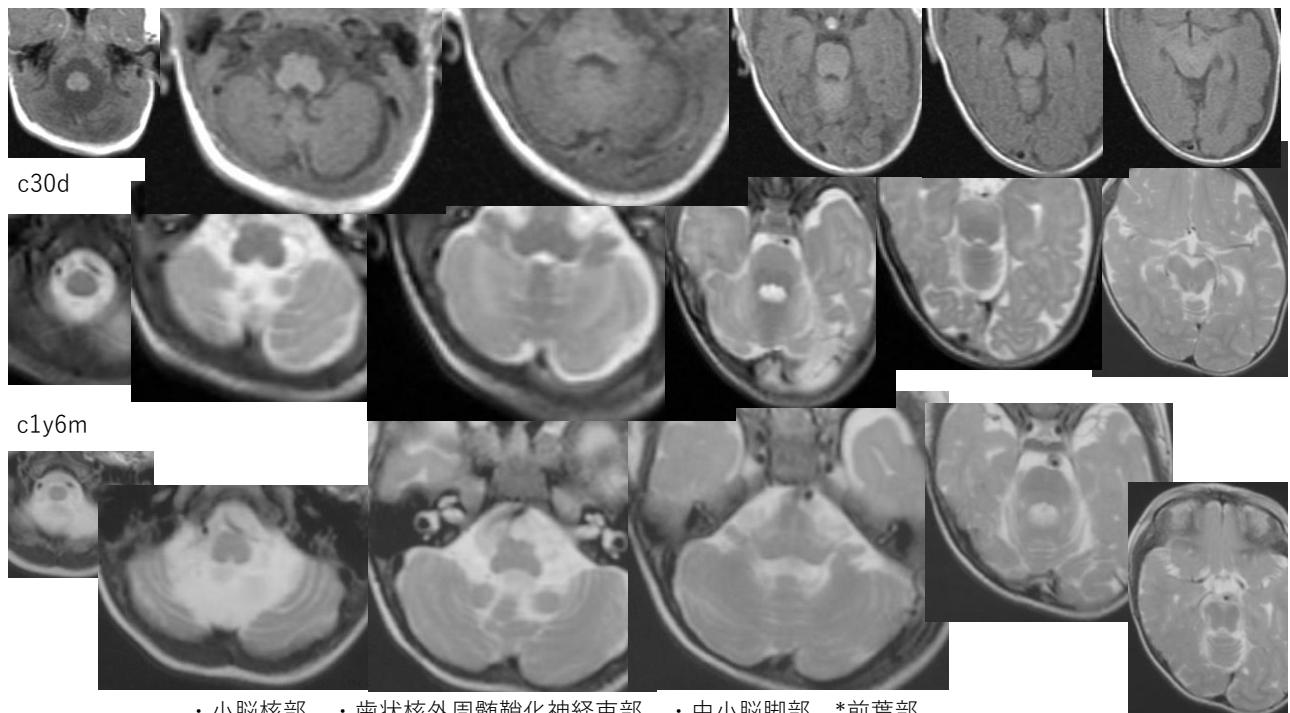


53

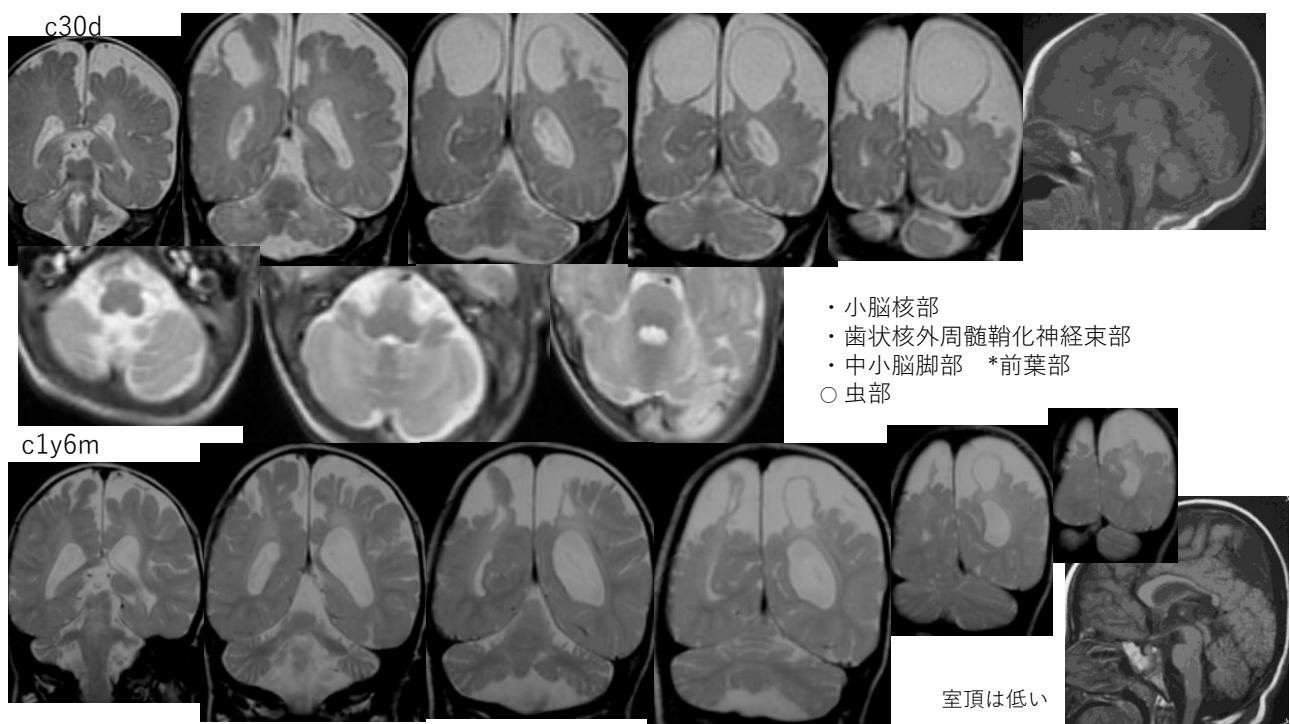


54

27



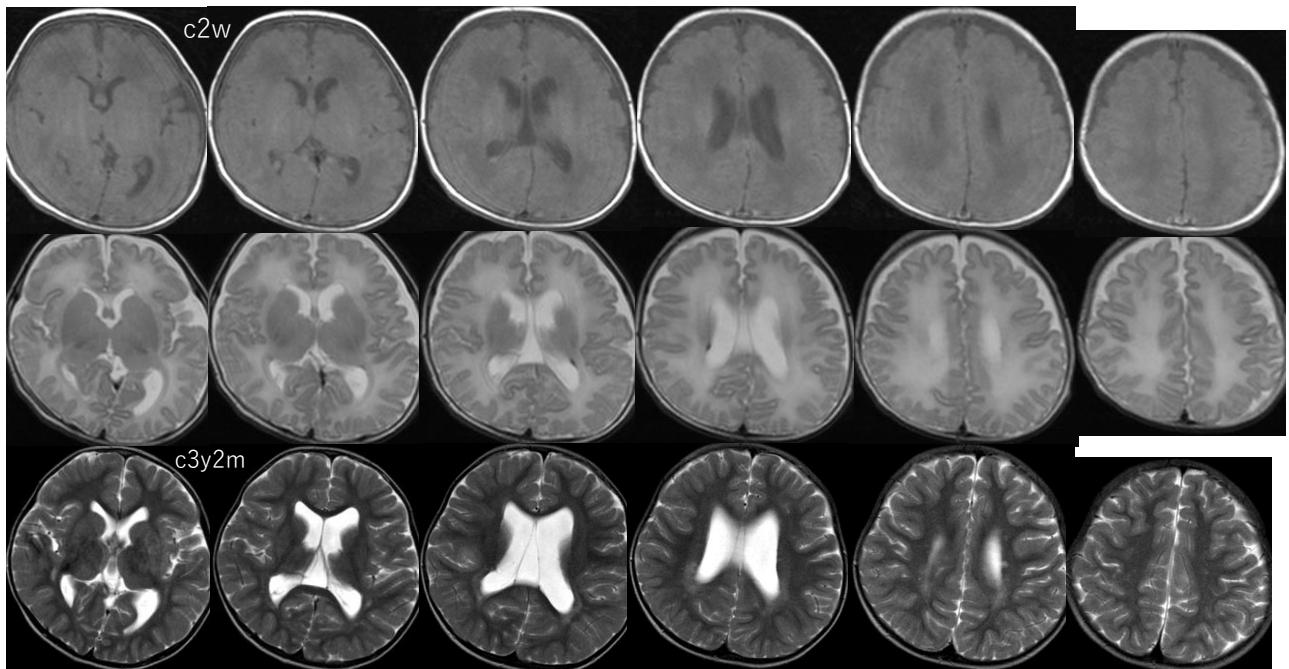
55



56



57

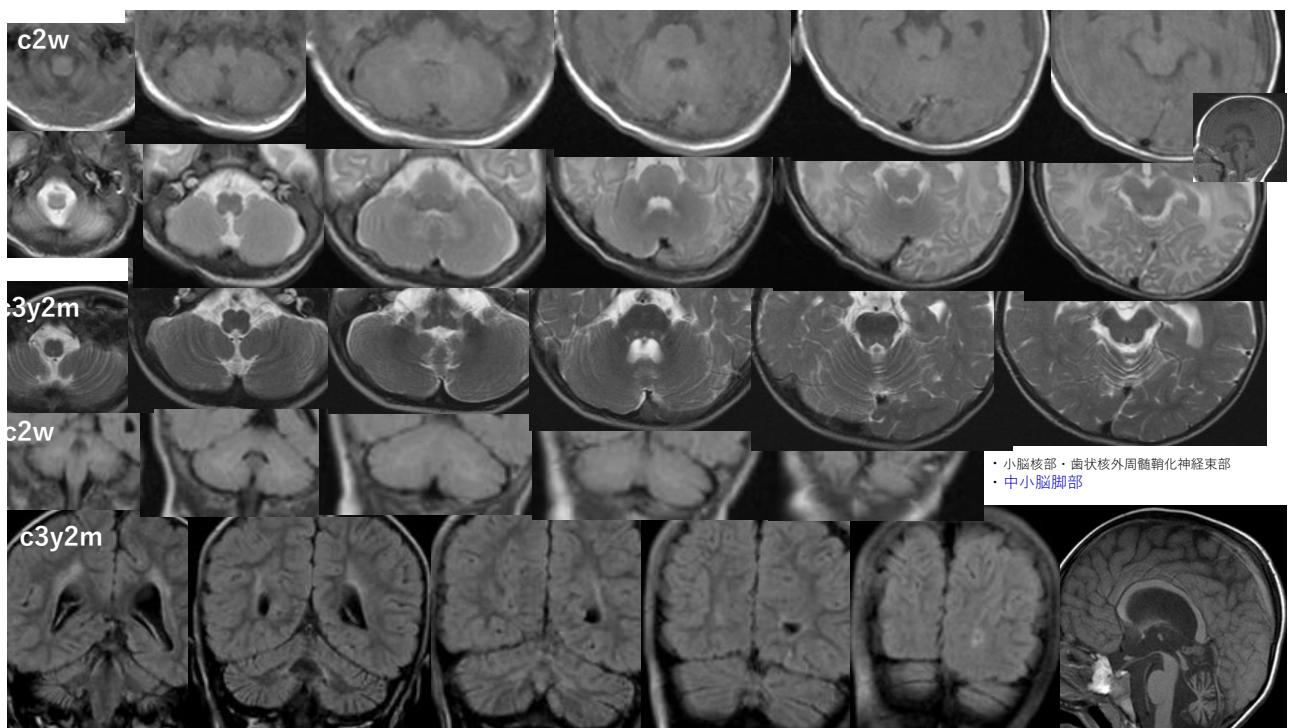


大脑白質病変

・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

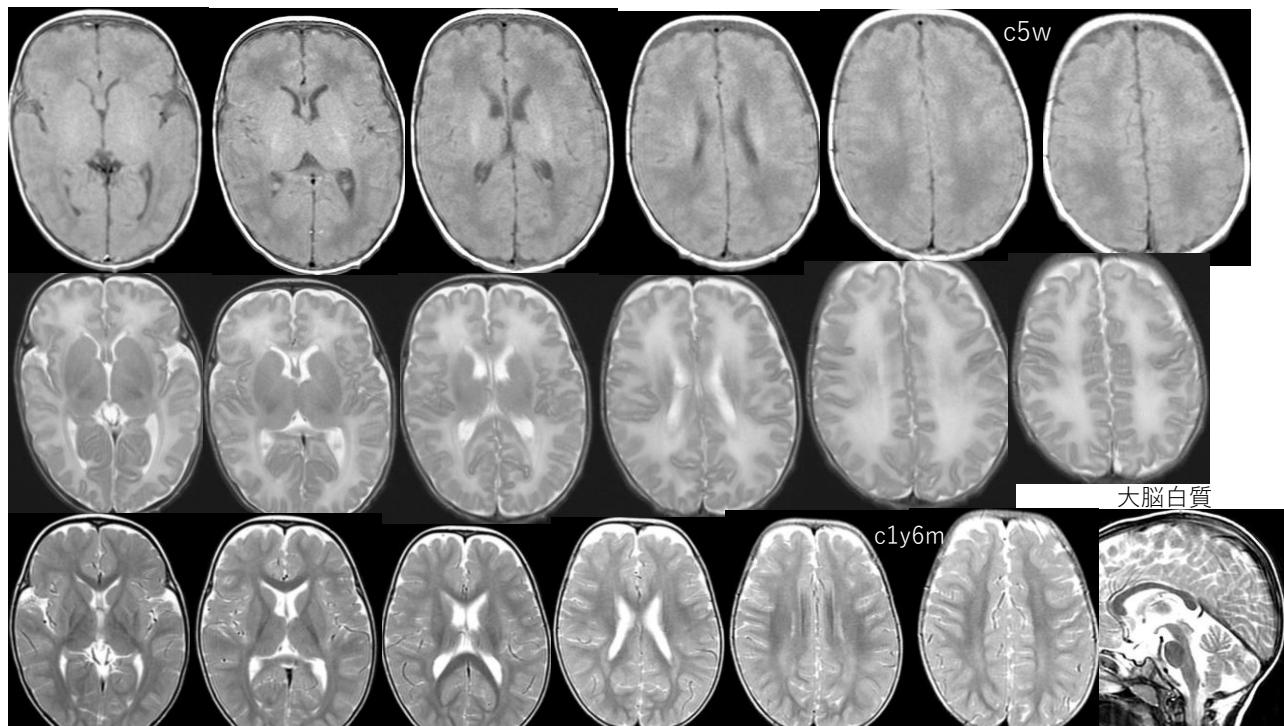
29



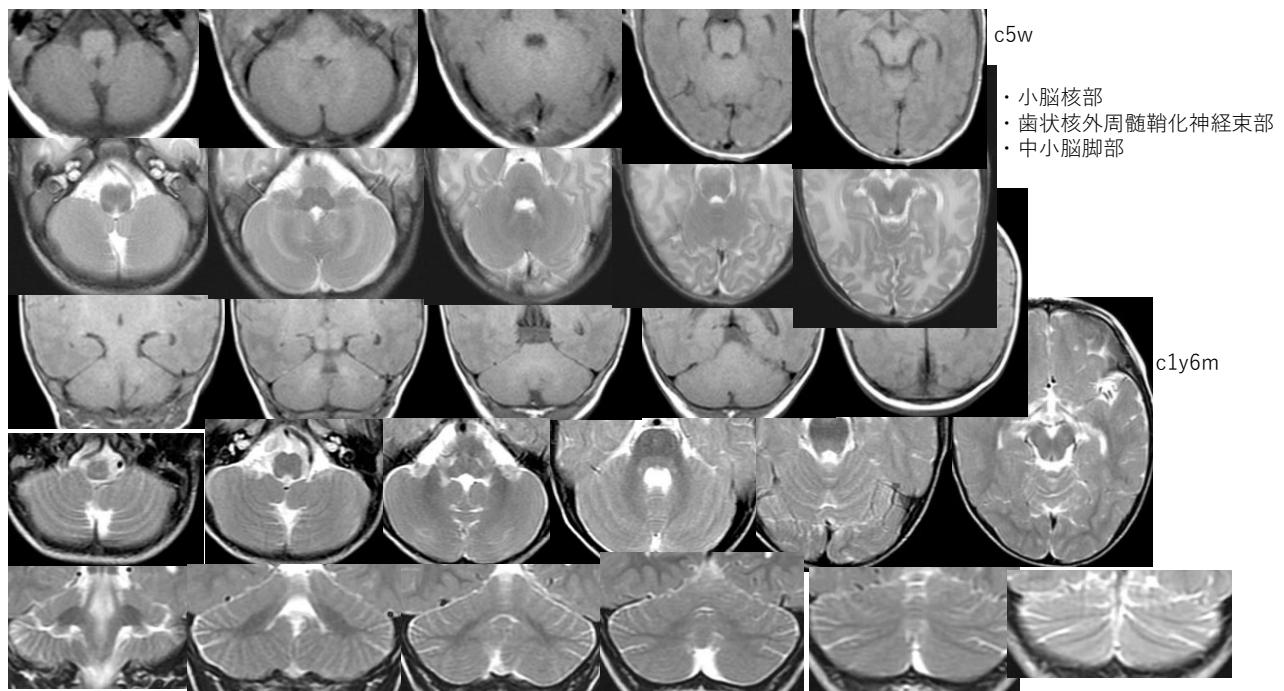
59



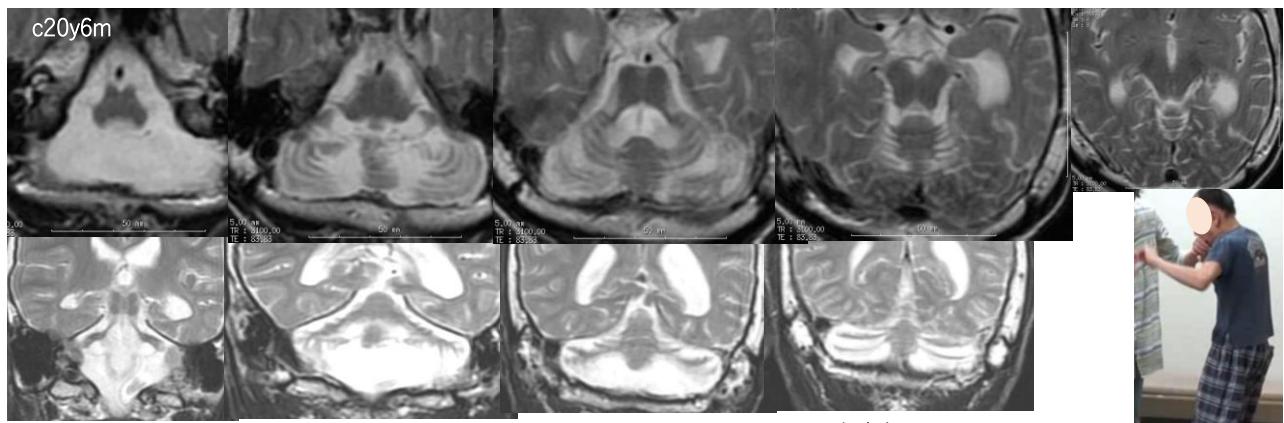
60



61

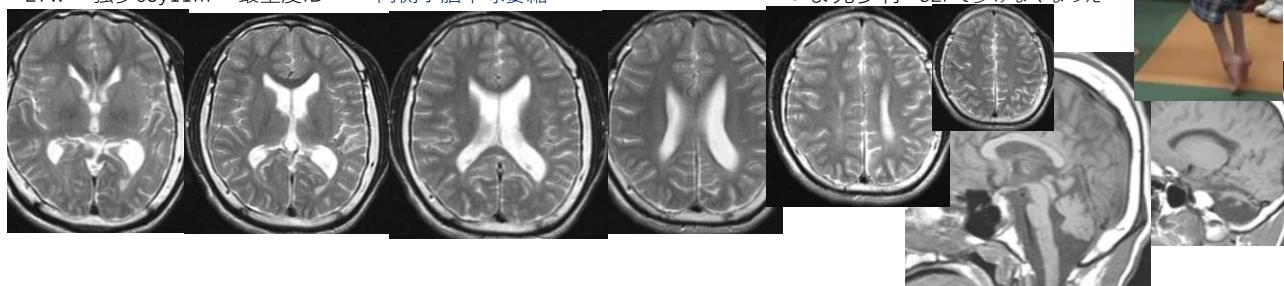


62



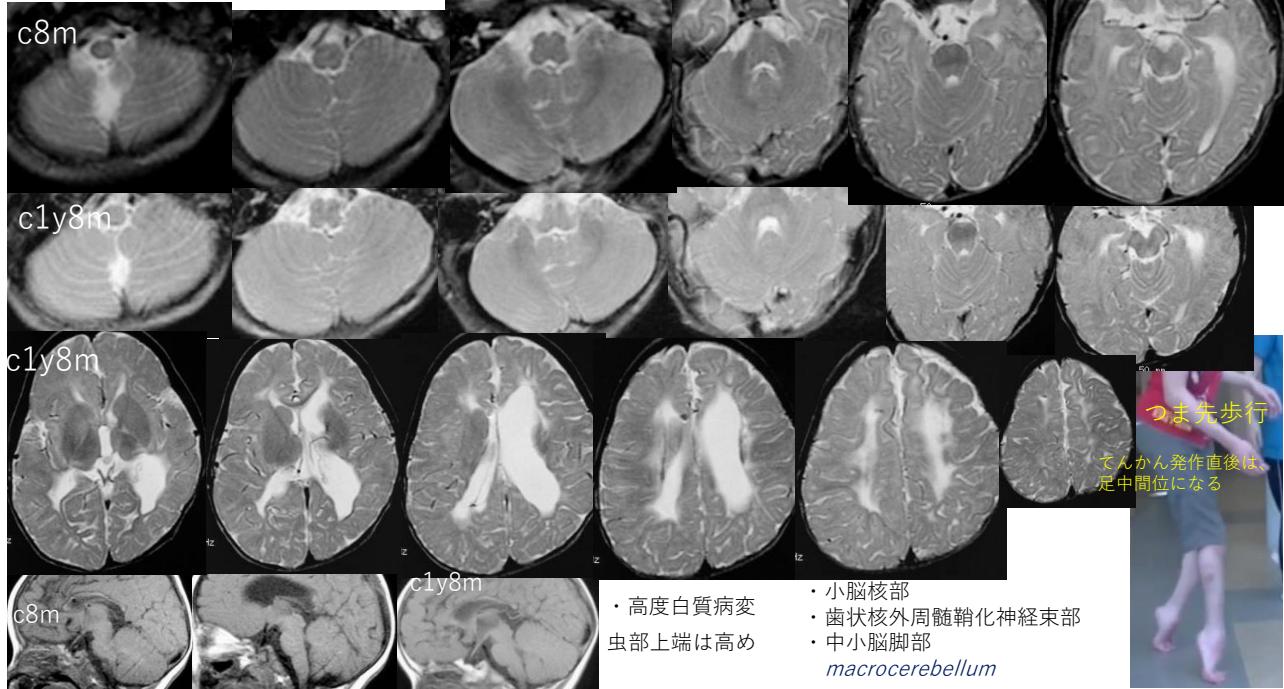
・27w・独歩c3y11m・最重度ID 両側小脳半球萎縮

つま先歩行 C2Pで歩けなくなった



63

・33w、出血後水頭症(VPシャント)・独歩3y1m・最重度ID・折れ線型自閉症



64

32