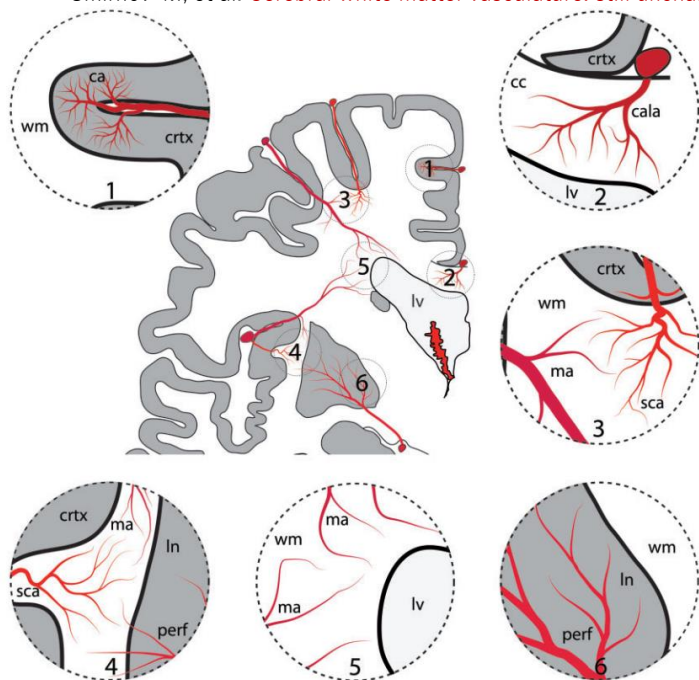


脳低血流障害-見直し

横地健治

1

Smirnov M, et al. Cerebral white matter vasculature: still uncharted? Brain 2021;144:3561–75.



Type 1: Arterial vascularization of the cortex depends on short arterioles originating from the same pial vessels (single source juxtaposed (並列) supply).

Type 2: The corpus callosum is supplied by short arterioles originating from the pial network (single source juxtaposed supply).

Type 3: Short association U-fibers are supplied by subcortical arteries and earliest branches of medullary arteries (dual source interdigitated supply).

Type 4: The external capsule, claustrum and extreme capsule take up subcortical arteries, earliest branches of medullary arteries, and terminals of perforating arteries of the base of the brain (triple source interdigitated supply).

Type 5: The centrum semiovale is supplied by terminals of deep white matter arteries (single source juxtaposed supply).

Type 6: Vessels supplying the basal ganglia and the thalamus are long, perforating arterioles and arteries originating from the base of the brain (single source juxtaposed supply).

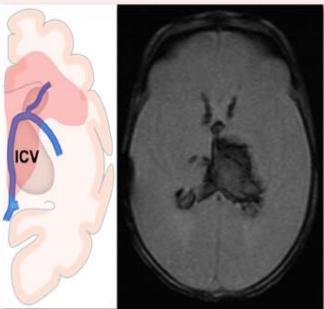
cc = corpus callosum; cctx = cortex; lv = lateral ventricle; ma = medullary artery; perf = perforating artery; sca = subcortical artery; wm = white matter.

Type 1~4 : 外部型脳低血流障害
Type 5~6 : 内部型脳低血流障害
Type 1~6 : 全脳型脳低血流障害

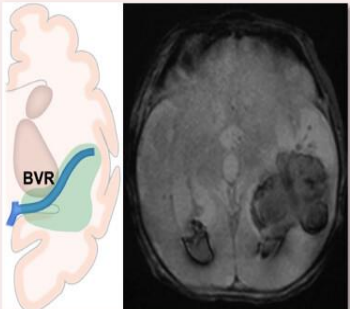
2

Neuroimaging of Neonatal Stroke: Venous Focus

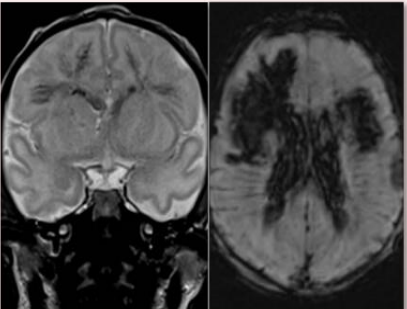
Imaging patterns of infarcts caused by deep venous thrombosis



Thalamocaudate pattern
Internal cerebral vein thrombosis



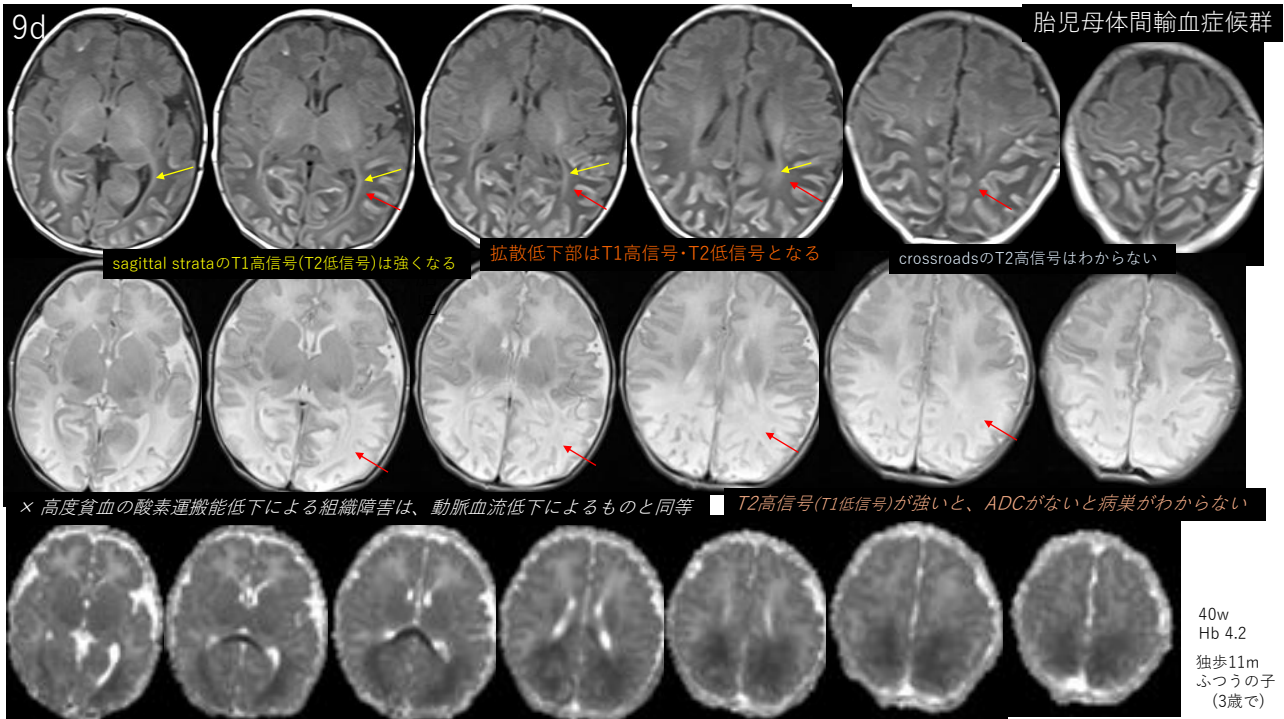
Striato-hippocampal pattern
Basal vein of Rosenthal thrombosis



Iris pattern
Deep medullary venous thrombosis

3

9d 胎児母体間輸血症候群



sagittal strataのT1高信号(T2低信号)は強くなる

拡散低下部はT1高信号・T2低信号となる

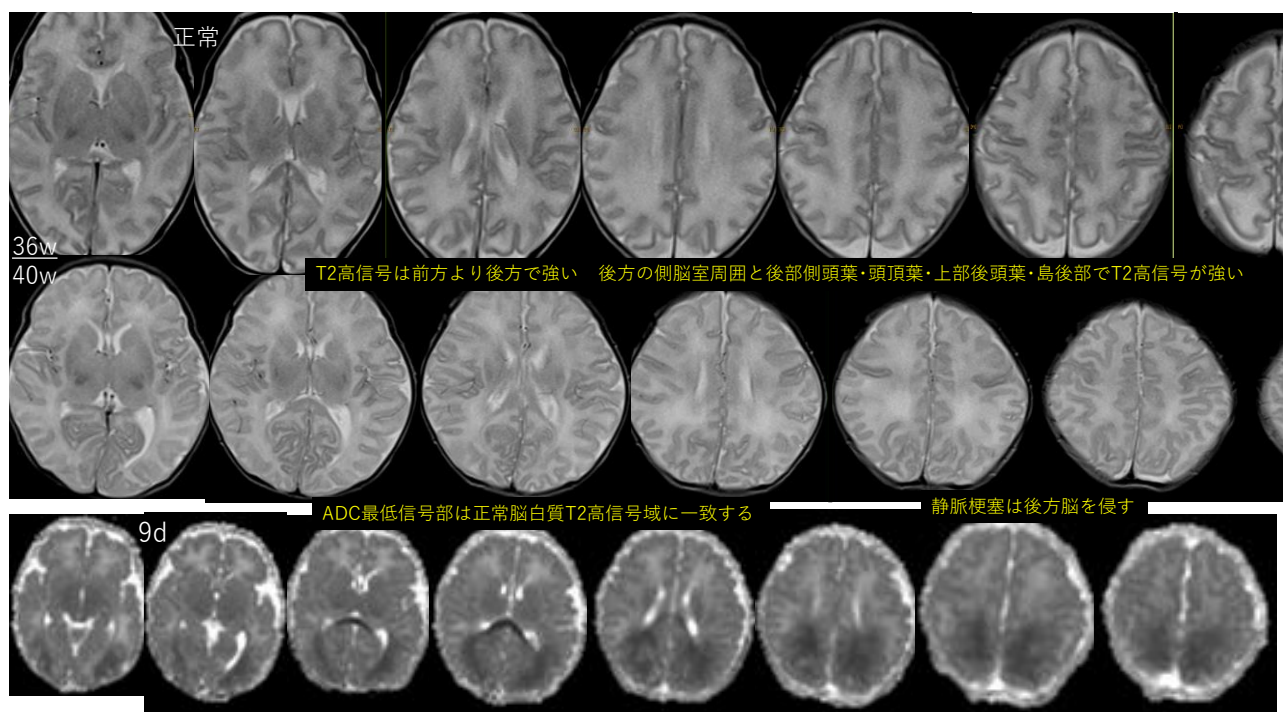
crossroadsのT2高信号はわからない

× 高度貧血の酸素運搬能低下による組織障害は、動脈血流低下によるものと同様

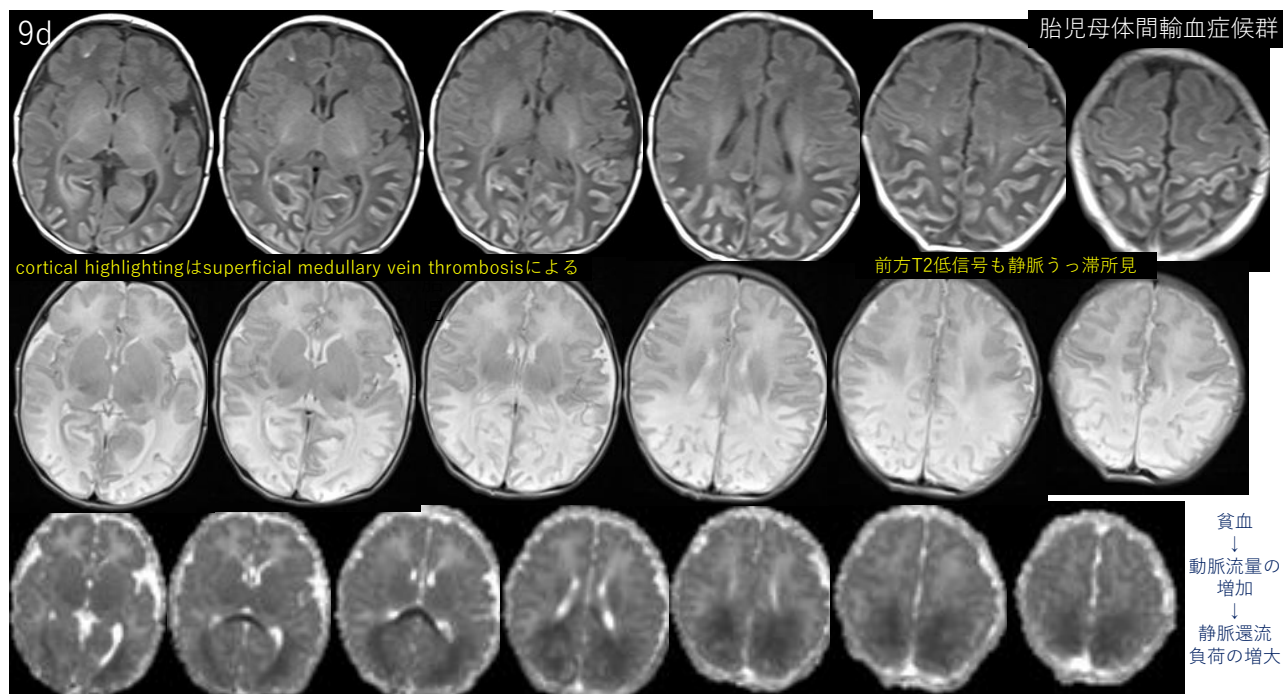
■ T2高信号(T1低信号)が強いと、ADCがないと病巣がわからない

40w
Hb 4.2
独歩11m
ふつうの子
(3歳で)

4

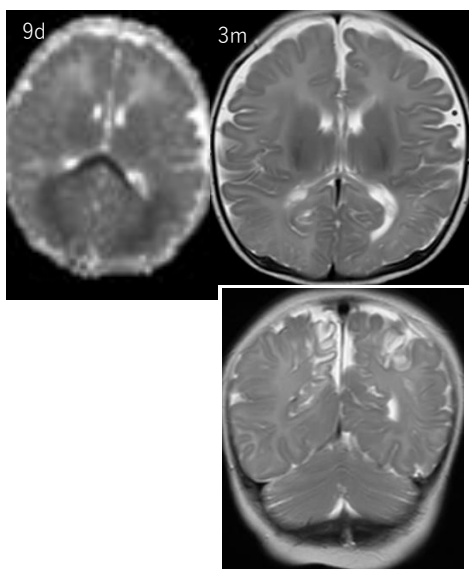


5

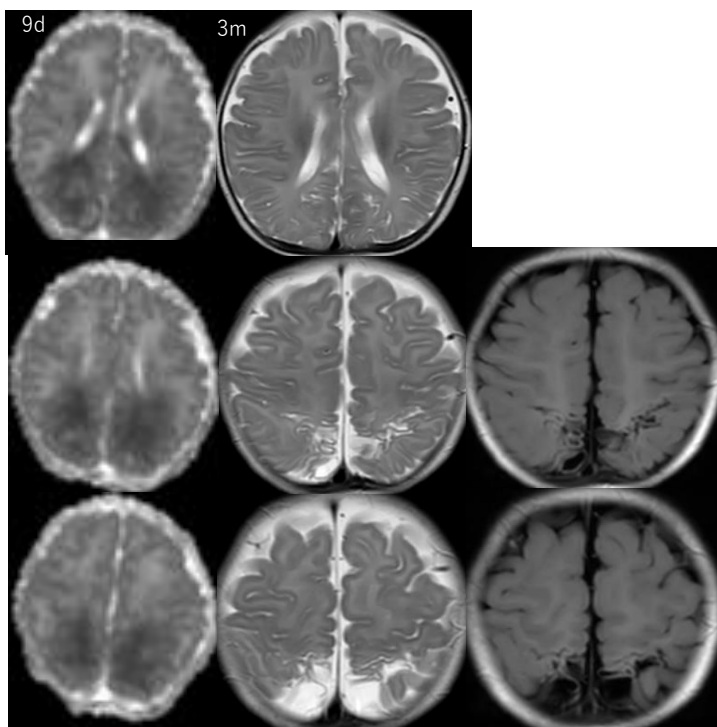


deep medullary vein thrombosisとsuperficial medullary vein thrombosisの併存

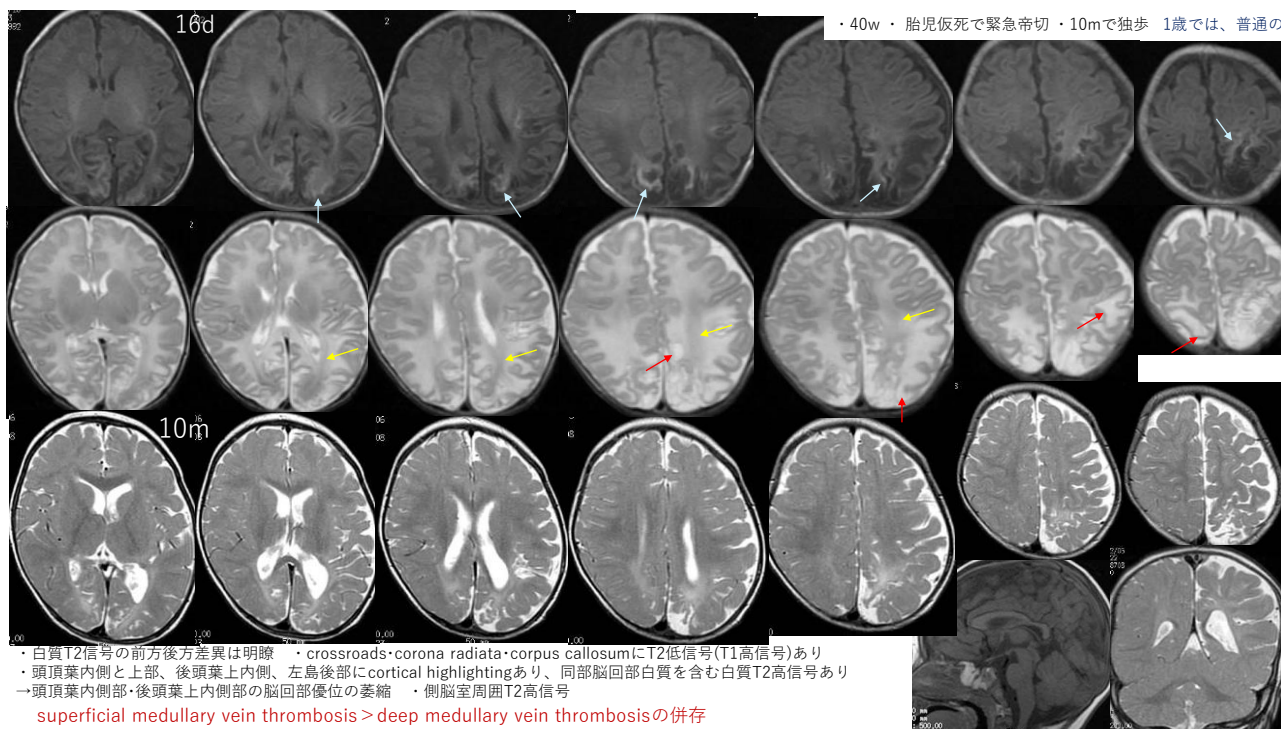
6



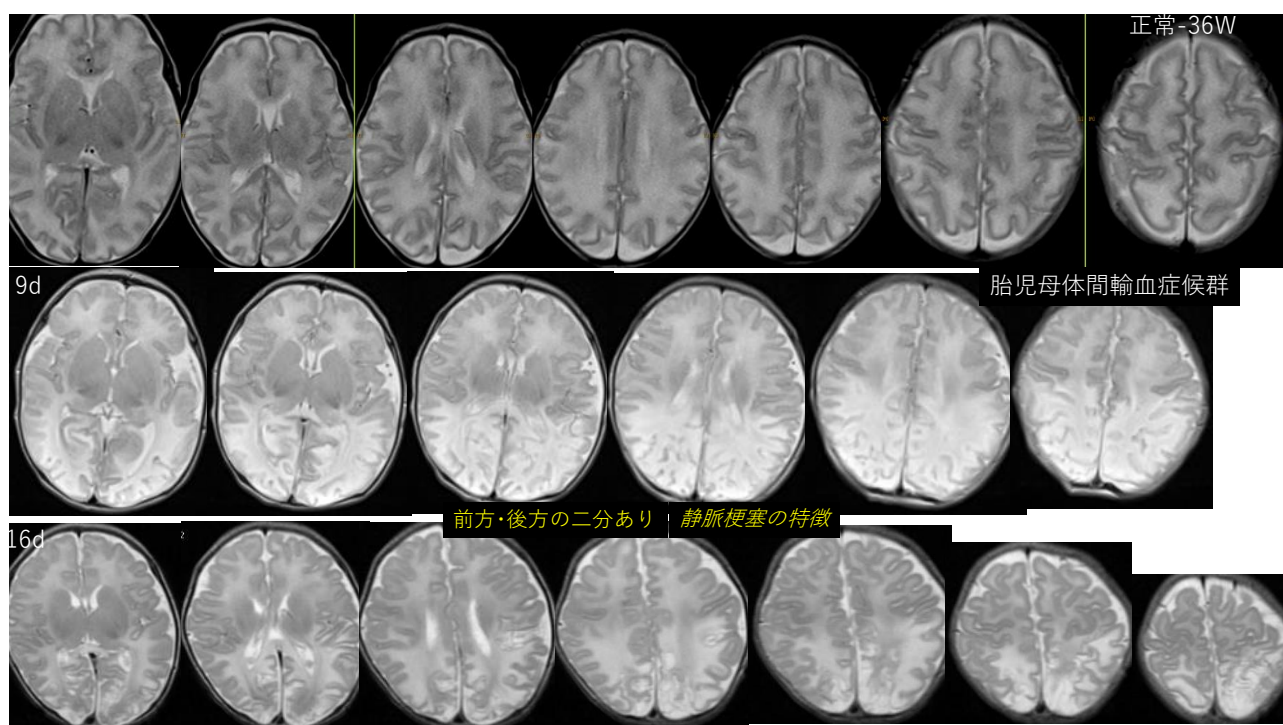
- ADC低信号部は萎縮
- 頭頂葉脳表の脳溝拡大と脳回白質部嚢胞



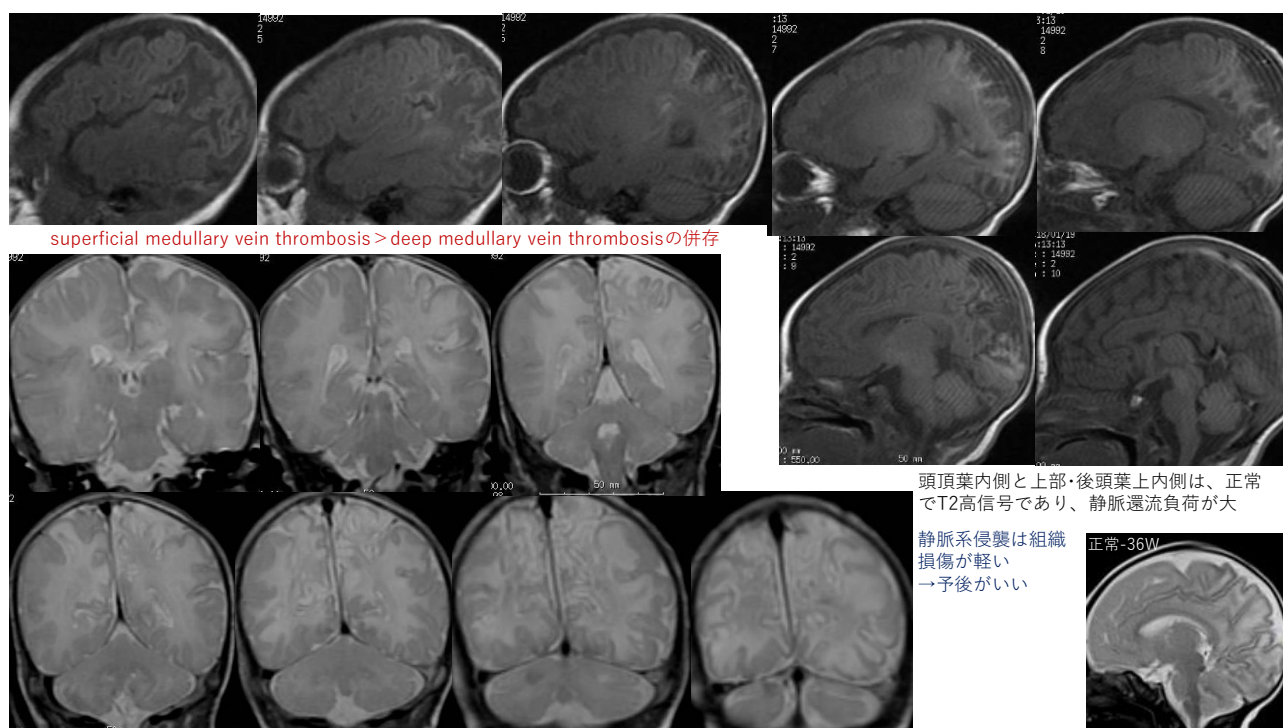
7



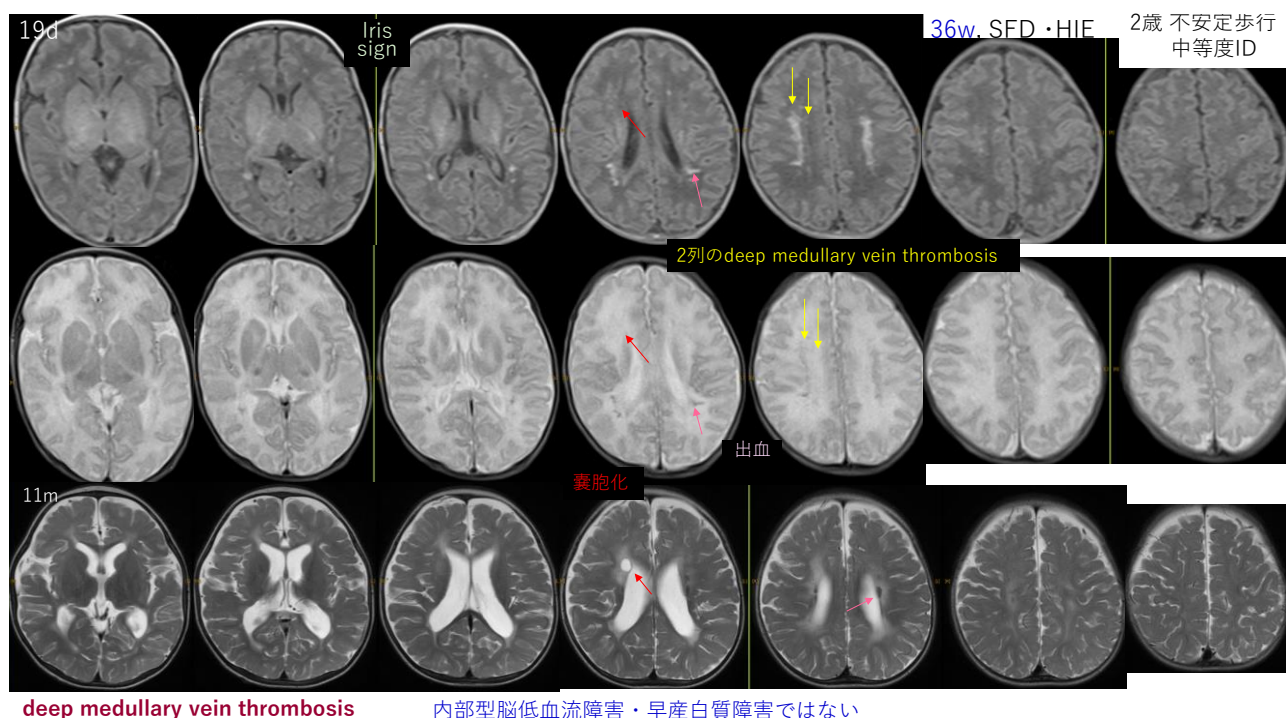
8



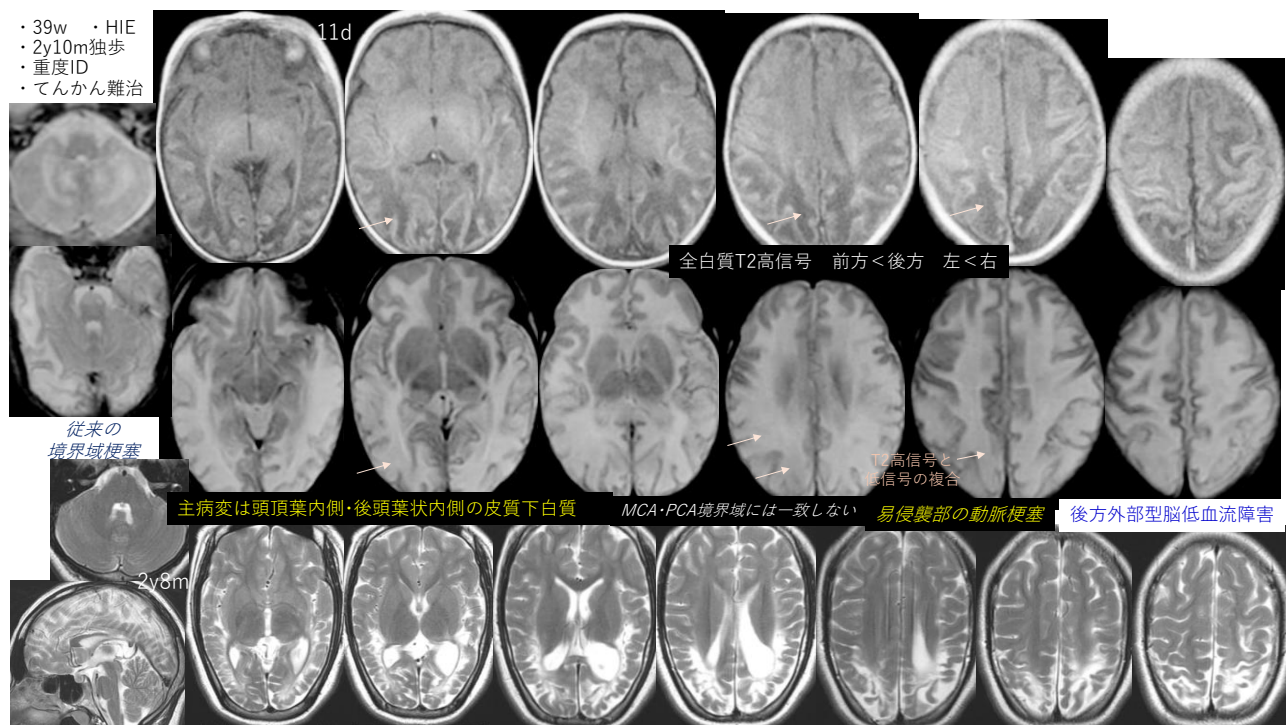
9



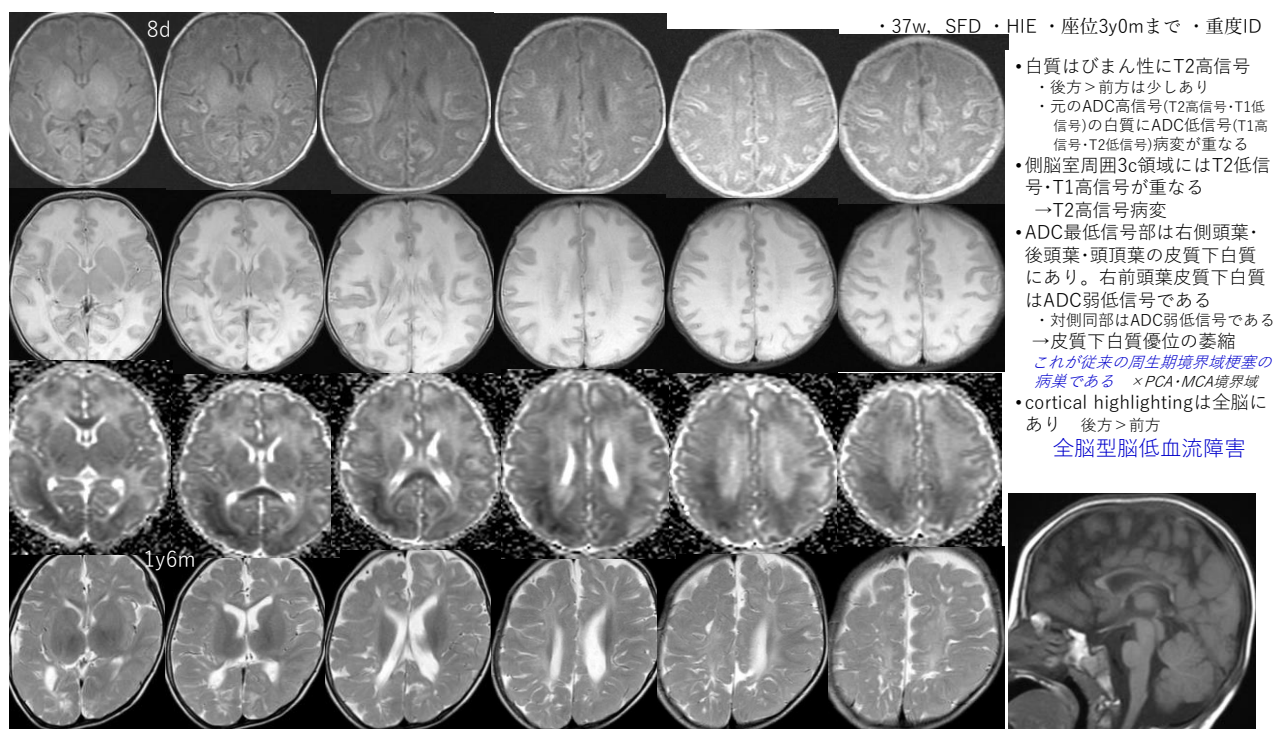
10



11



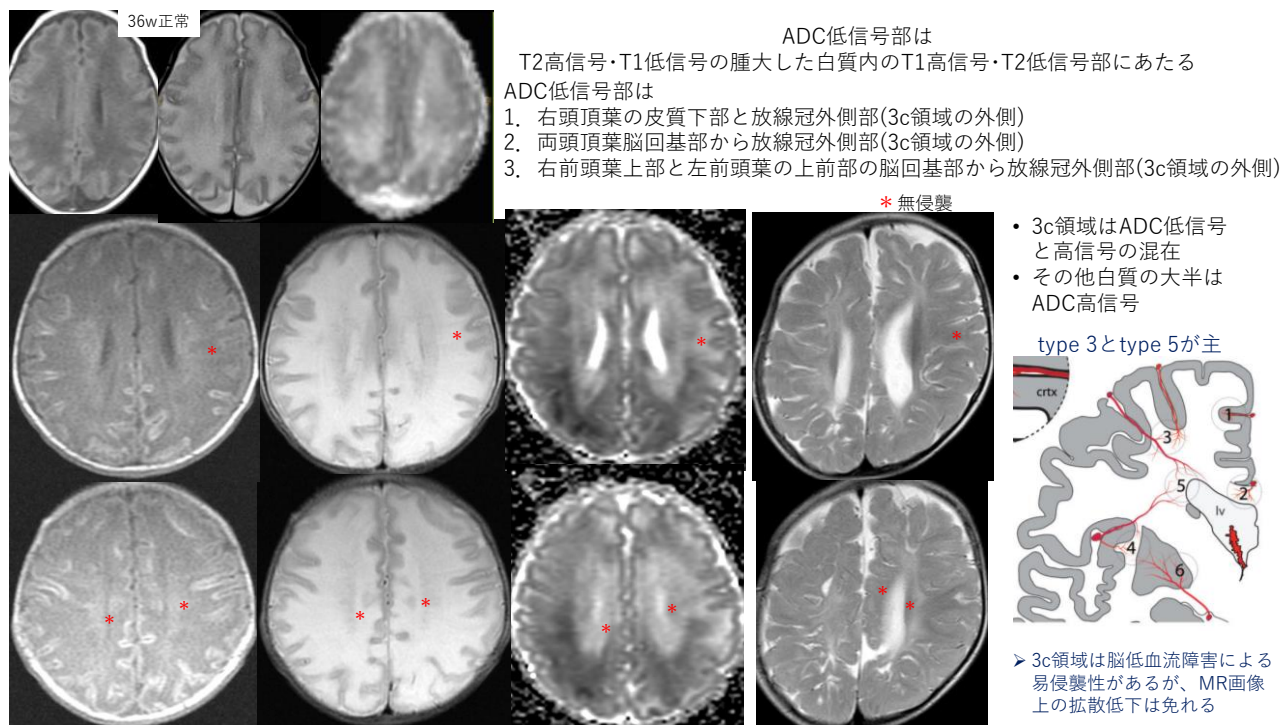
12



・37w, SFD・HIE・座位3y0mまで・重度ID

- ・白質はびまん性にT2高信号
 - ・後方>前方は少しあり
 - ・元のADC高信号(T2高信号・T1低信号)の白質にADC低信号(T1高信号・T2低信号)病変が重なる
- ・側脳室周囲3c領域にはT2低信号・T1高信号が重なる
 - T2高信号病変
- ・ADC最低信号部は右側頭葉・後頭葉・頭頂葉の皮質下白質にあり。右前頭葉皮質下白質はADC弱低信号である
 - ・対側同部はADC弱低信号である
 - 皮質下白質優位の萎縮
 - これが従来の周生期境界域梗塞の病変である ×PCA・MCA境界域
- ・cortical highlightingは全脳にあり 後方>前方
 - 全脳型脳低血流障害

13



36w正常

ADC低信号部は

T2高信号・T1低信号の腫大した白質内のT1高信号・T2低信号部にあたる

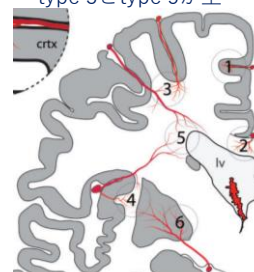
ADC低信号部は

1. 右頭頂葉の皮質下部と放線冠外側部(3c領域の外側)
2. 両頭頂葉脳回基部から放線冠外側部(3c領域の外側)
3. 右前頭葉上部と左前頭葉の上前部の脳回基部から放線冠外側部(3c領域の外側)

* 無侵襲

- ・3c領域はADC低信号と高信号の混在
- ・その他白質の大半はADC高信号

type 3とtype 5が主

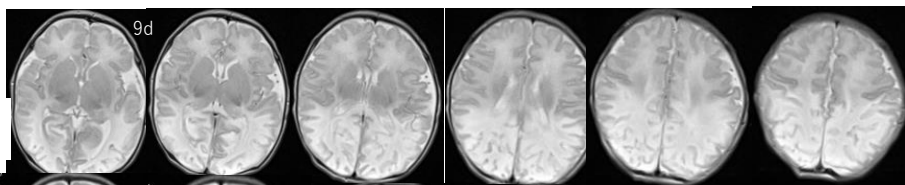


➢ 3c領域は脳低血流障害による易侵襲性があるが、MR画像上の拡散低下は免れる

14

ふつうの子

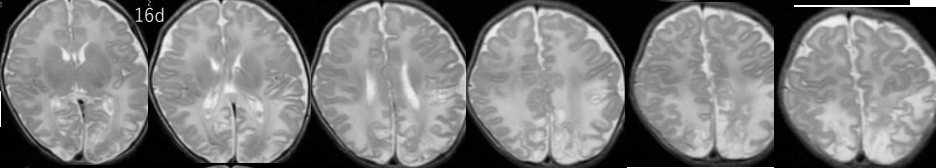
胎児母体間
輸血症候群



静脈梗塞

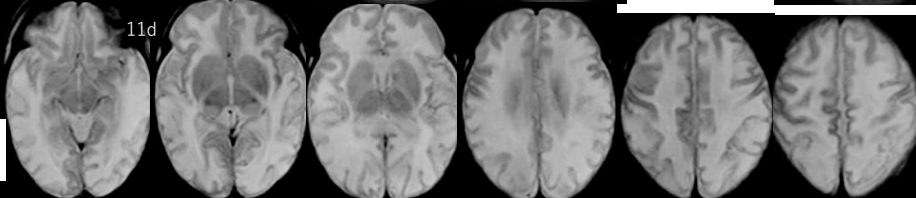
ふつうの子

胎児仮死



歩く
重度ID

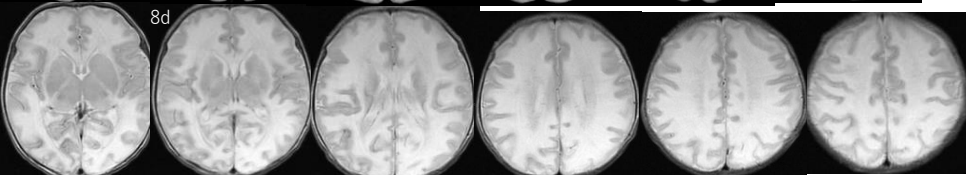
後方外部型
脳低血流障害



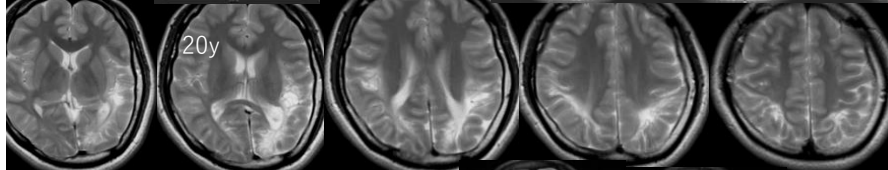
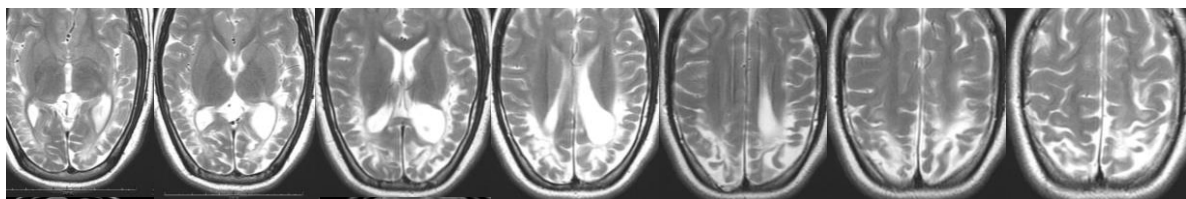
動脈梗塞

歩けない
重度ID

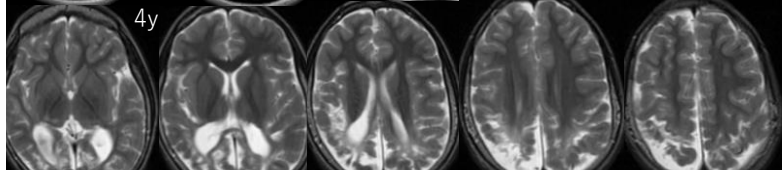
全脳型
脳低血流障害



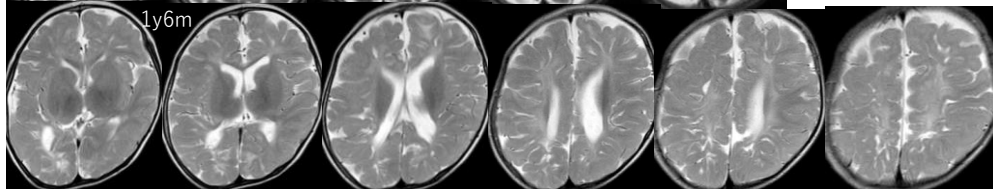
15



後方外部型脳低血流障害は
歩く重度ID

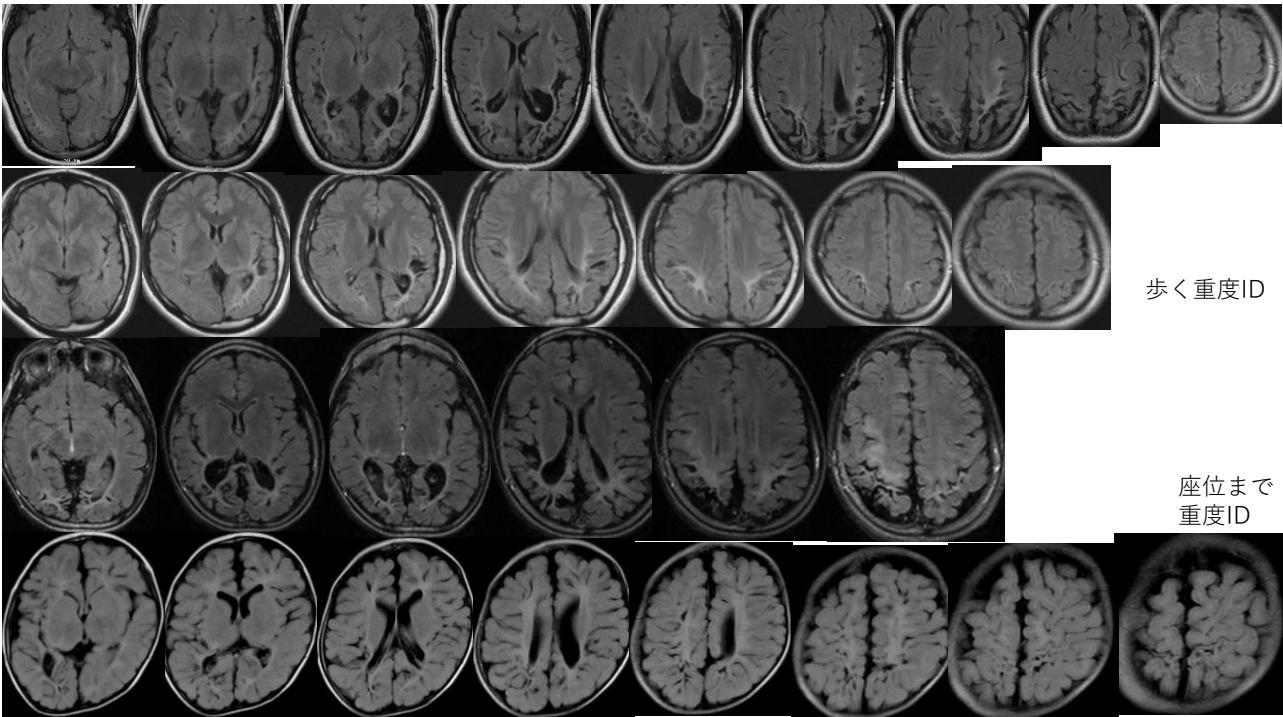


*precuneus*か



座位まで
重度ID

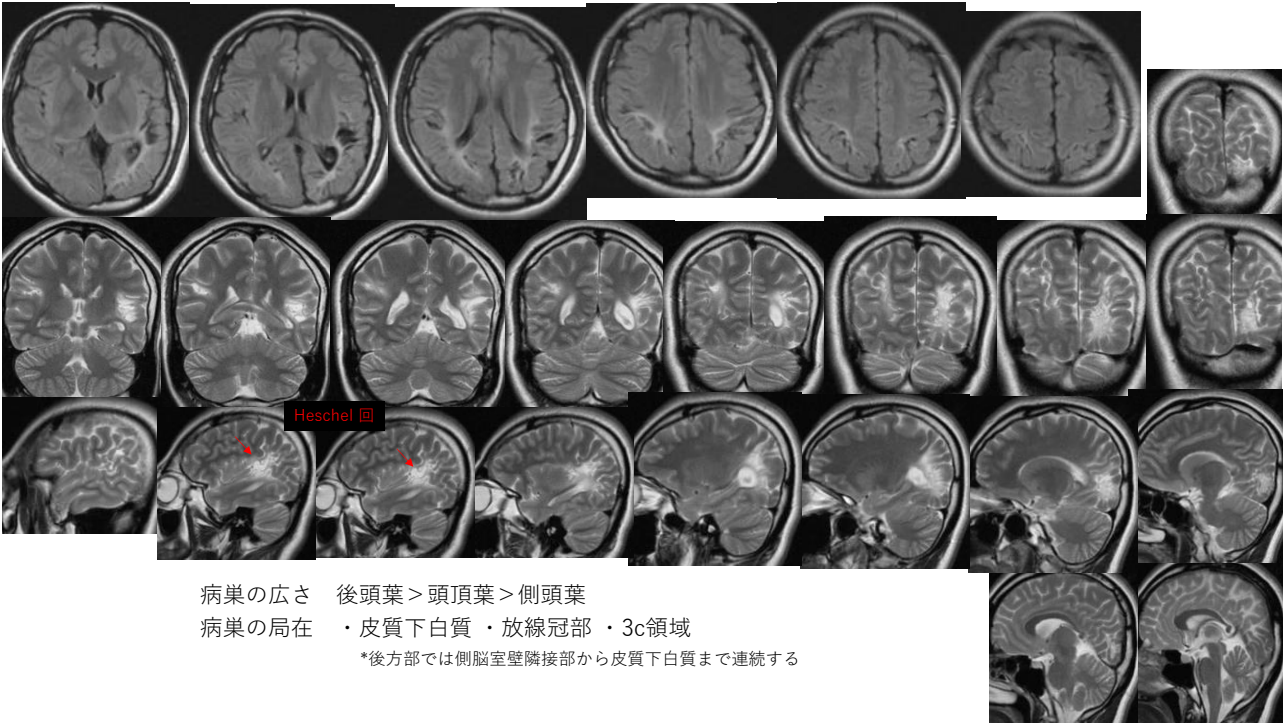
16



歩く重度ID

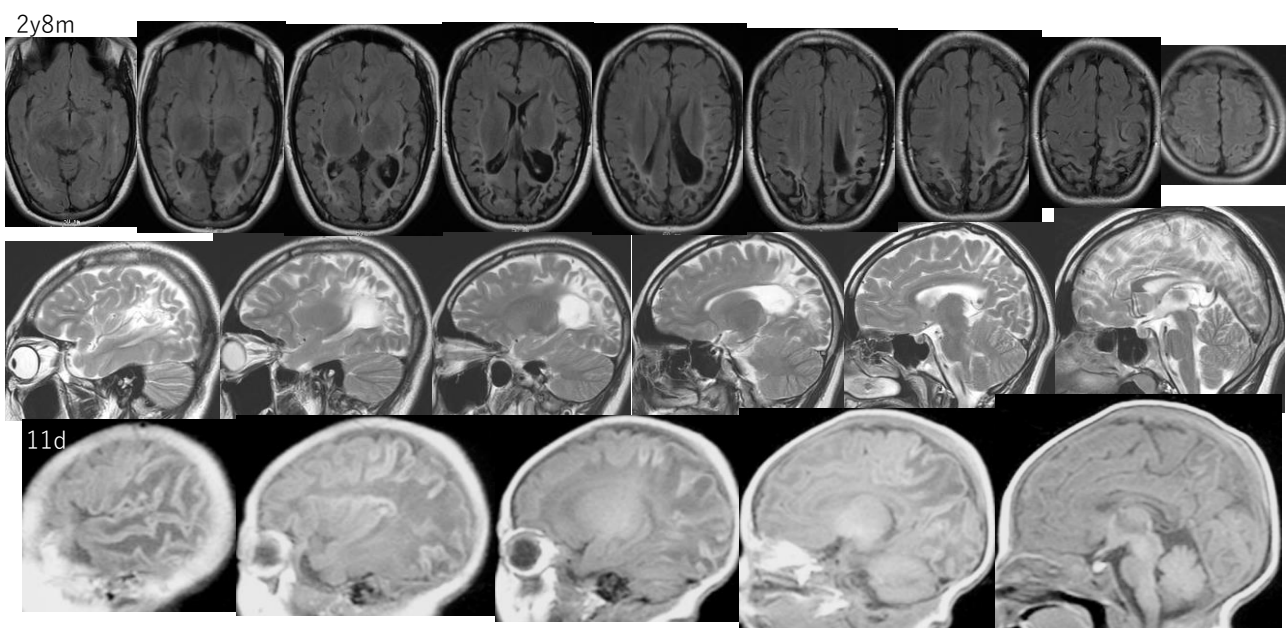
座位まで
重度ID

17



病巣の広さ 後頭葉＞頭頂葉＞側頭葉
病巣の局在 ・皮質下白質 ・放線冠部 ・3c領域
*後方部では側脳室壁隣接部から皮質下白質まで連続する

18

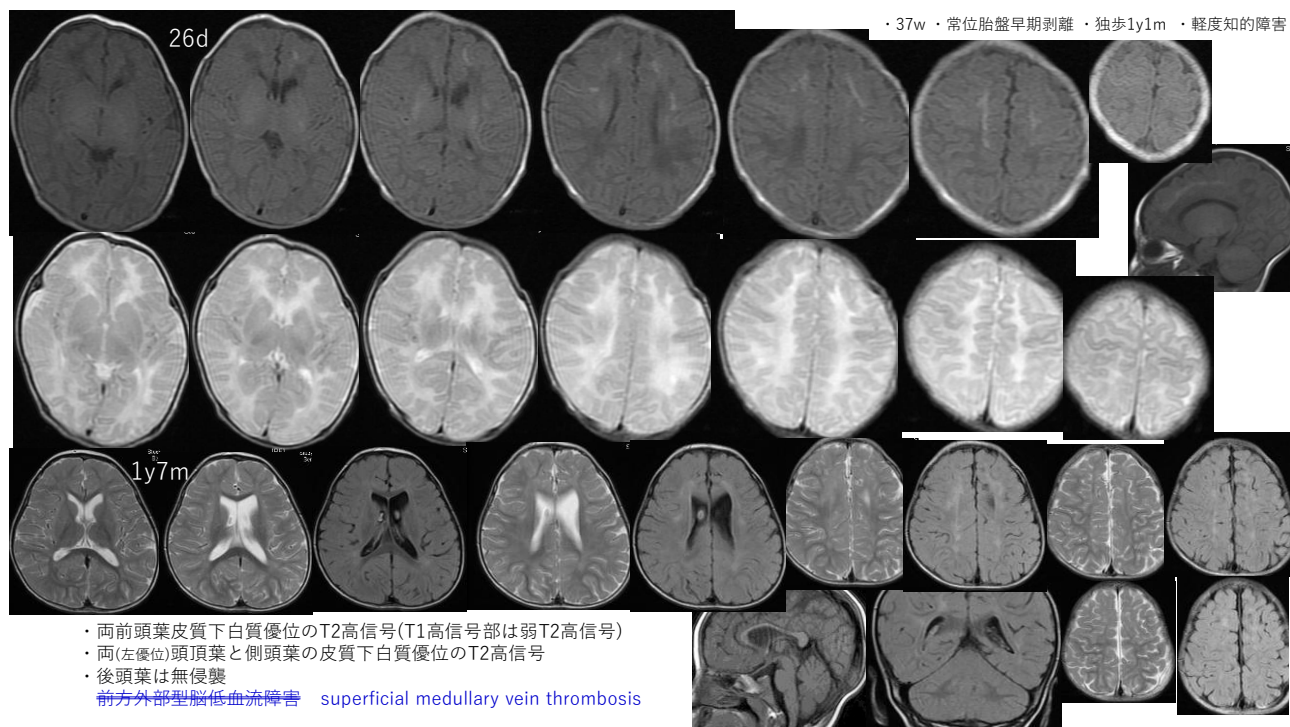


病巣の広さ 頭頂葉 > 後頭葉・側頭葉

病巣の局在 ・皮質下白質 ・放線冠部 ・3c領域

*後方部では側脳室壁隣接部から皮質下白質まで連続する

19

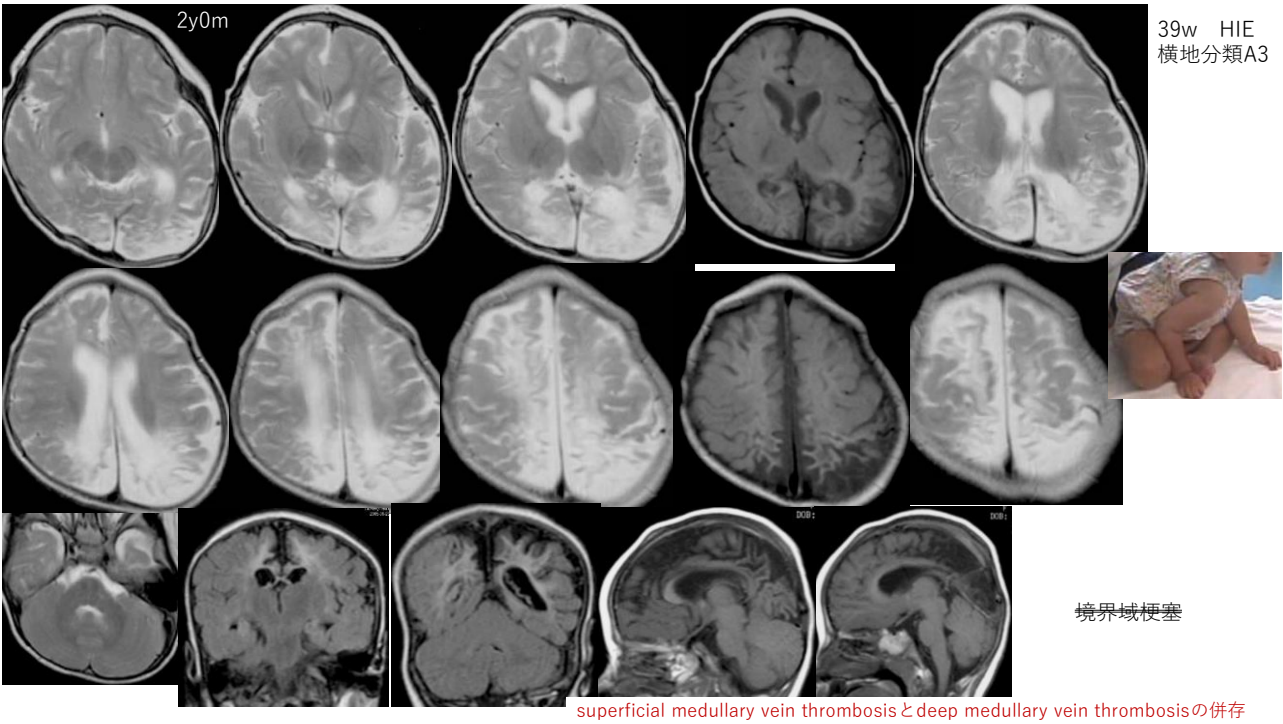


・37w ・常位胎盤早期剥離 ・独歩1y1m ・軽度知的障害

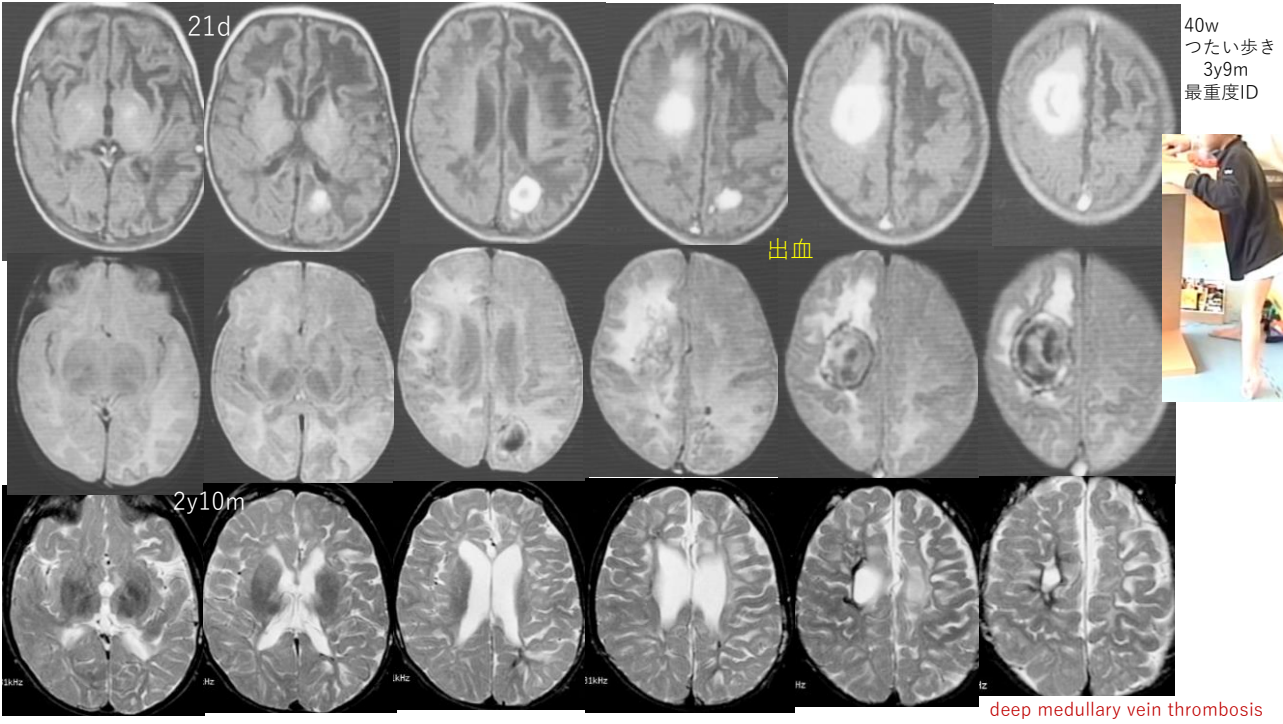
- ・両前頭葉皮質下白質優位のT2高信号(T1高信号部は弱T2高信号)
- ・両(左優位)頭頂葉と側頭葉の皮質下白質優位のT2高信号
- ・後頭葉は無侵襲

前方外部型脳低血流障害 superficial medullary vein thrombosis

20



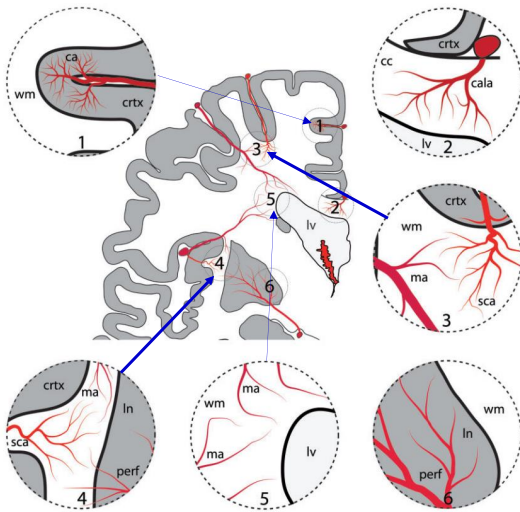
21



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周生期脳低血流障害の考え方

1. 脳低血流の主易罹患部位は皮質下白質(Type 3)・島部白質(Type 4)・皮質谷部(type 1)・放線冠部(type 5)である。これとは別に、側脳室周囲3c領域は病因非特異的に侵されやすい



Type 1~4 : 外部型脳低血流障害
Type 5~6 : 内部型脳低血流障害
Type 1~6 : 全脳型脳低血流障害

Type 1: Arterial vascularization of the cortex depends on short arterioles originating from the same pial vessels (single source juxtaposed supply).
Type 2: The corpus callosum is supplied by short arterioles originating from the pial network (single source juxtaposed supply).
Type 3: Short association U-fibers are supplied by subcortical arteries and earliest branches of medullary arteries (dual source interdigitated supply).
Type 4: The external capsule, claustrum and extreme capsule take up subcortical arteries, earliest branches of medullary arteries, and terminals of perforating arteries of the base of the brain (triple source interdigitated supply).
Type 5: The centrum semiovale is supplied by terminals of deep white matter arteries (single source juxtaposed supply).
Type 6: Vessels supplying the basal ganglia and the thalamus are long, perforating arterioles and arteries originating from the base of the brain (single source juxtaposed supply).
 cc = corpus callosum; ctx = cortex; ln = lentiform nucleus; lv = lateral ventricle; ma = medullary artery; perf = perforating artery; sca = subcortical artery; wm = white matter.

Smirnov M, et al. Cerebral white matter vasculature: still uncharted? Brain 2021;144:3561-75.

23

周生期脳低血流障害の考え方

2. 周生期脳には軽度の脳血流低下*でも損傷を受ける脆弱部が存在する
 *成熟脳では境界域梗塞にも至らない
3. この脆弱部はMRIのT2高信号となる白質である
 - ・ 3c領域(crossroads・corpus callosum・corona radiata)
 - ・ 頭頂葉内側・後頭葉上後側・前頭葉上側
 - ✓ 一部は3大脳動脈境界域内にある → 境界域梗塞と誤認
4. 脳低血流による損傷部の静脈灌流は阻害され、静脈梗塞はふつうに併存しうる
 - ・ 動脈圧低下による静脈圧の低下・静脈還流路の損傷・組織破壊物質の流入
 - ✓ 側脳室周囲白質(type 5)の動脈血流低下はこれを助長する

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