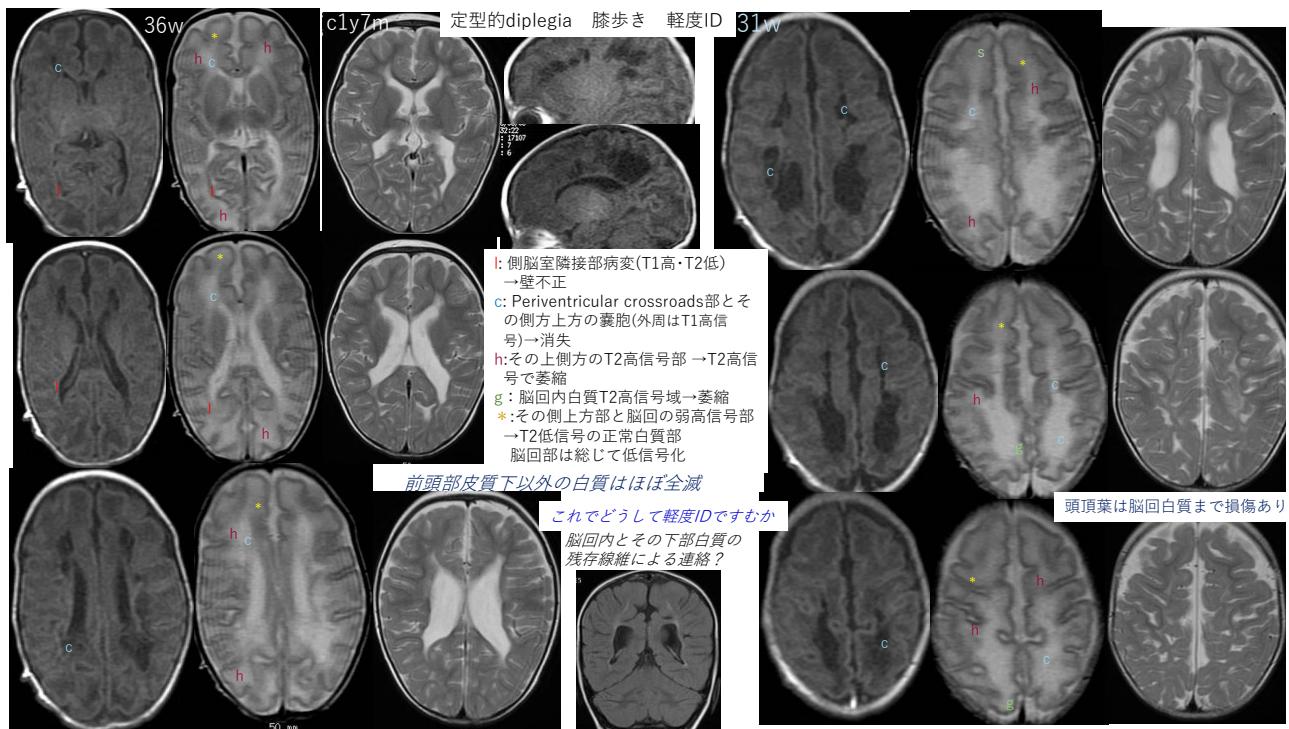


早産白質障害

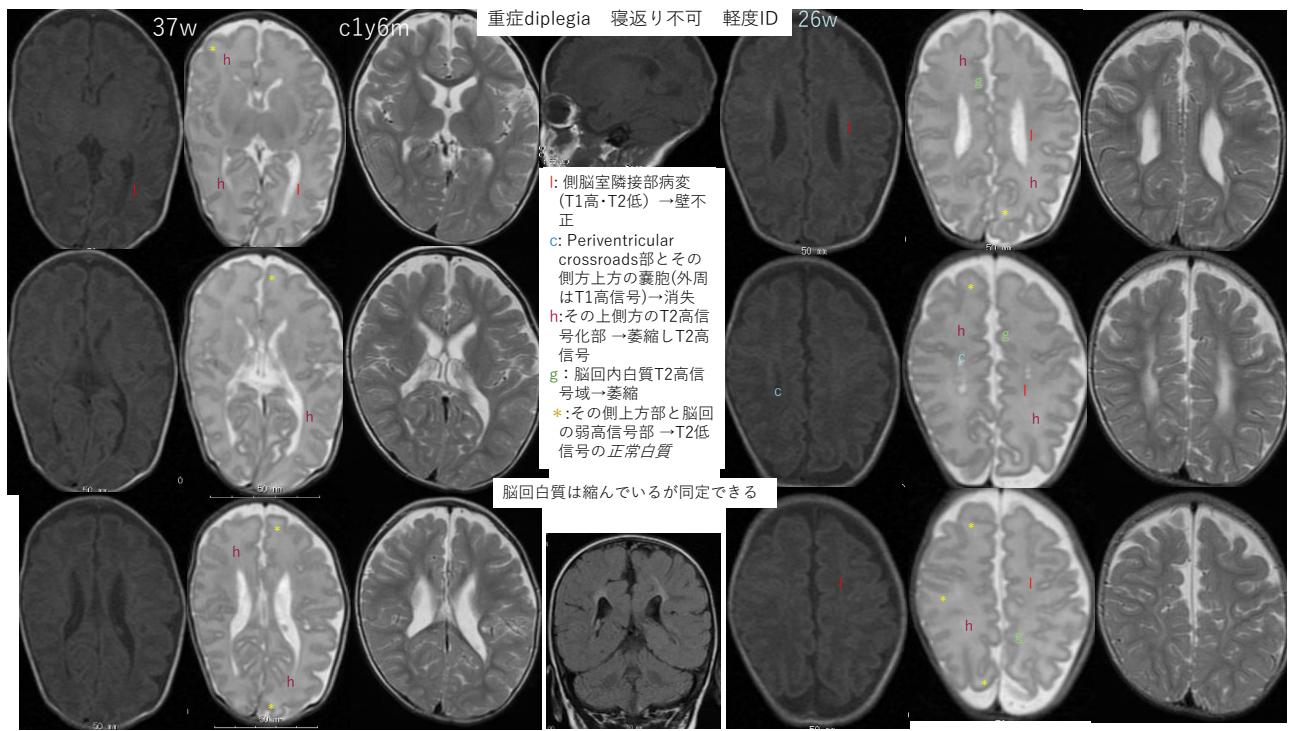
横地健治



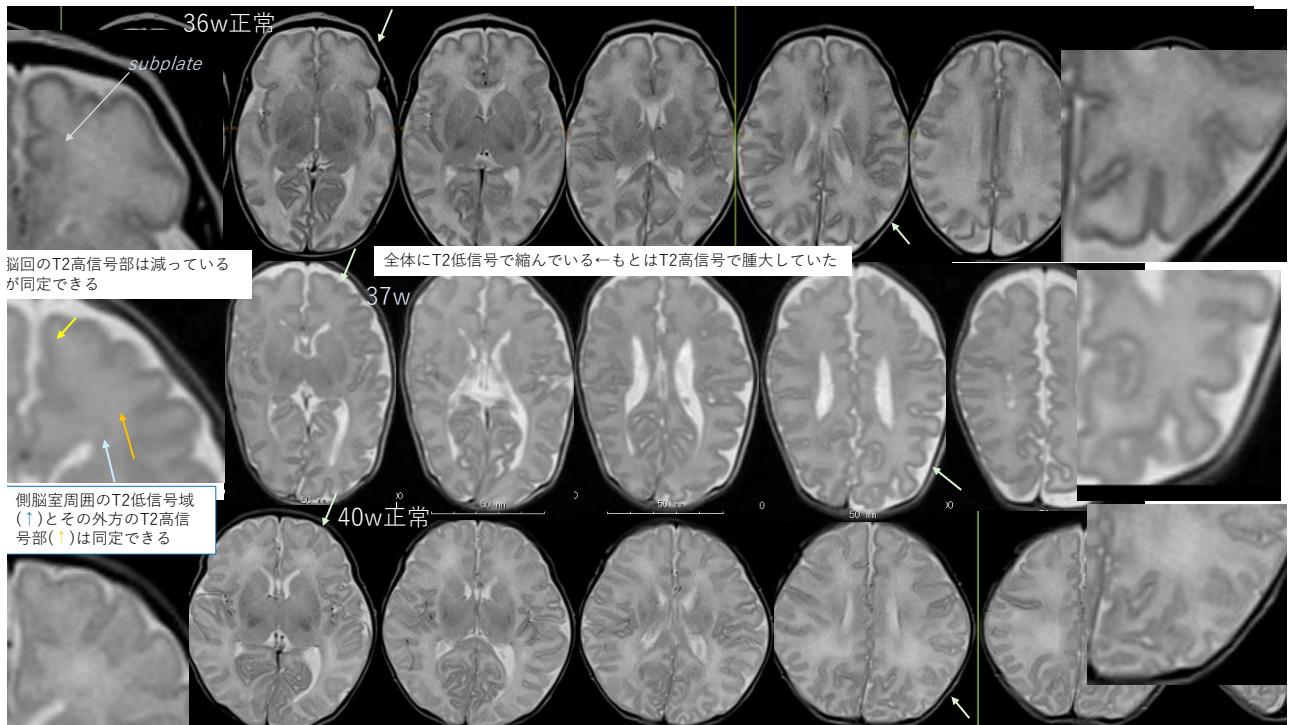
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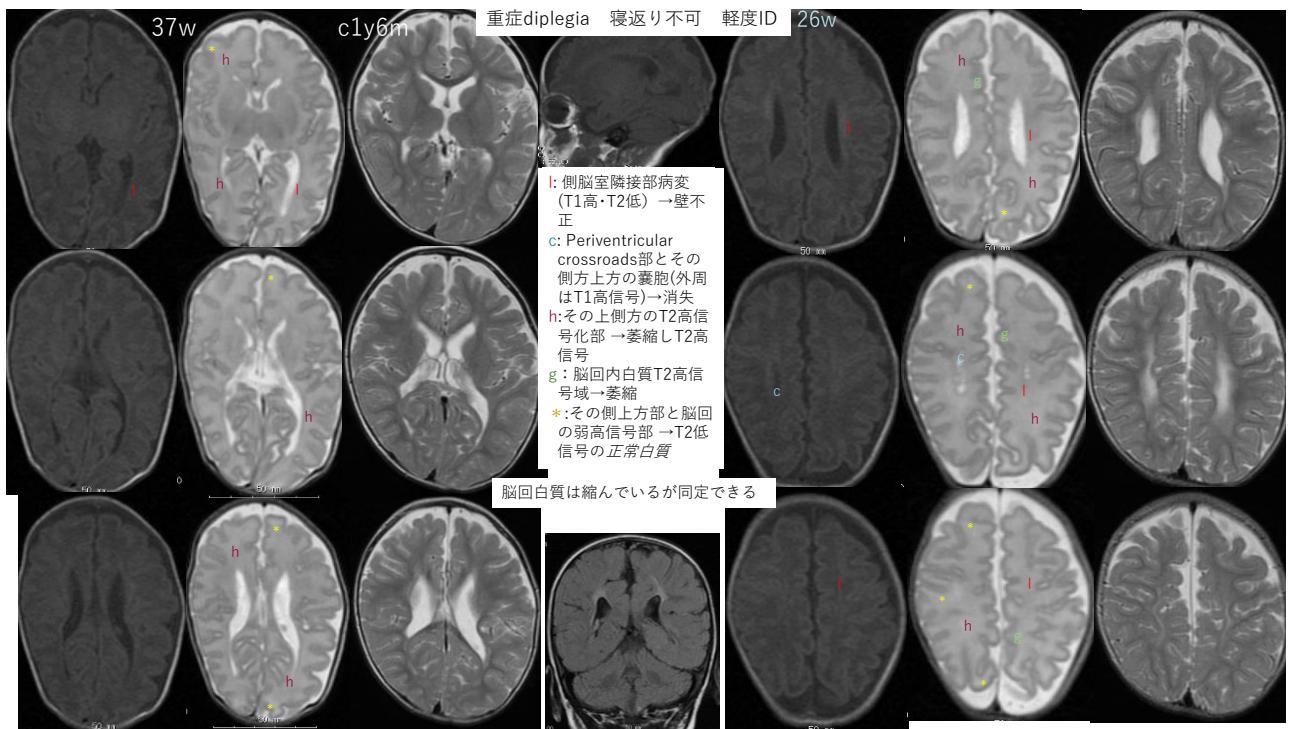
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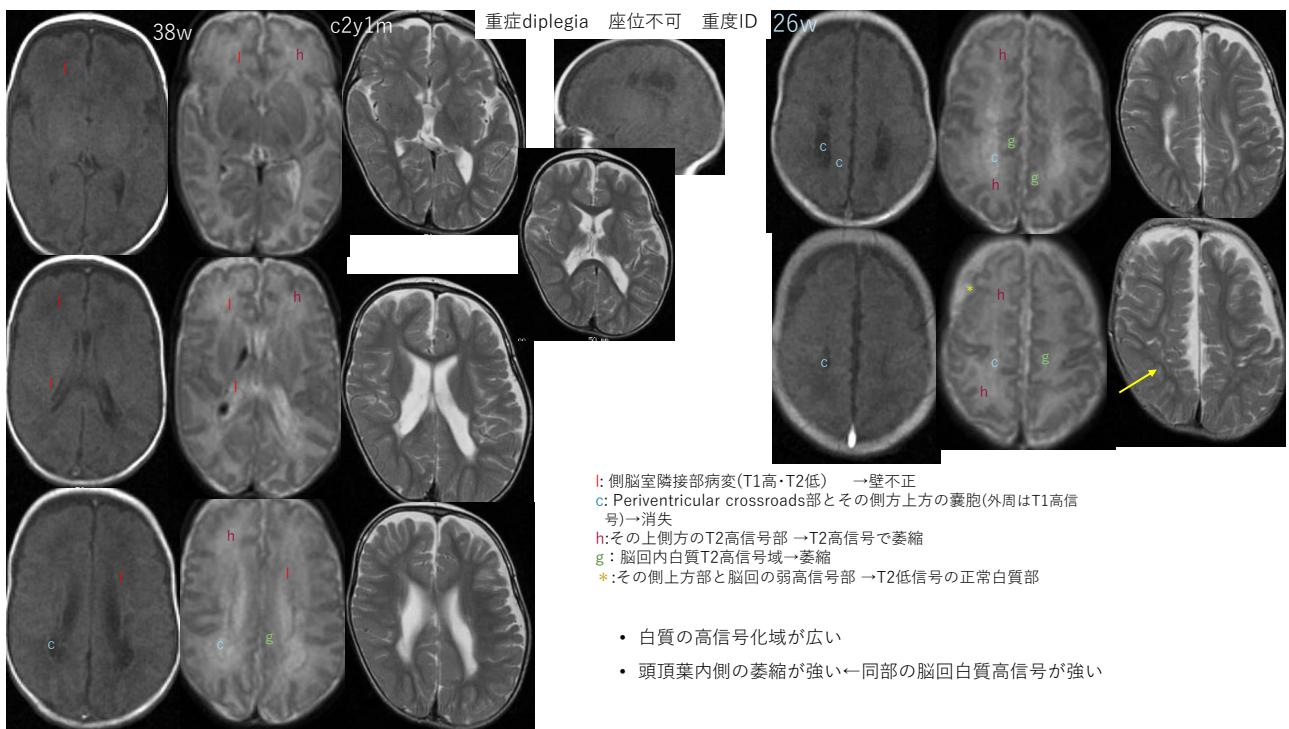
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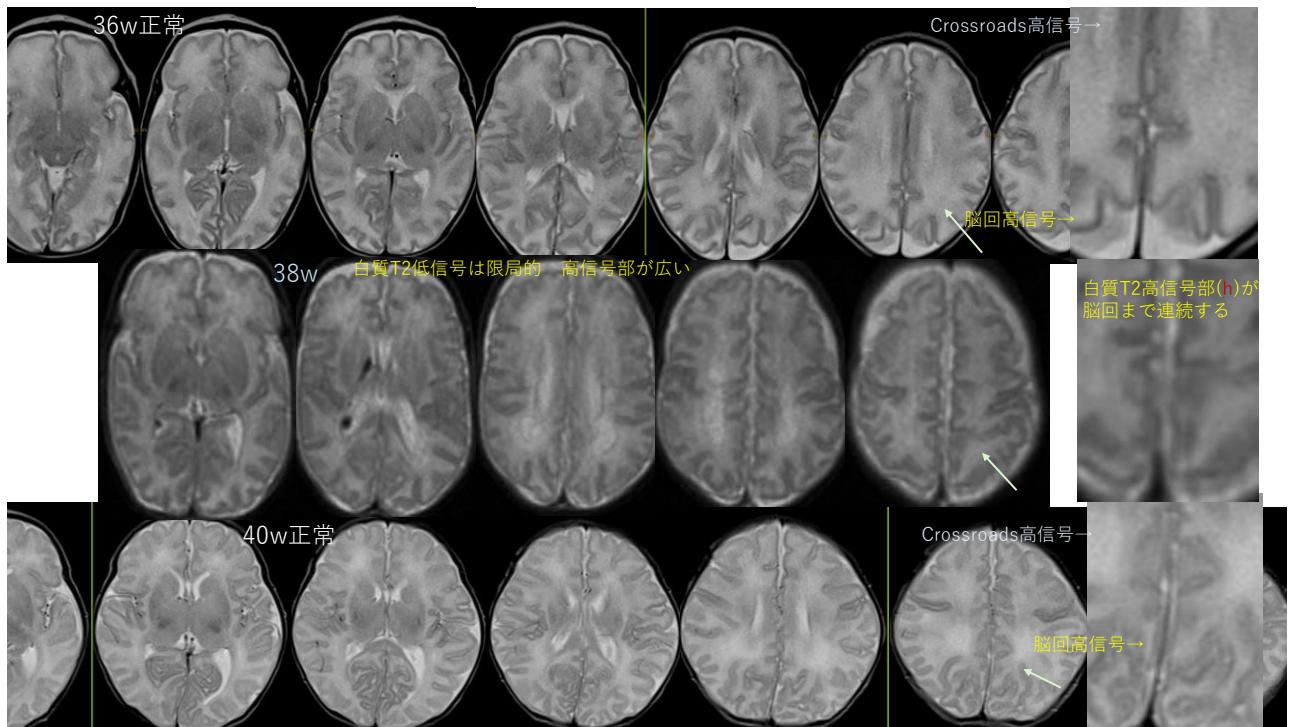
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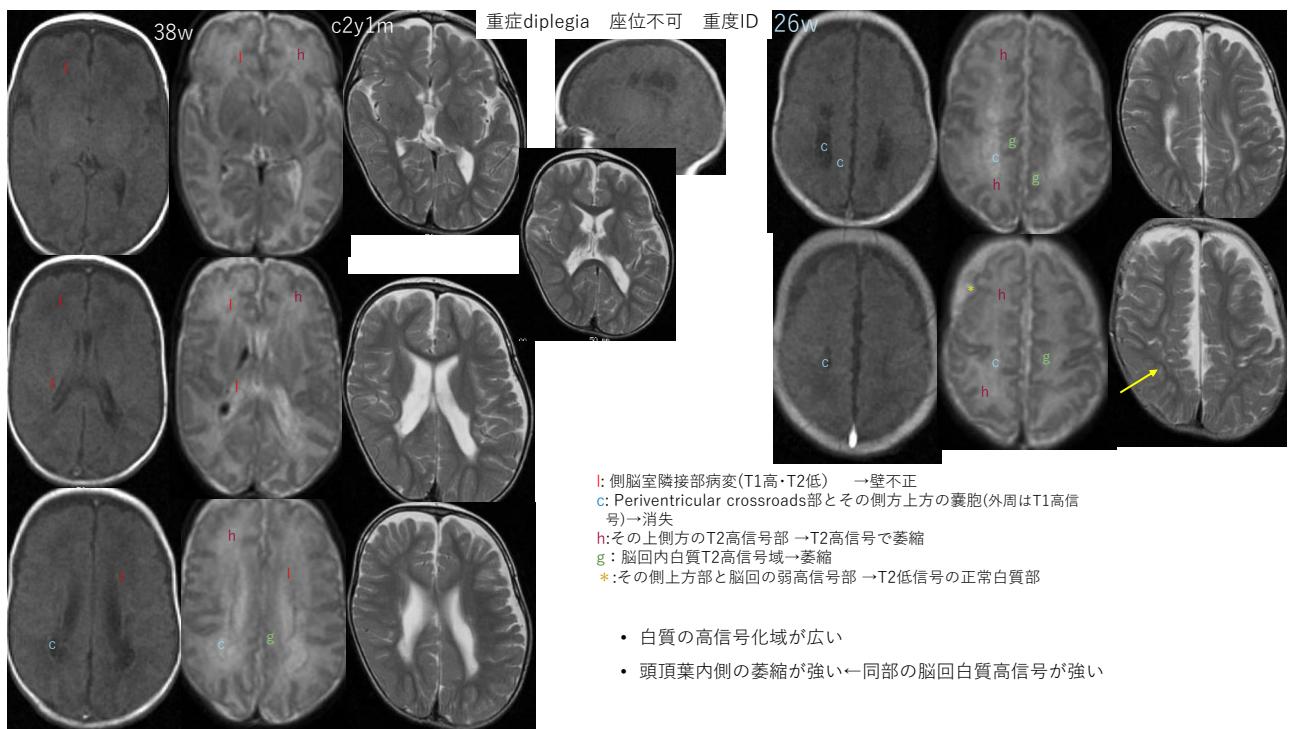
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6

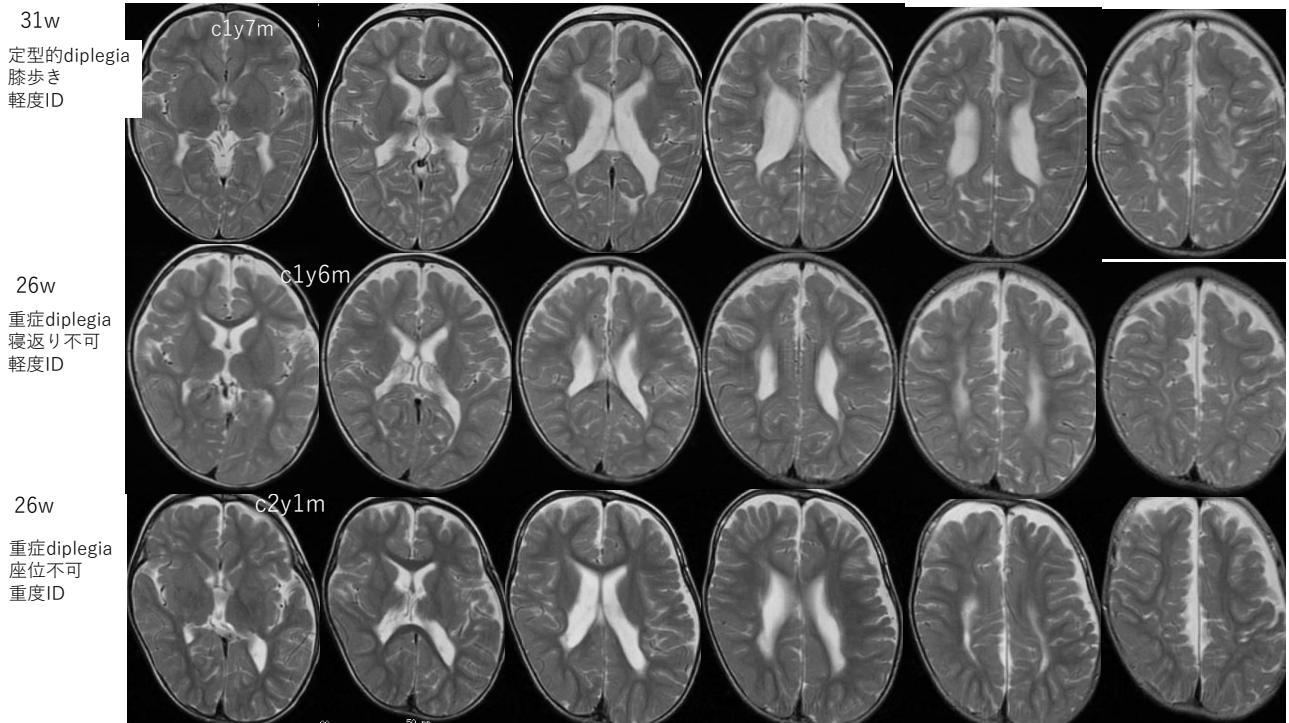


7

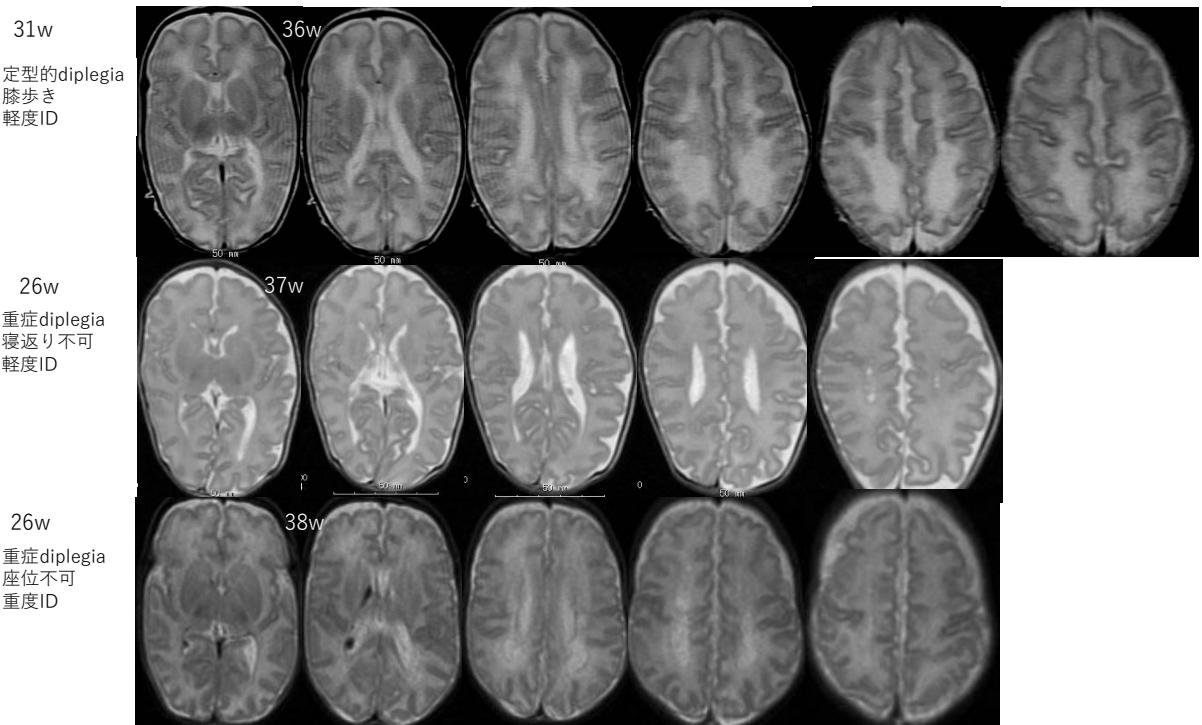


8

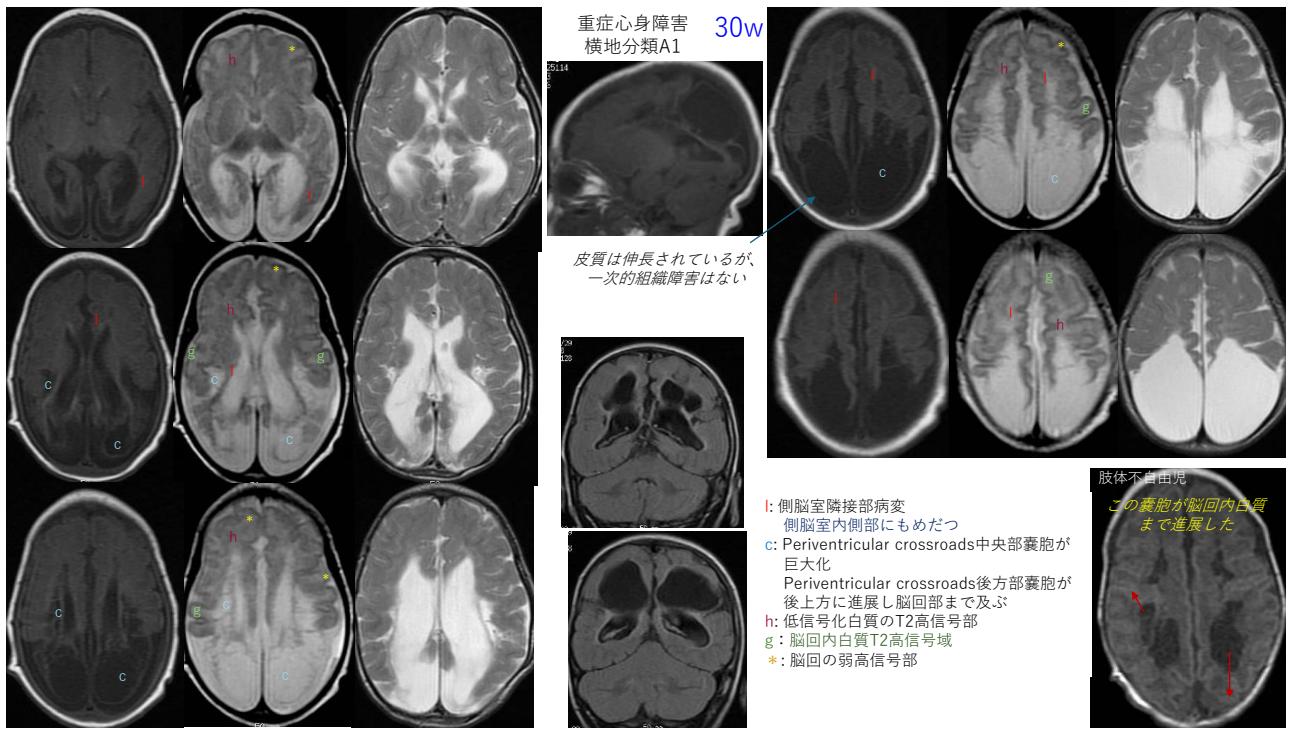
- 白質の高信号化域が広い
- 頭頂葉内側の萎縮が強い←同部の脳回白質高信号が強い



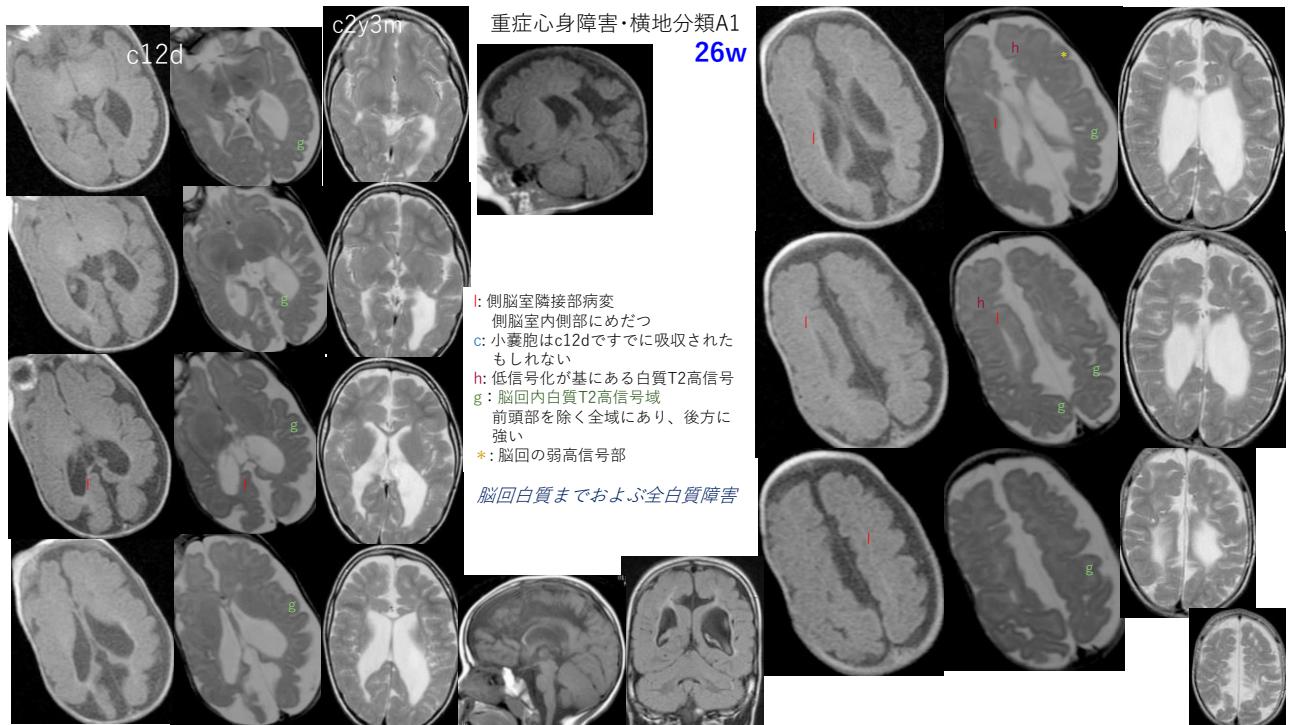
9



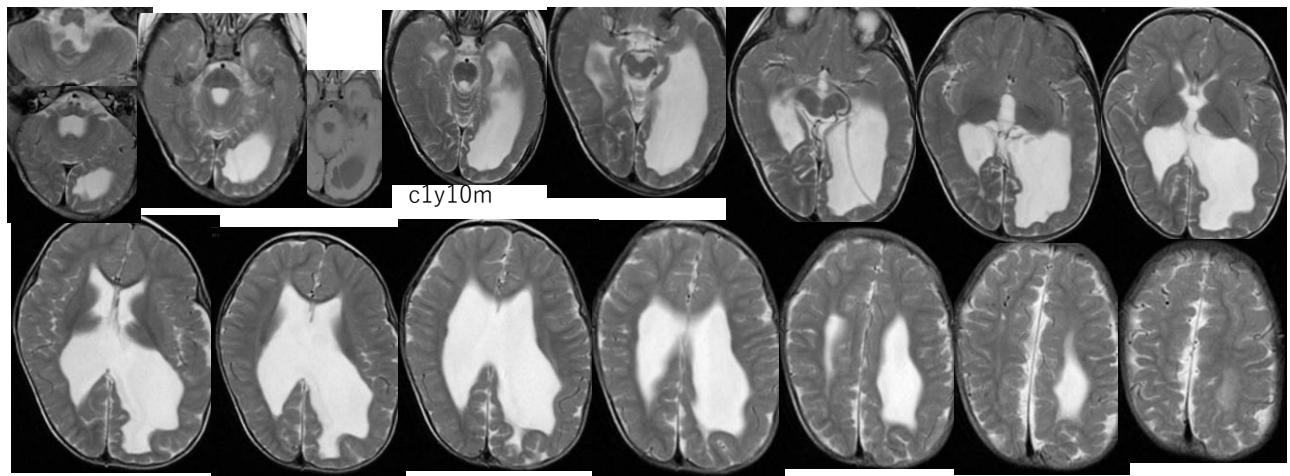
10



11

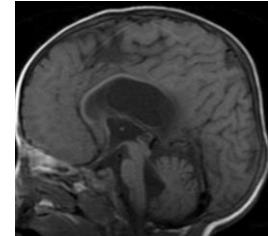


12

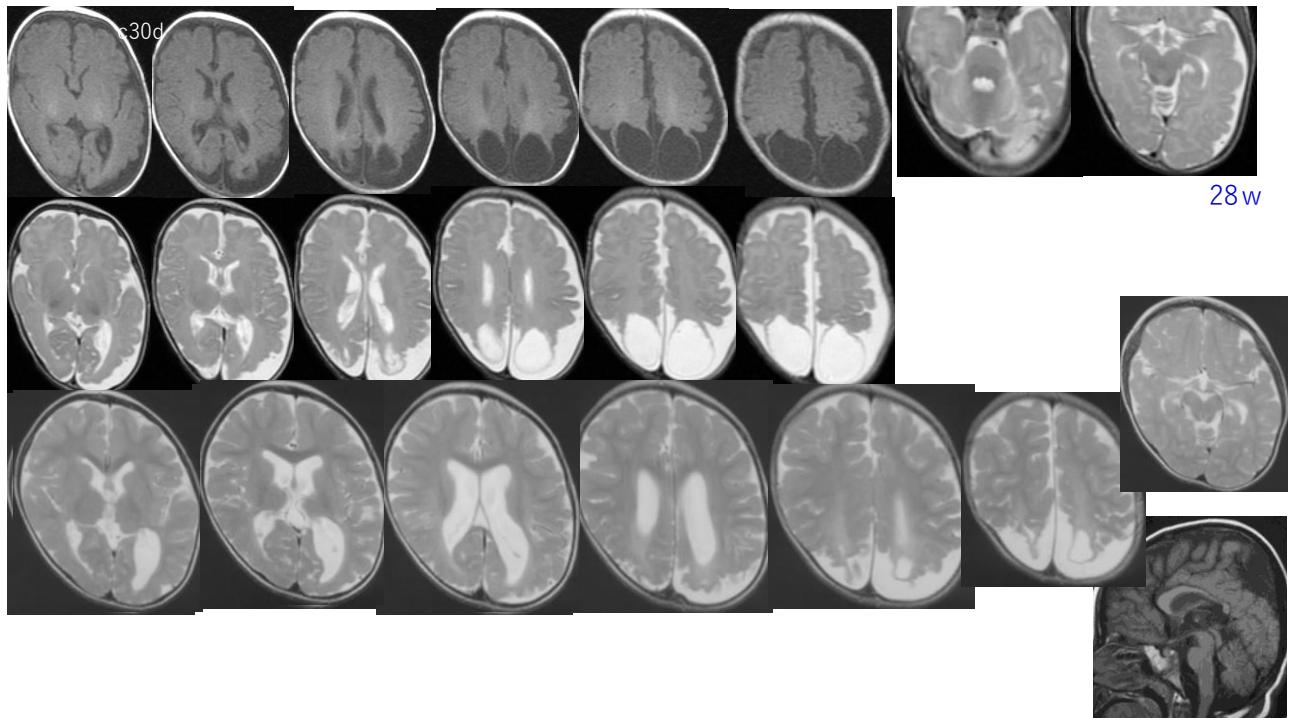


- ・在胎26w・胎児仮死で緊急帝切・出血後水頭症でshunt術施行
- ・独歩c3y7m 足底屈が強い・軽度知的障害

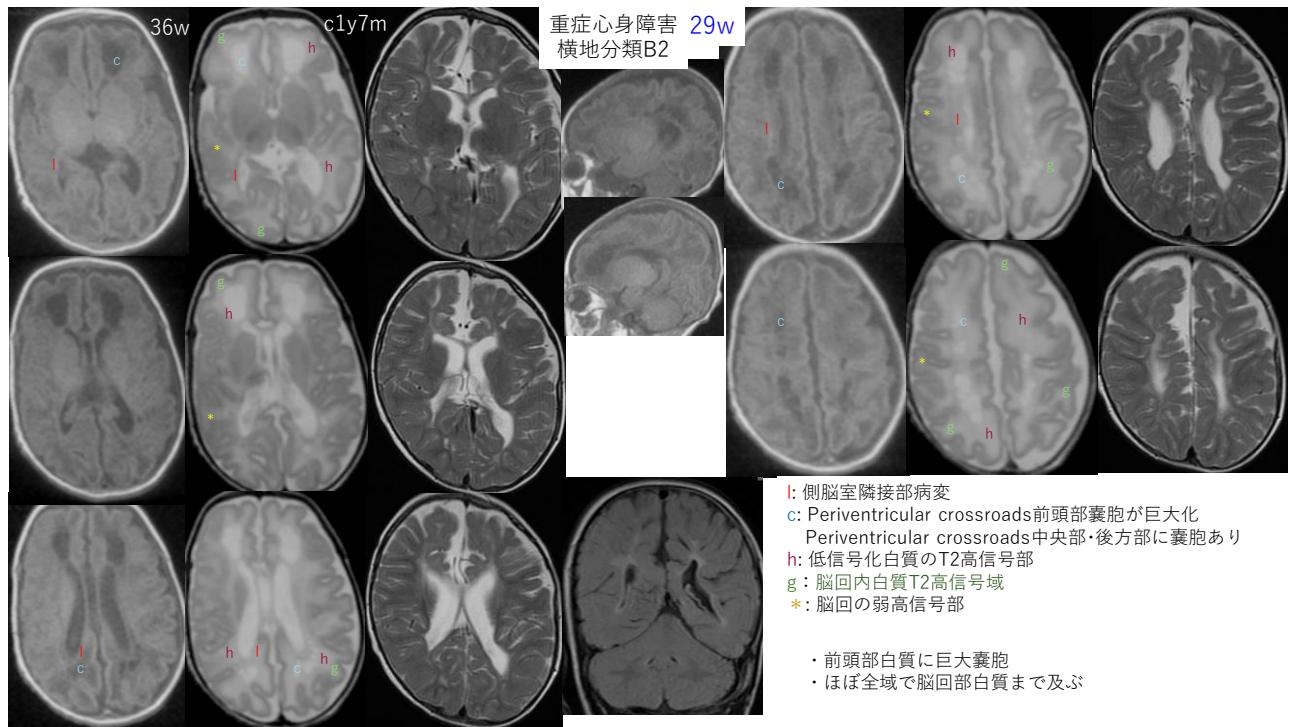
後方脳は脳回白質まで侵されていが、歩く軽度IDである



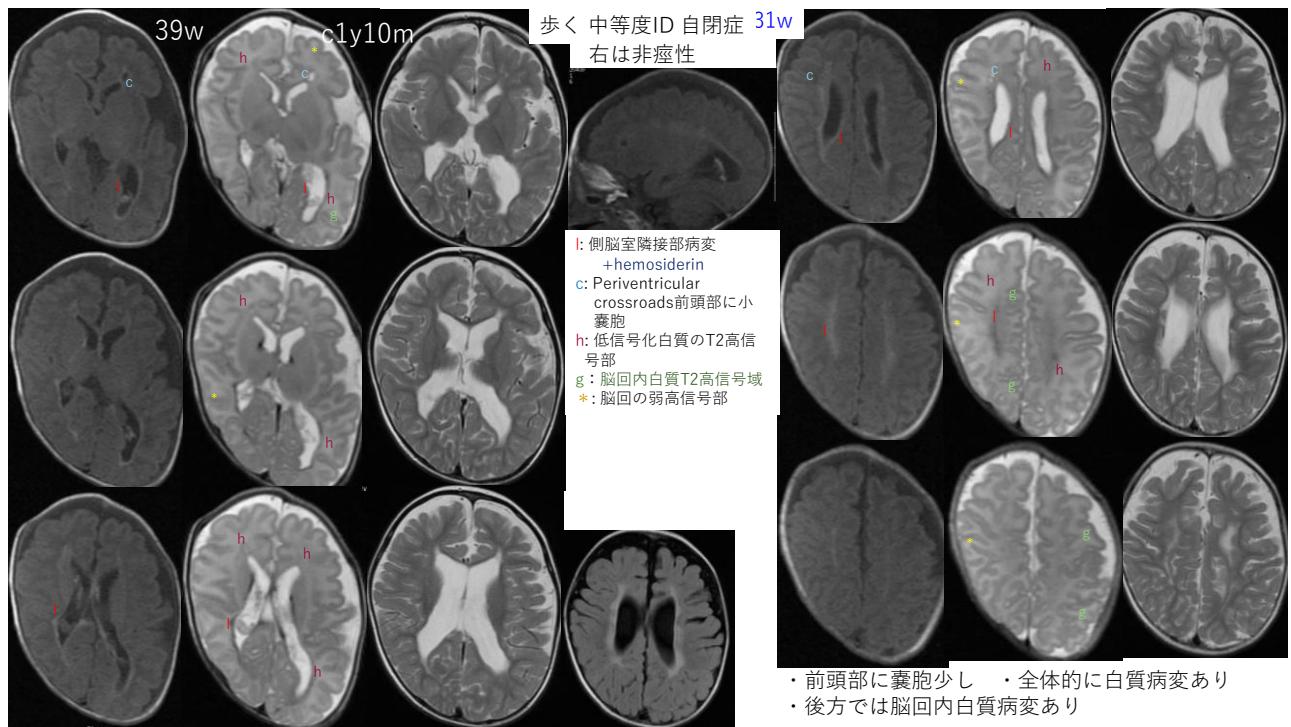
13



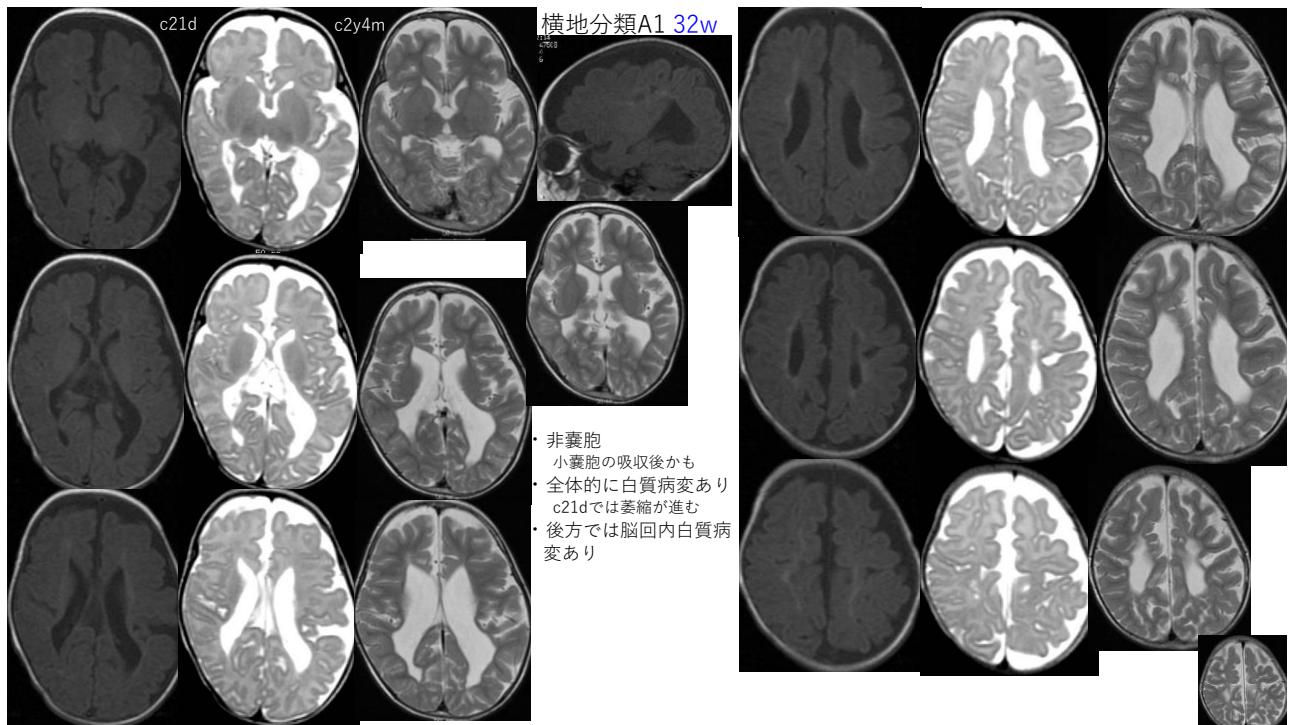
14



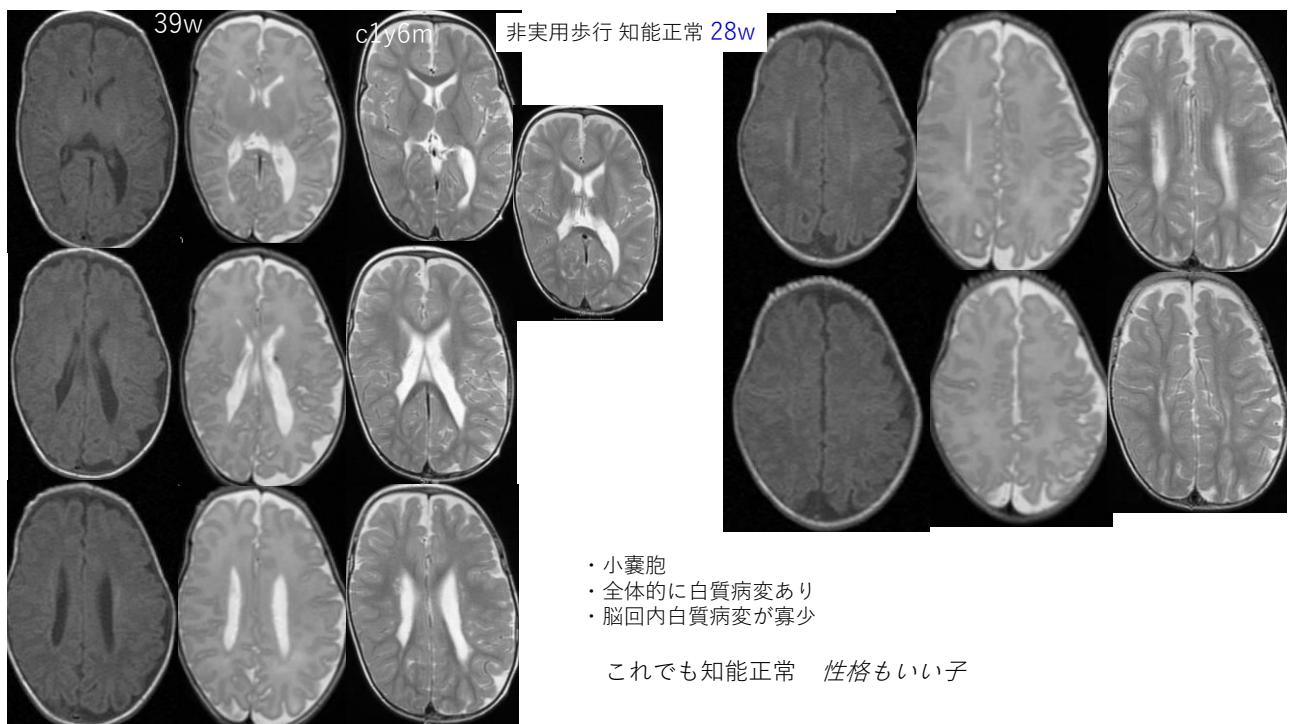
15



16



17



18

早産白質障害

以下のように区分される

I: 側脳室隣接部病変(T1高・T2低) →壁不正

C: Periventricular crossroads部とその側方上方の囊胞(外周はT1高信号)→消失

H: その上側方のT2高信号化部 →萎縮しT2高信号

もともと腫大しT2高信号だったものが、縮んで低信号化はしている

G: 脳回内白質T2高信号域→萎縮

*****: その側上方部と脳回の弱高信号部 →T2低信号の正常白質

Periventricular leukomalaciaの妥当性はまったくない