

知的障害となる大脳白質障害型 周生期低酸素性脳症

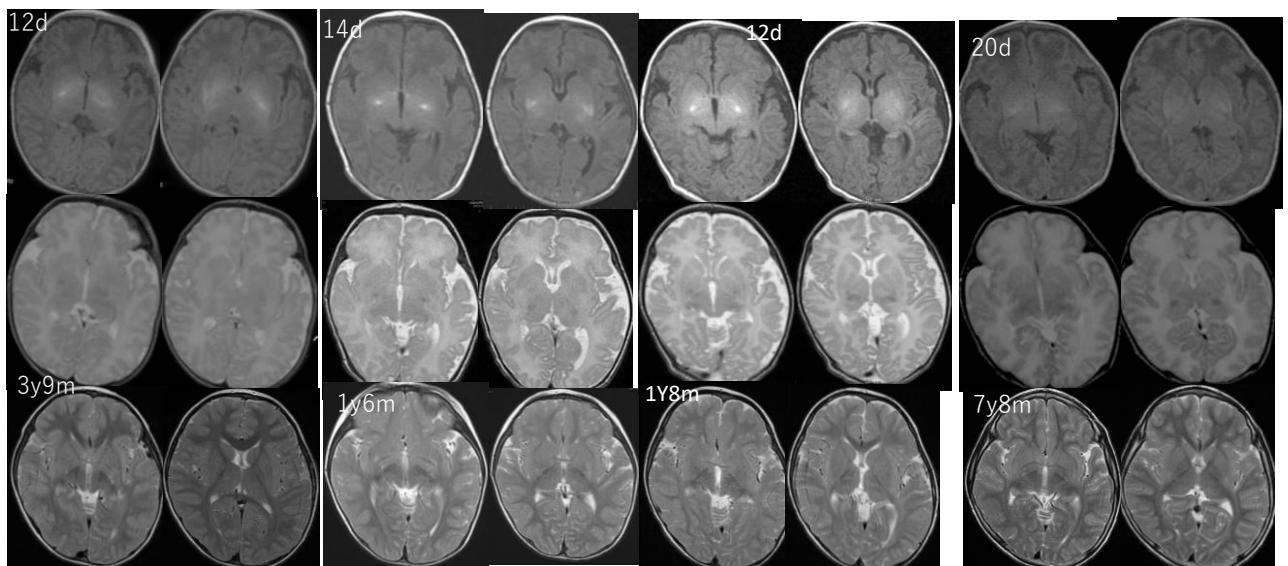
横地健治



1

歩く知的障害のない脳性麻痺アテトーゼ

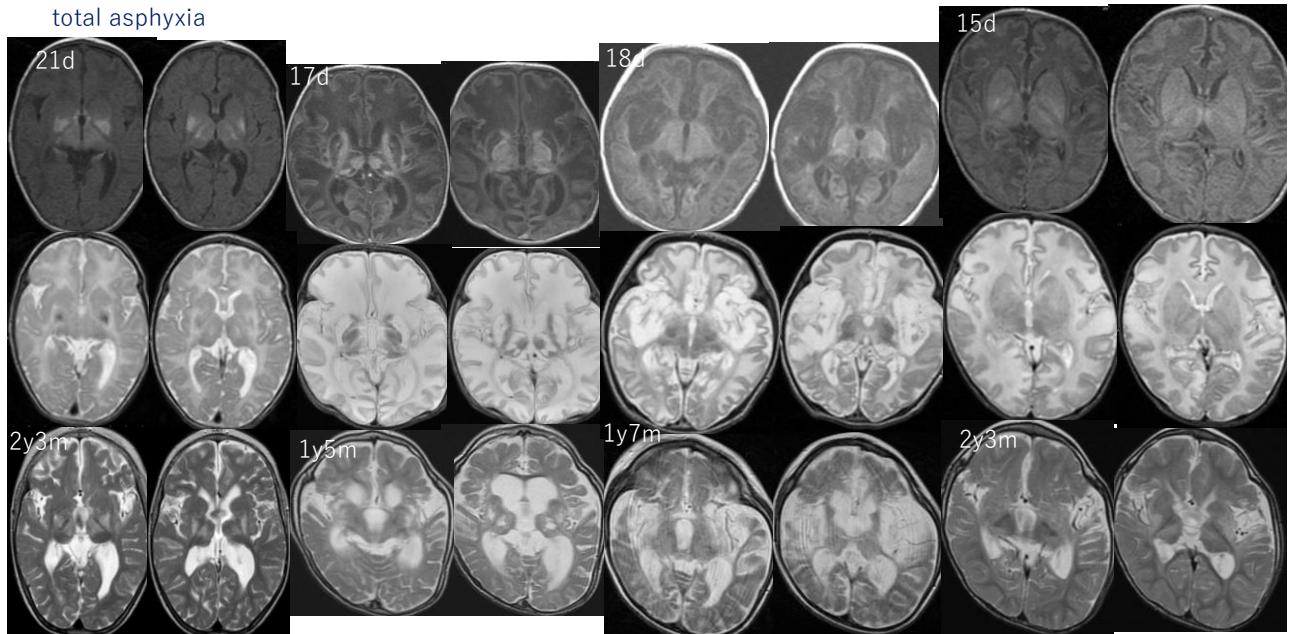
淡蒼球病変は内節後下部



2

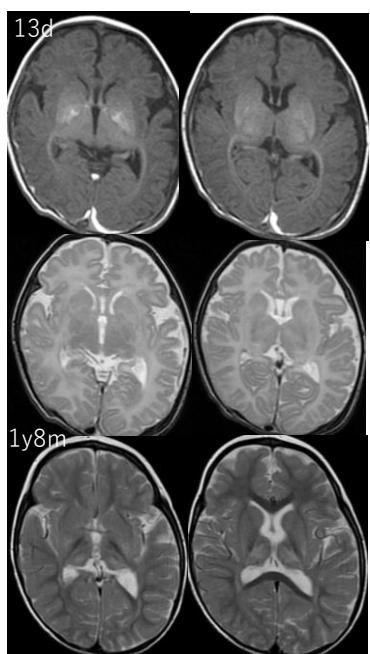
横地分類A1のHIE

total asphyxia

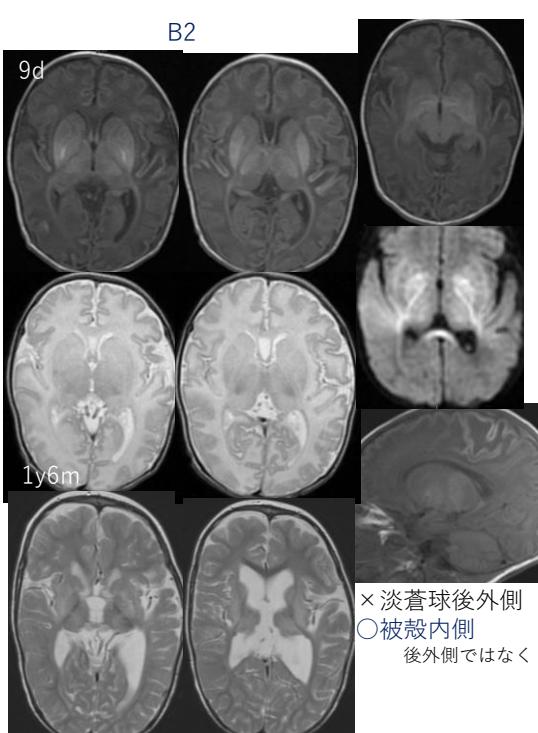


3

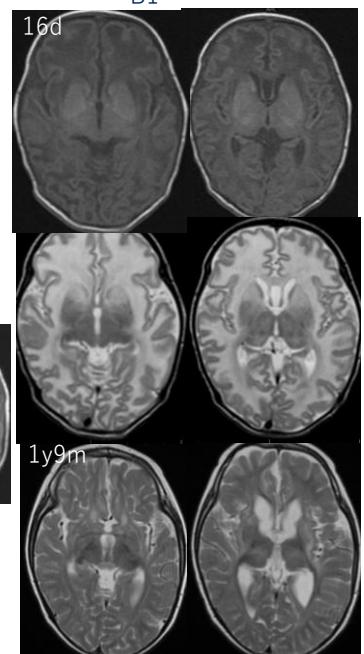
横地分類
C2



B2



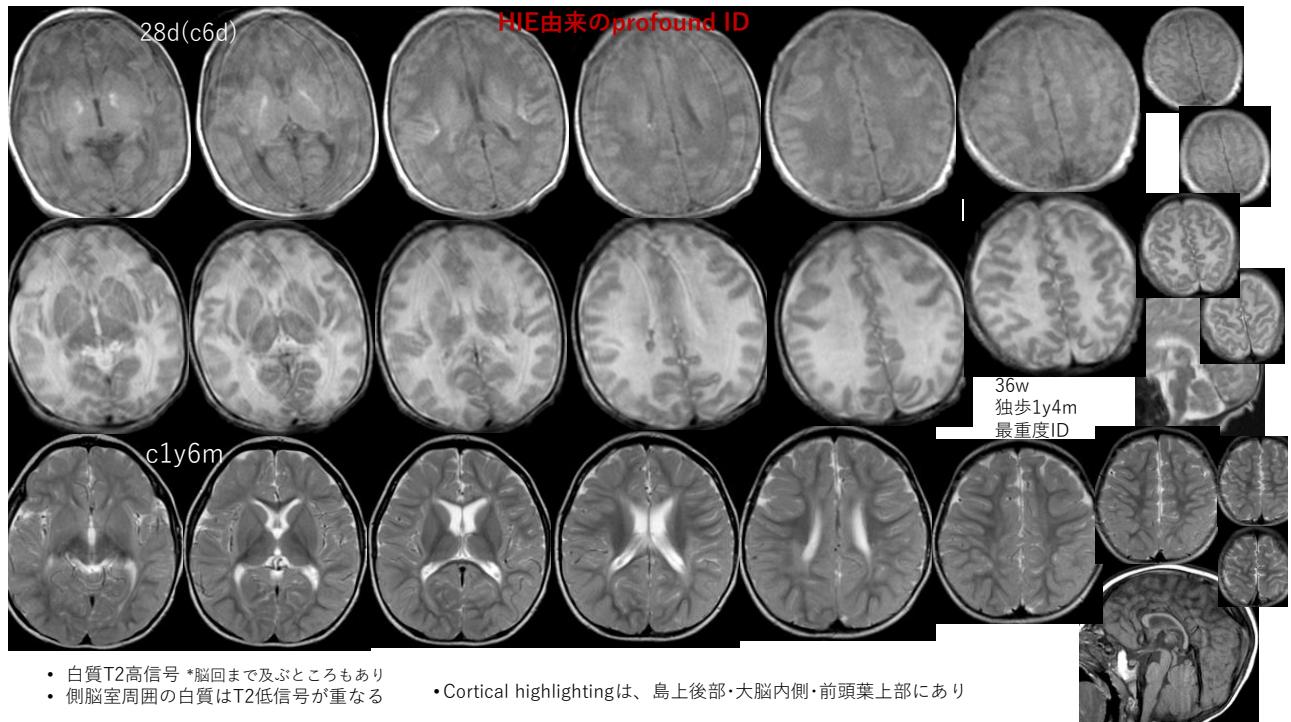
B1



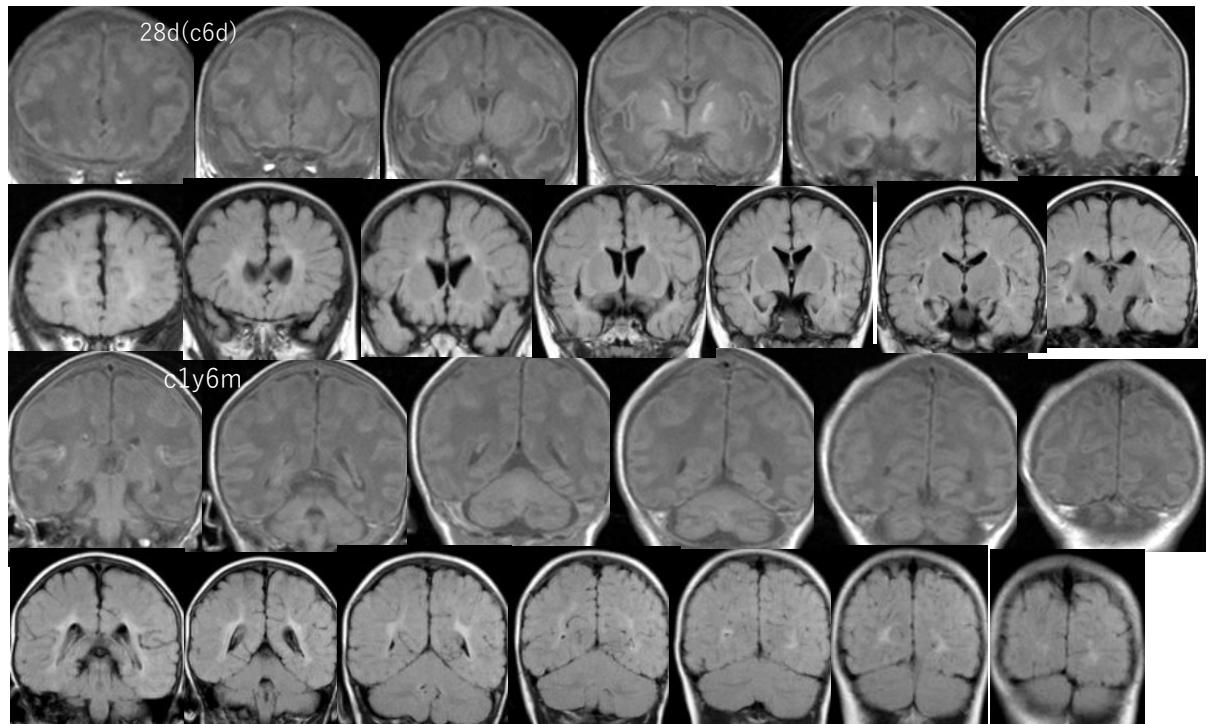
× 淡蒼球後外側
○被殼内側
後外側ではなく

4

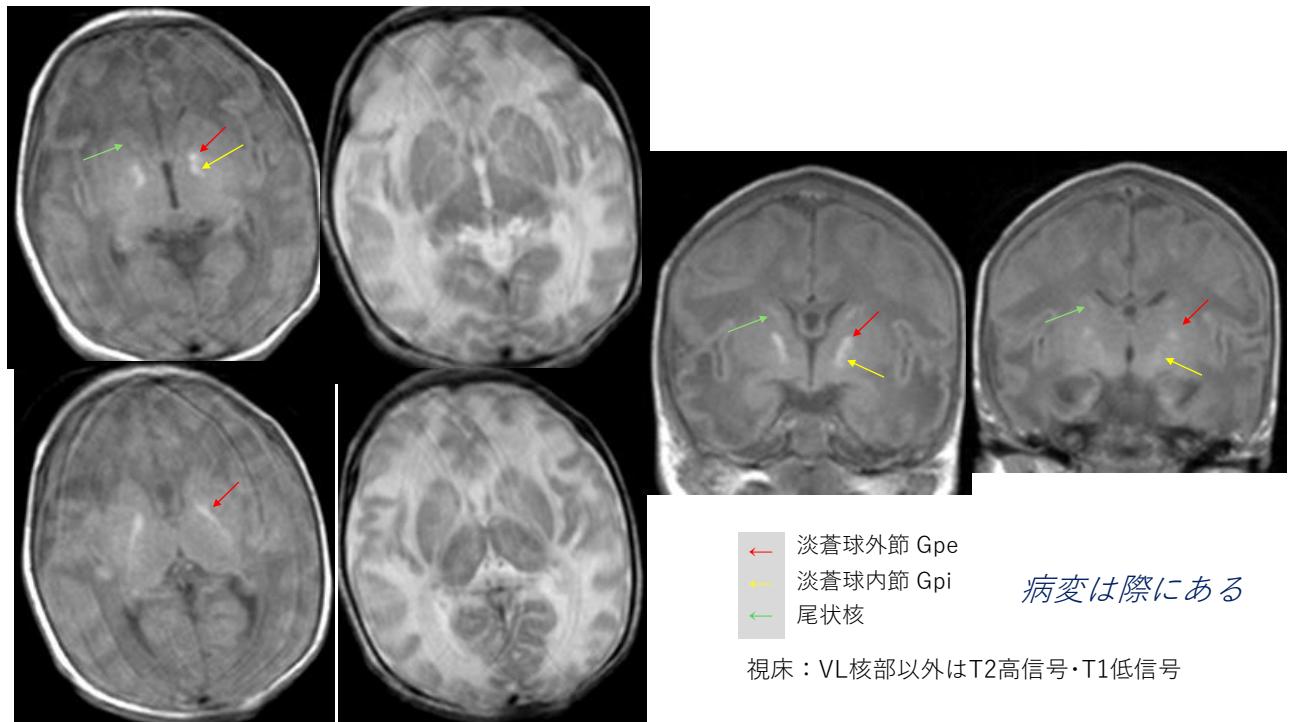
2



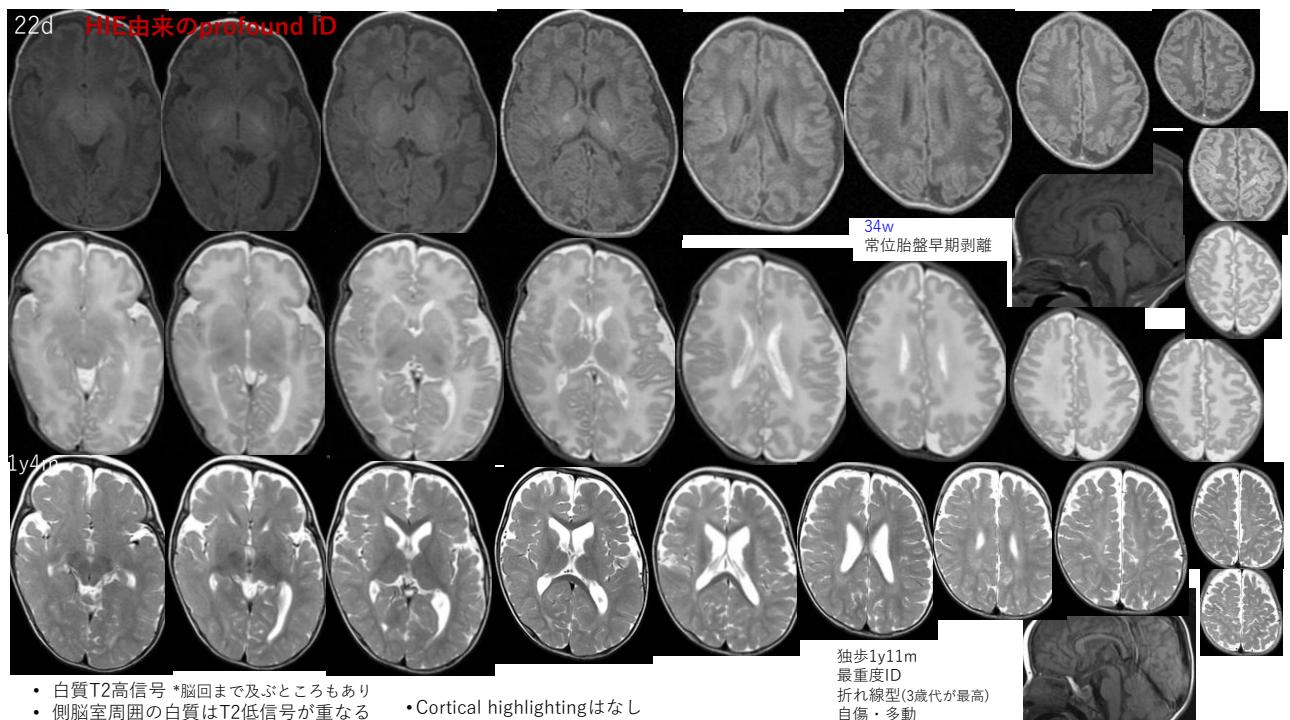
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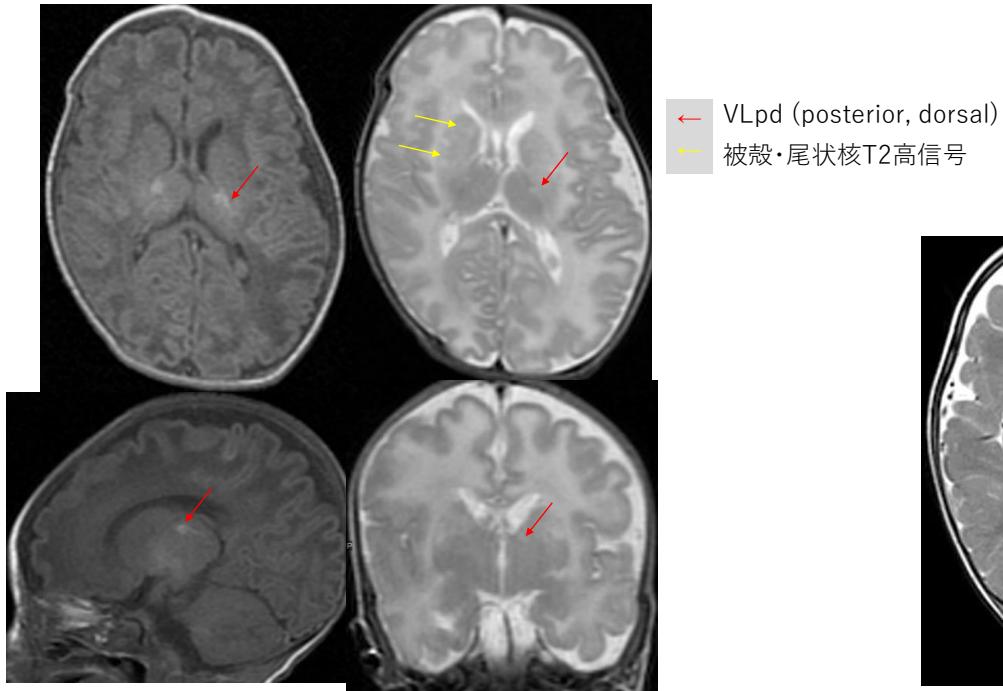


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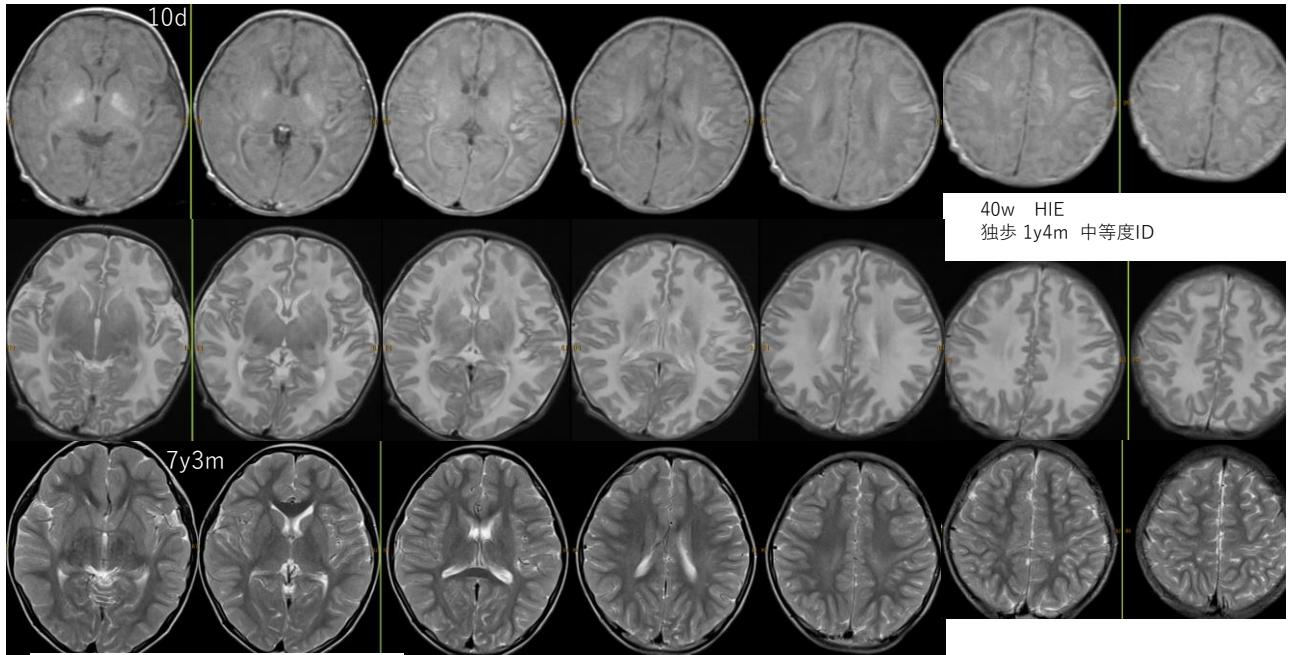


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4



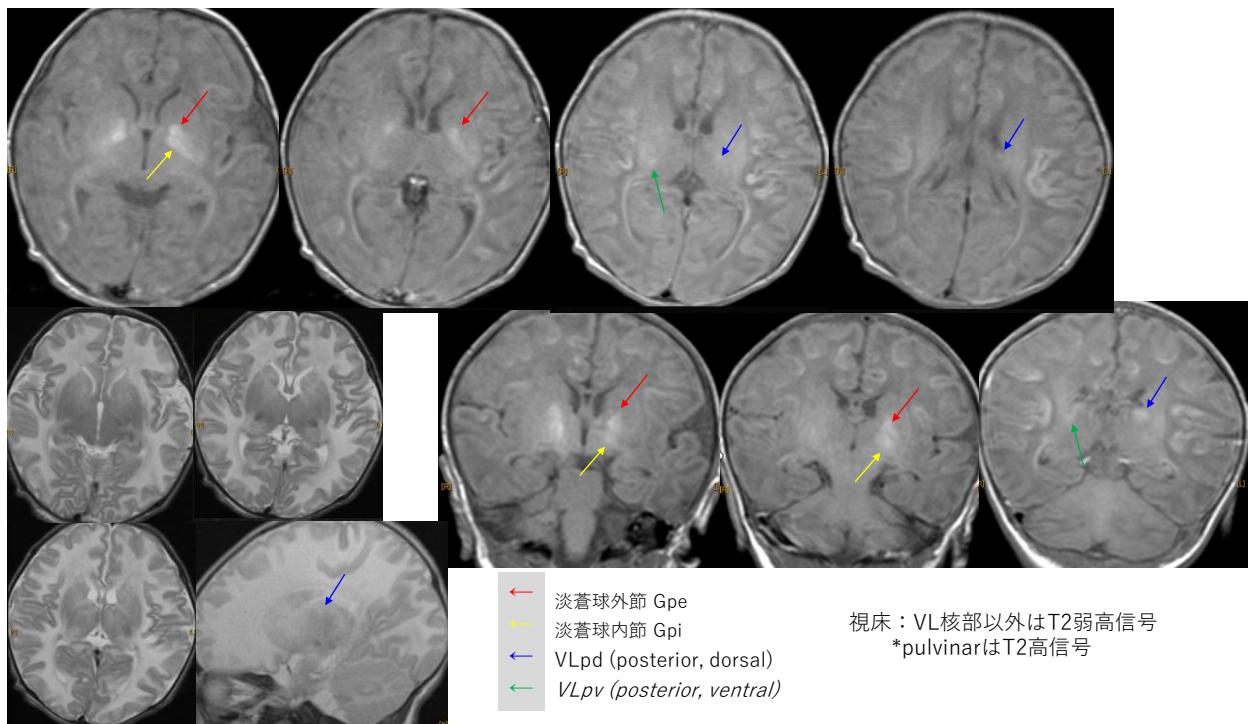
9



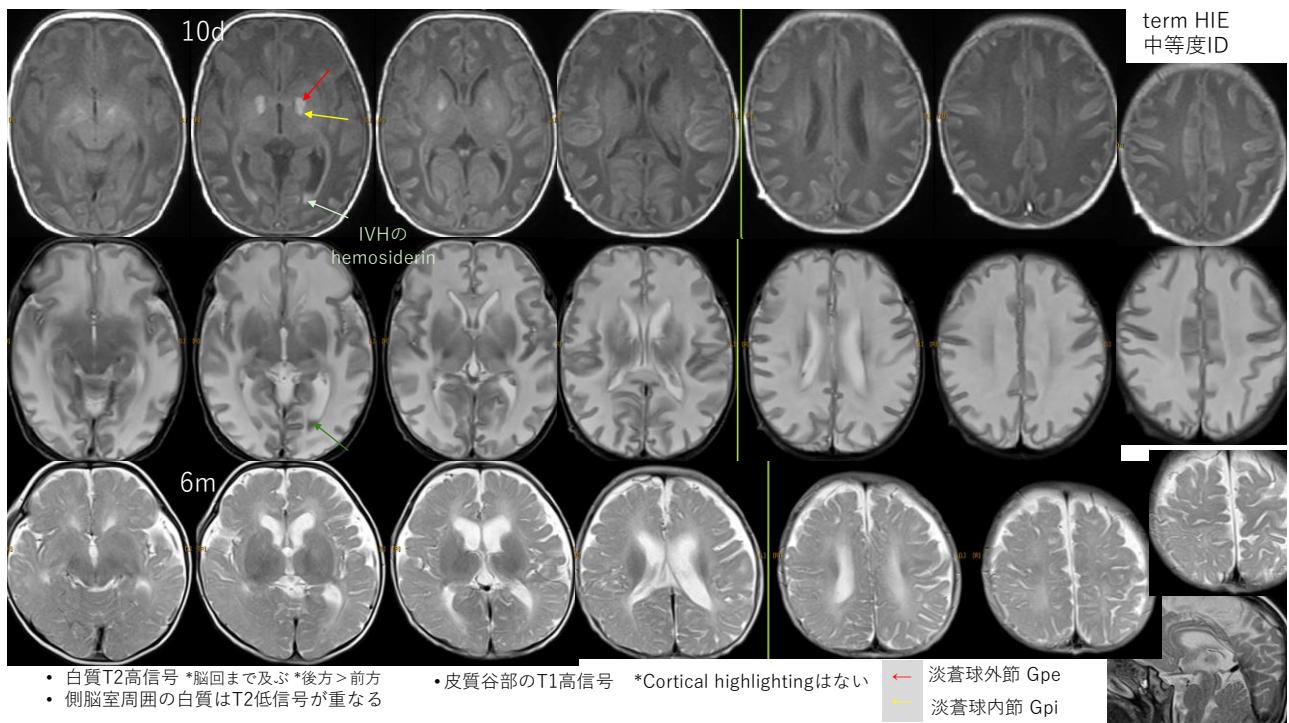
- ・白質T2高信号 *脳回まで及ぶところもあり
 - ・側脳室周囲の白質はT2低信号が重なる
 - ・側脳室隣接部はT1高信号・T2低信号

- Cortical highlightingは島上後部・大脳内側・前頭葉上後部にあり

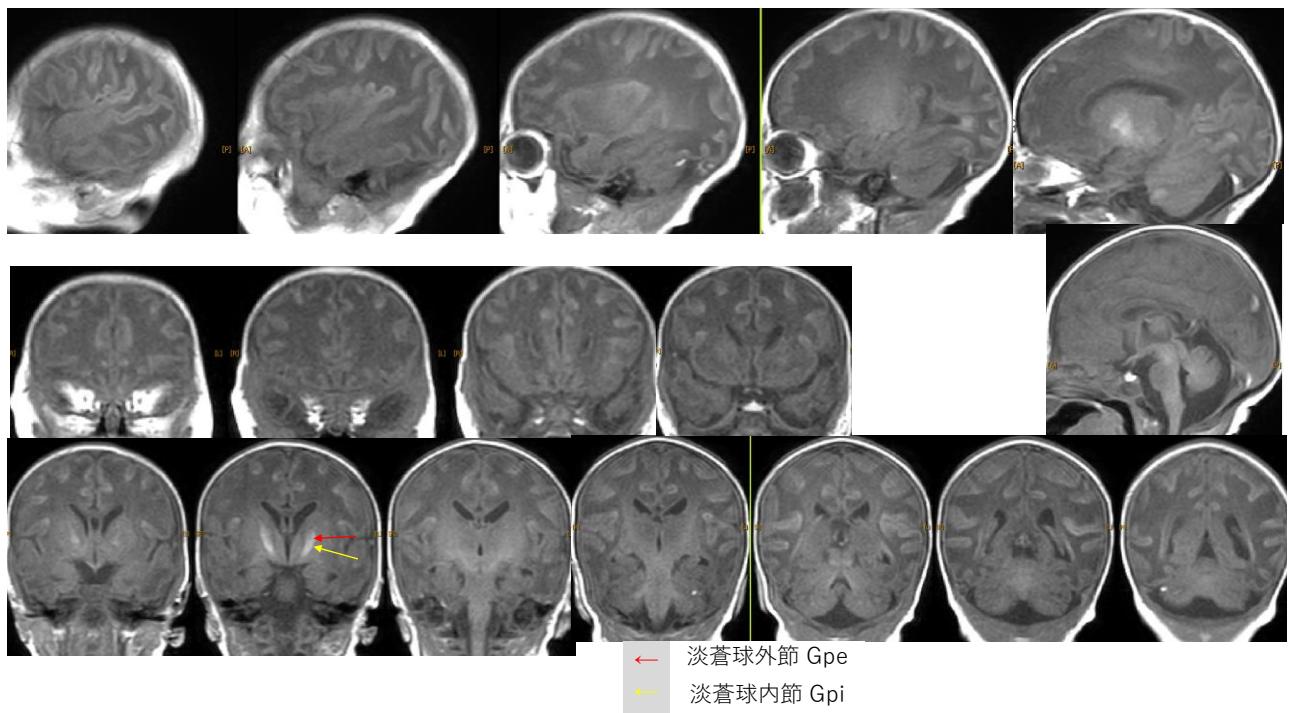
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知的障害となる大脳白質障害型低酸素性脳症

知的障害となる周生期低酸素性脳症は以下の病巣をとる

- 大脳白質全体がT2高信号化し、腫大する
 - ✓ 側脳室周囲の白質はT2低信号が重なる
- 淡蒼球内節外節とも前方部がT1高信号となる
- 視床はVLpd (posterior, dorsal)がT1高信号をとることあり
- Cortical highlightingはとりうる
- ✓ 視床基底核型HIEとされる以下の病巣はとらない
 - 被殻後側
 - 視床VLpv

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