



## 周生期白質障害の見直し -2-

横地健治



田中一村

(立神)

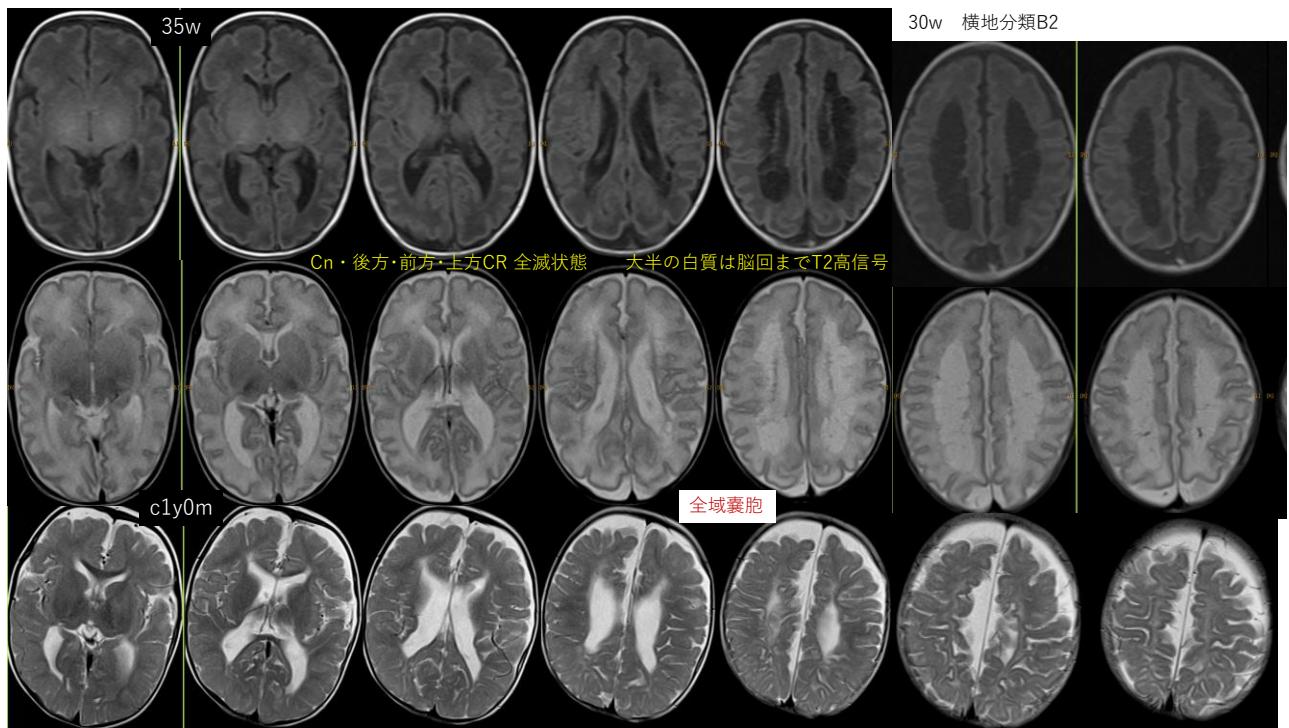
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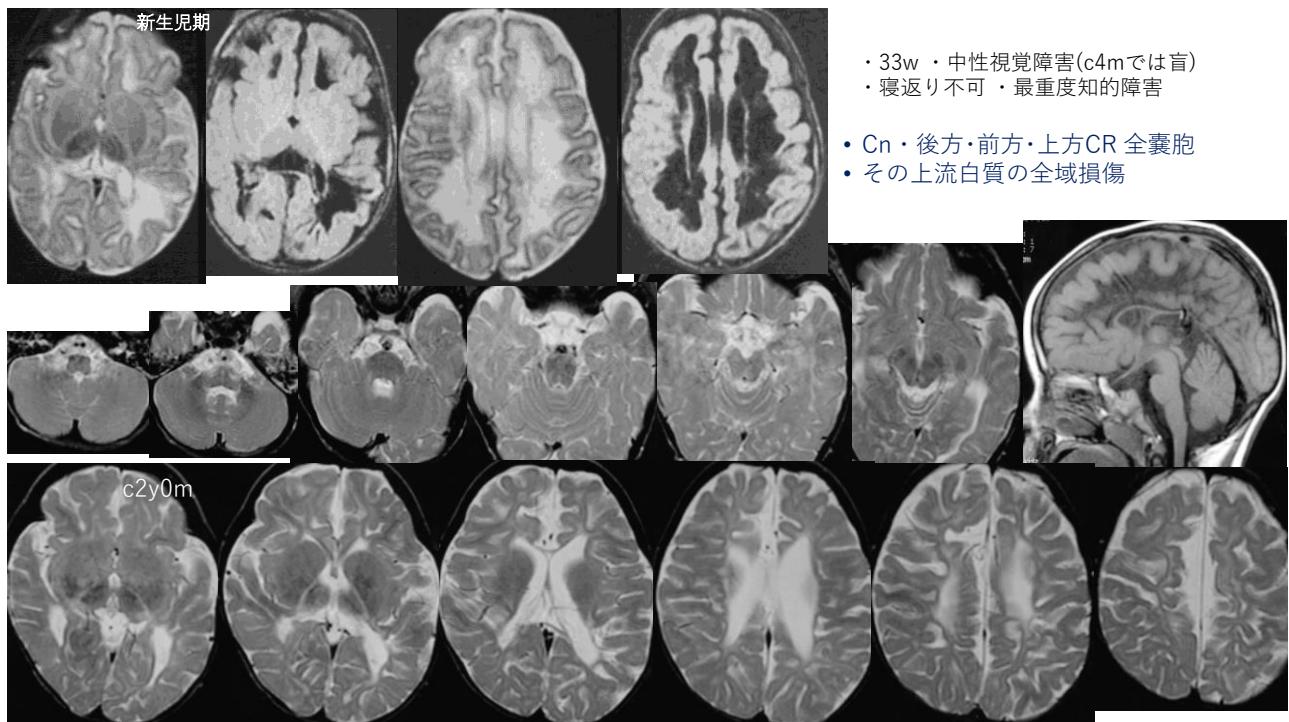
## 早産白質障害

2

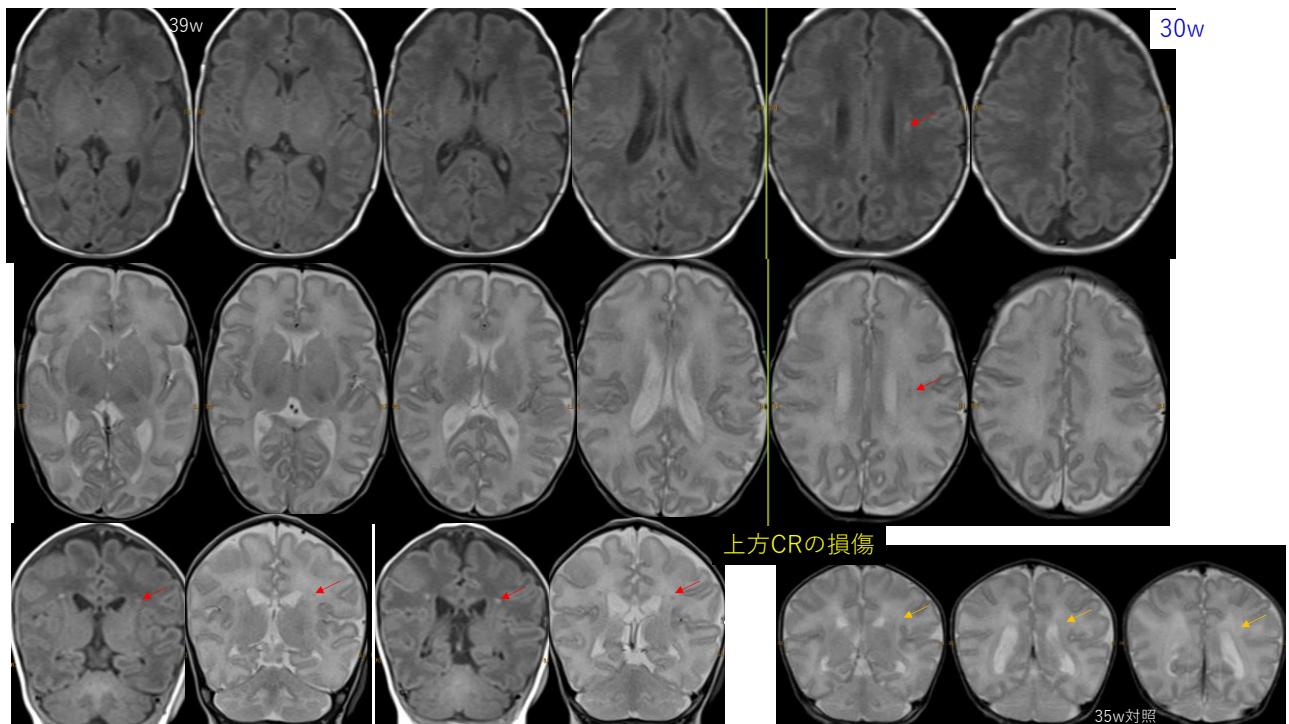
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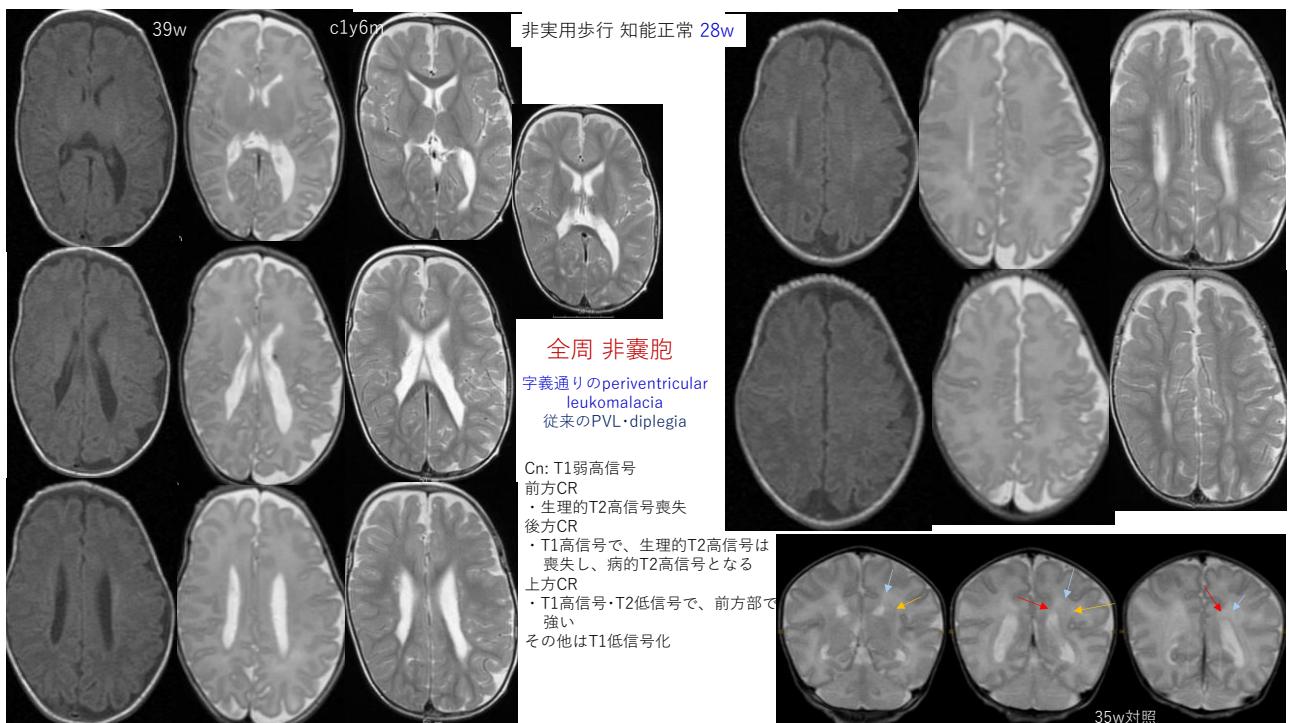
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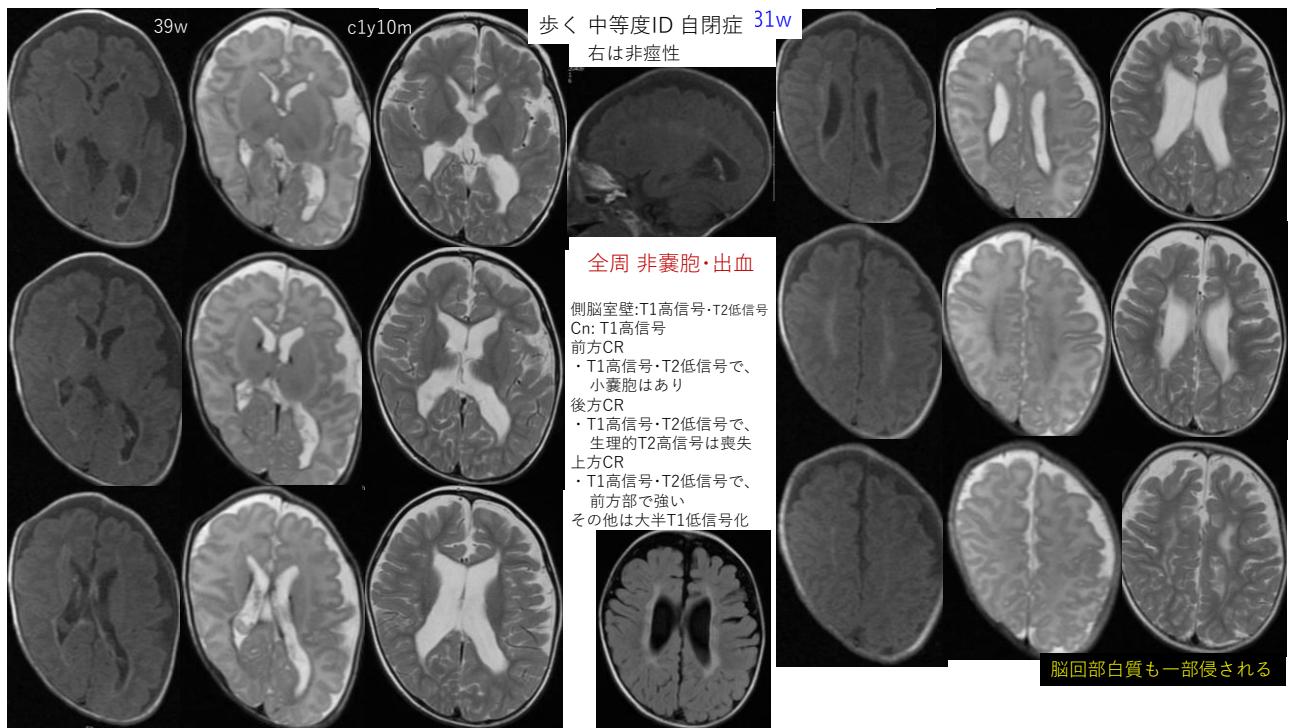


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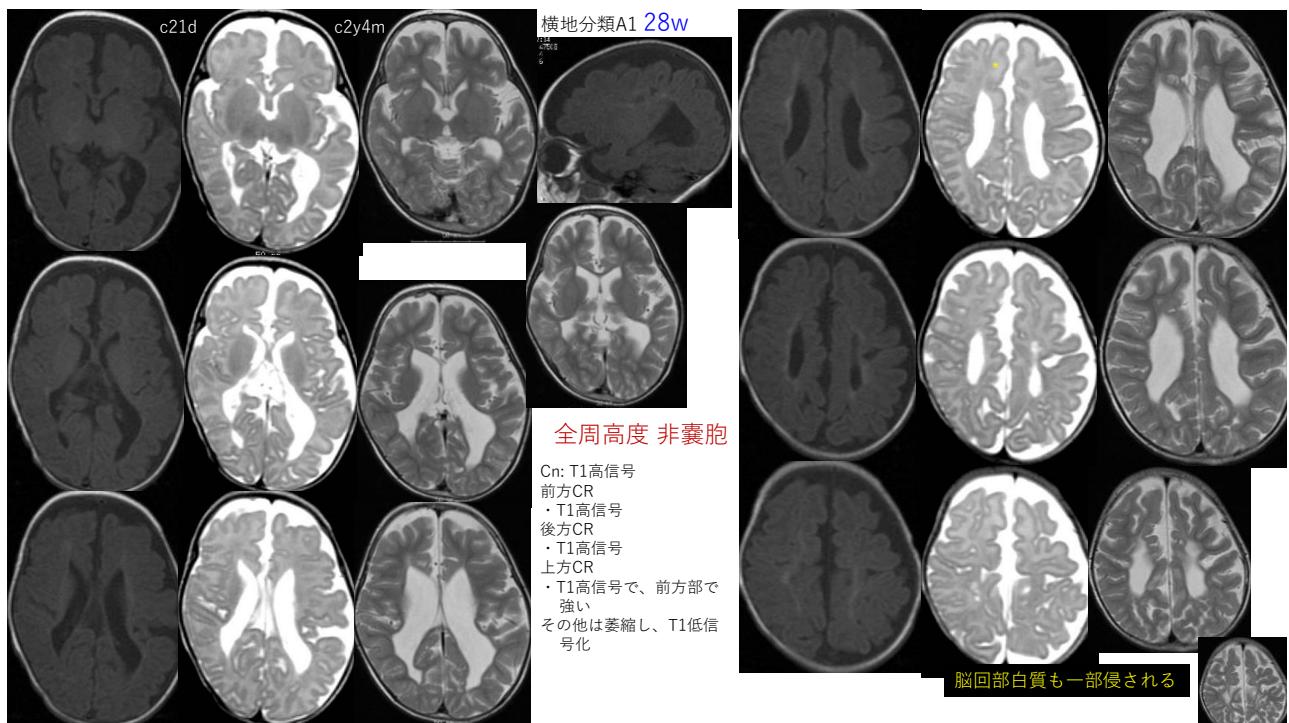


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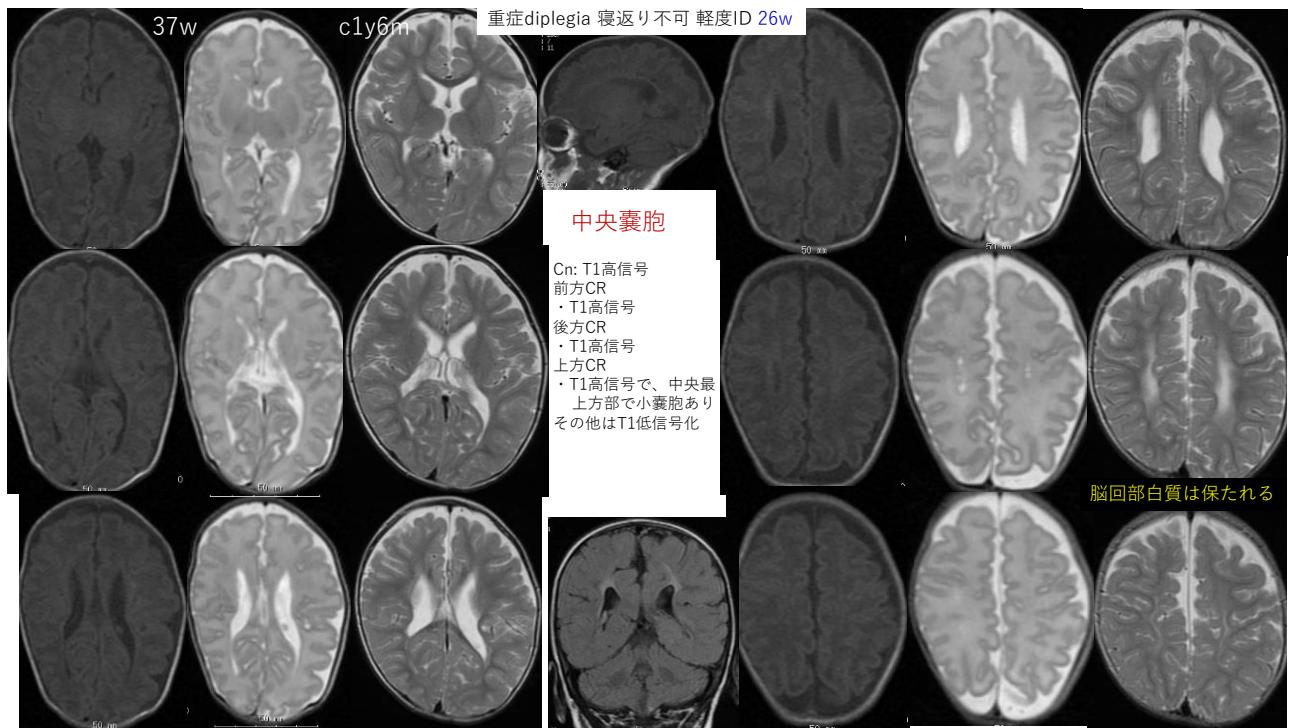


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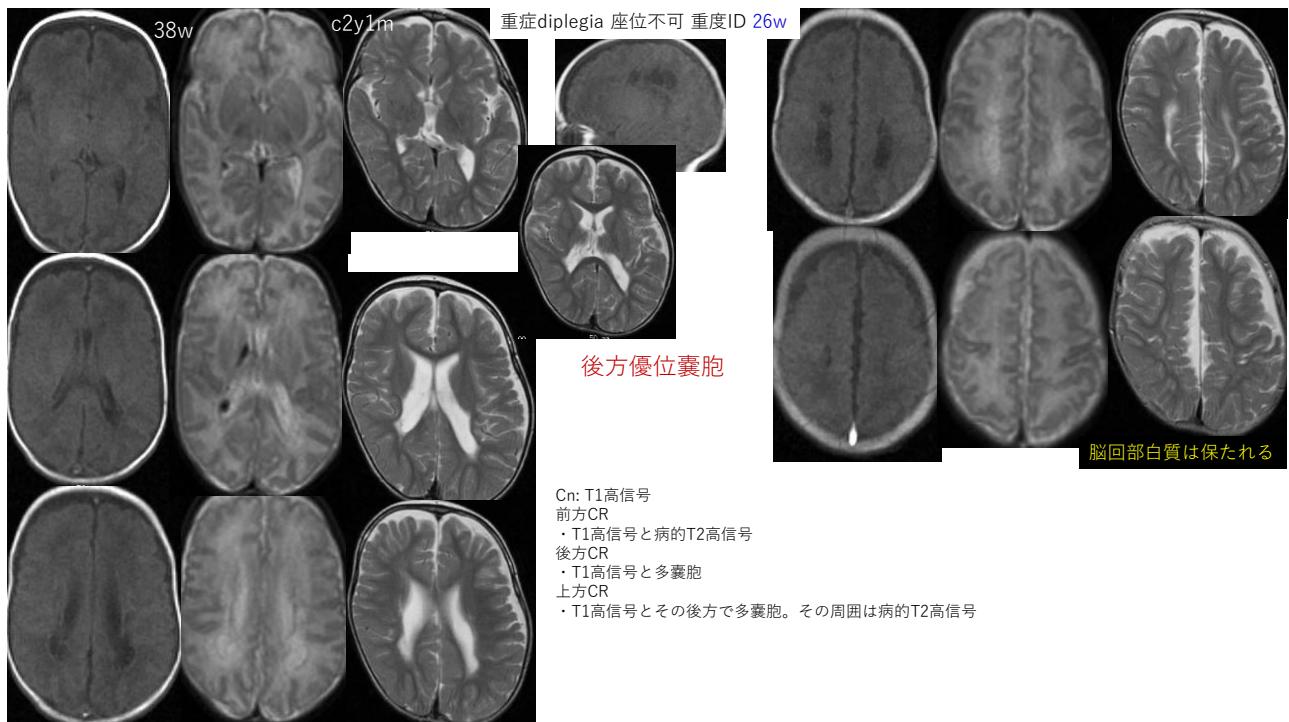


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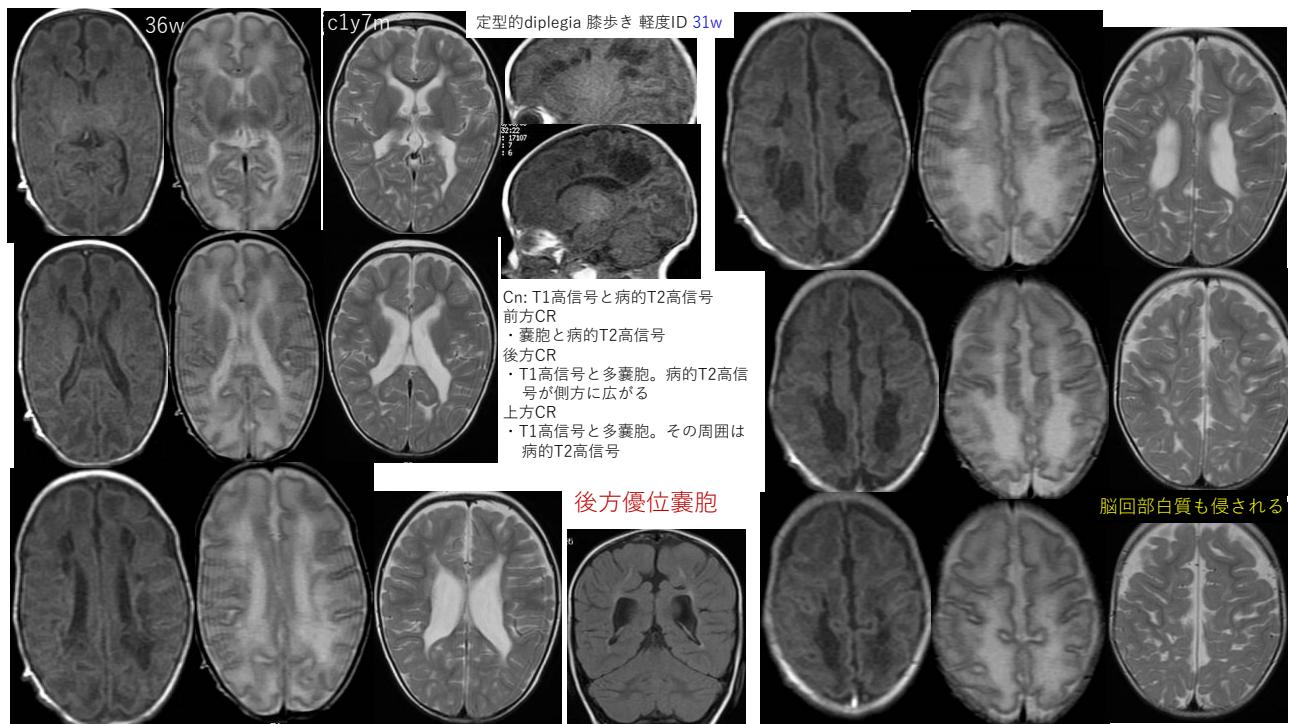
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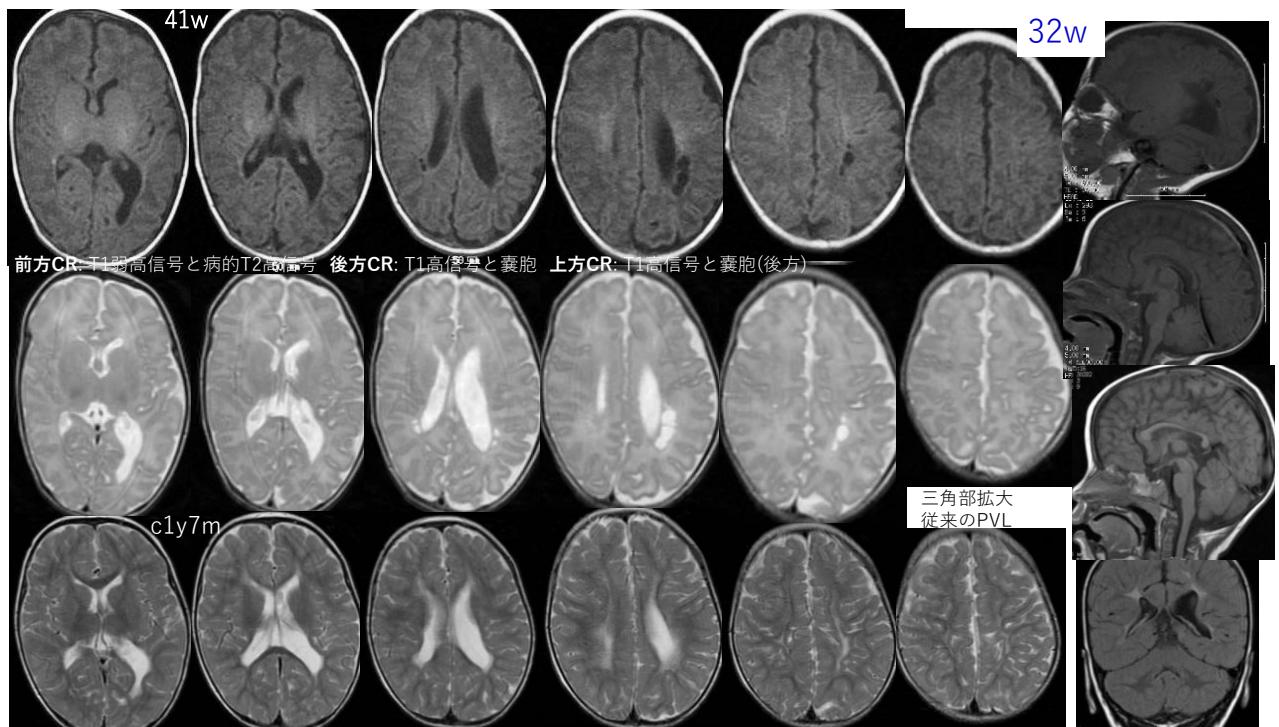
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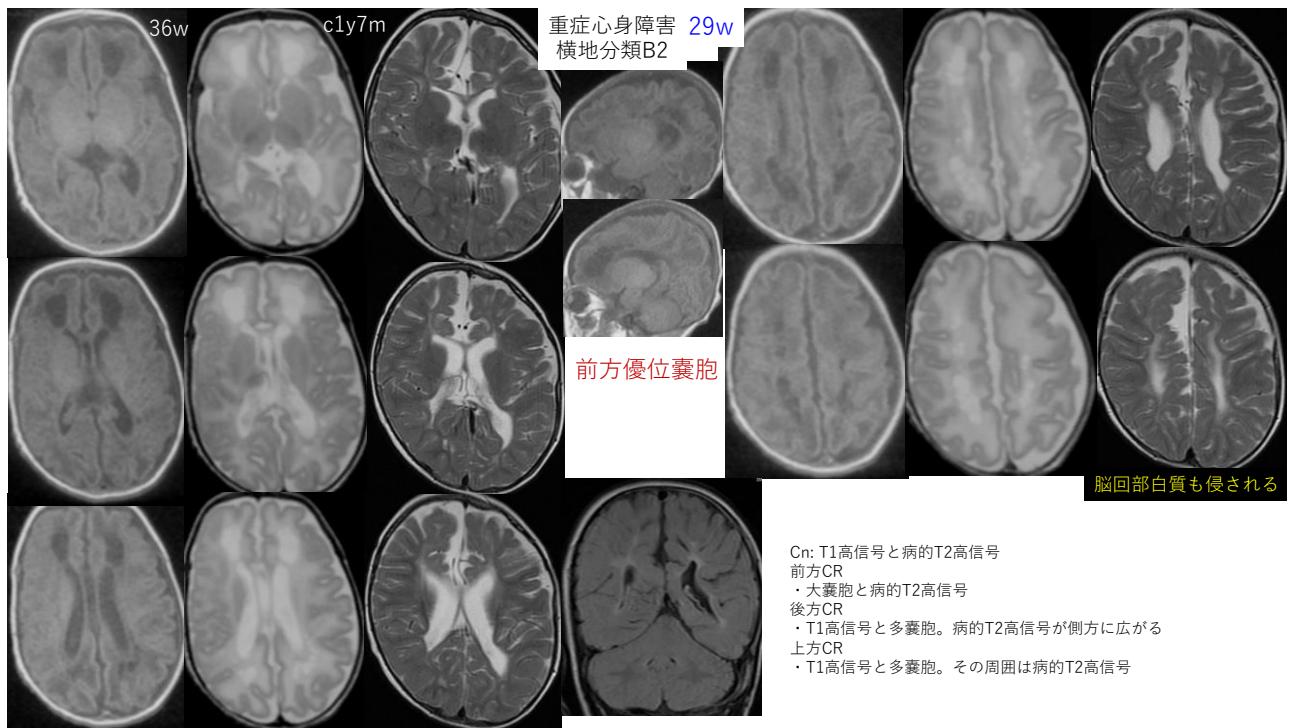
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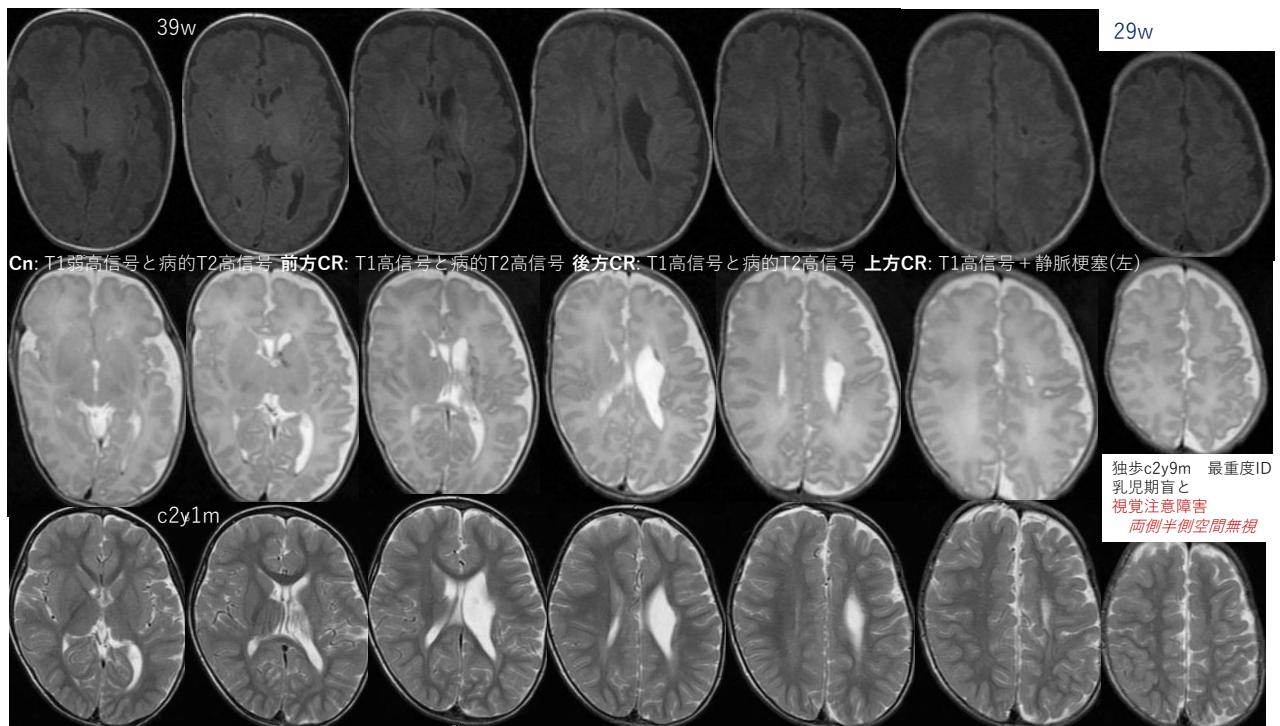
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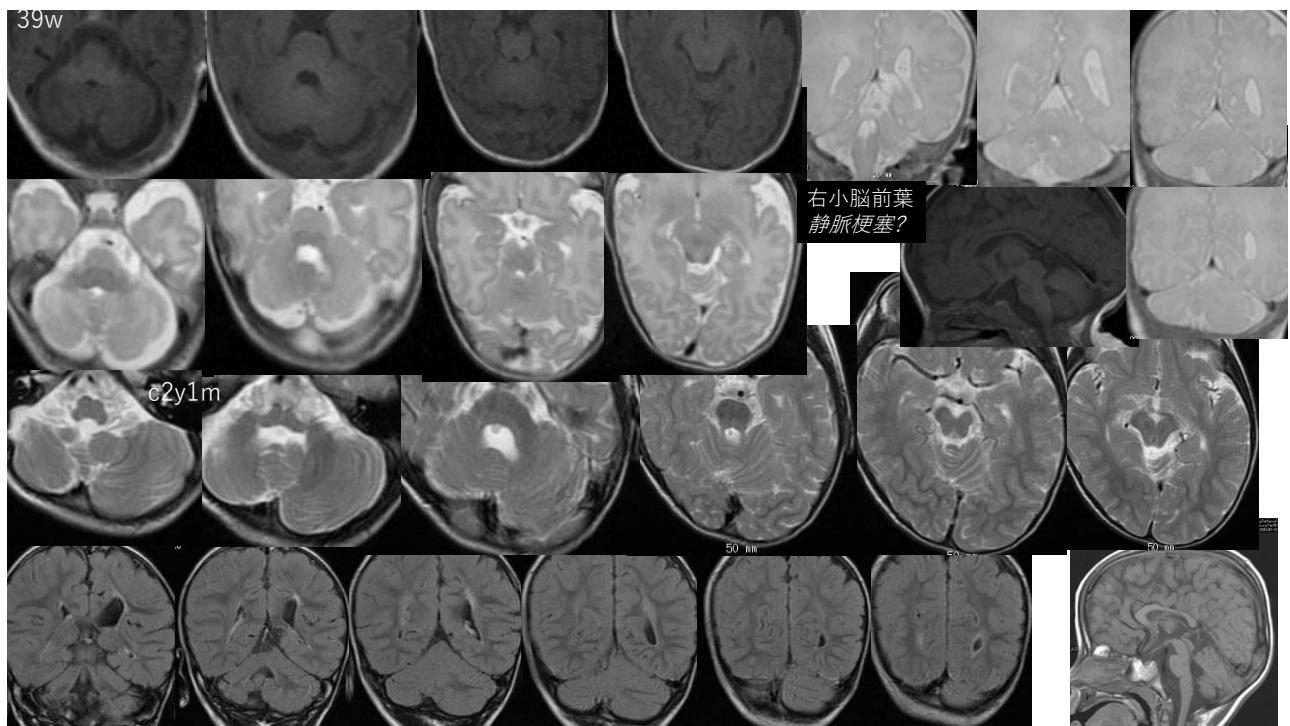
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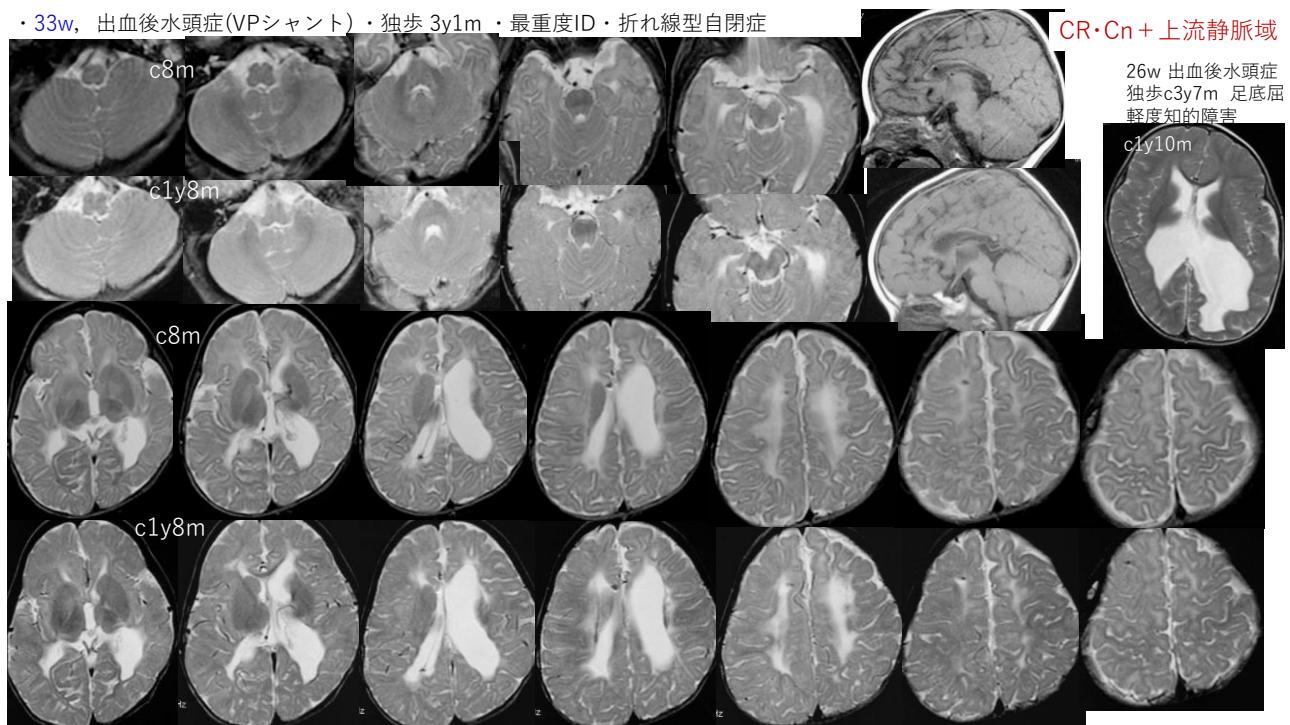
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14



15

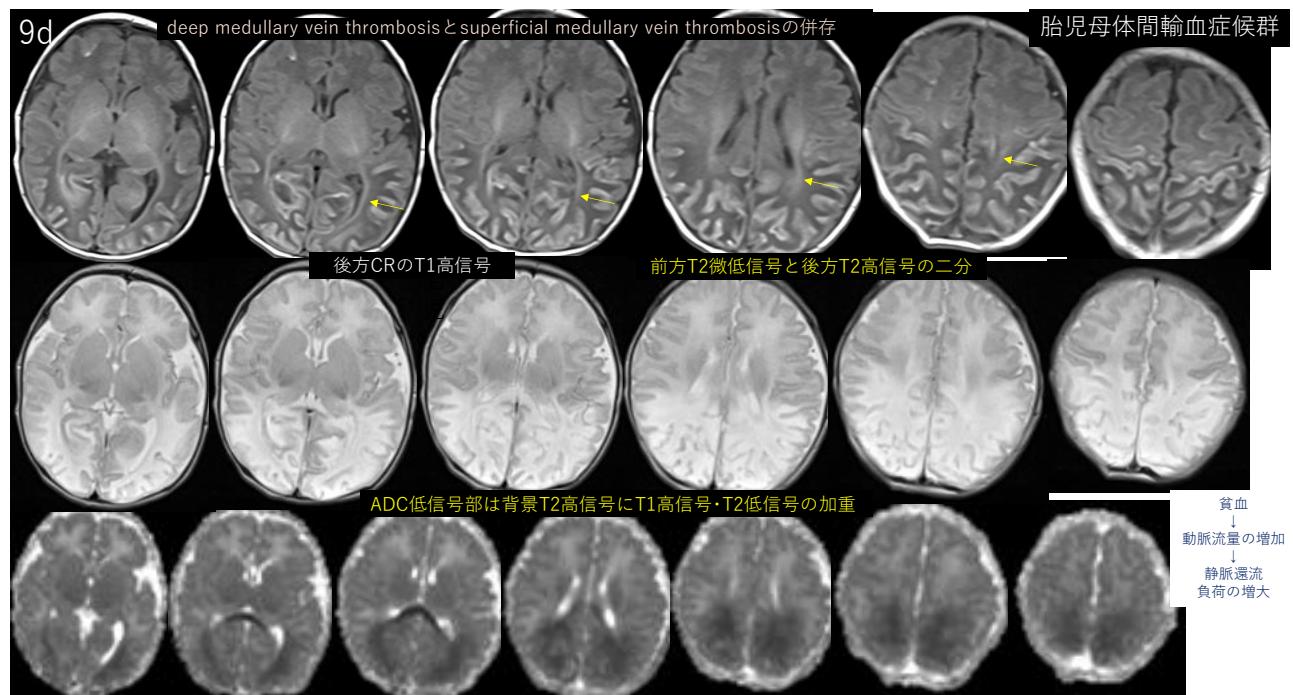


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## 脳低血流障害

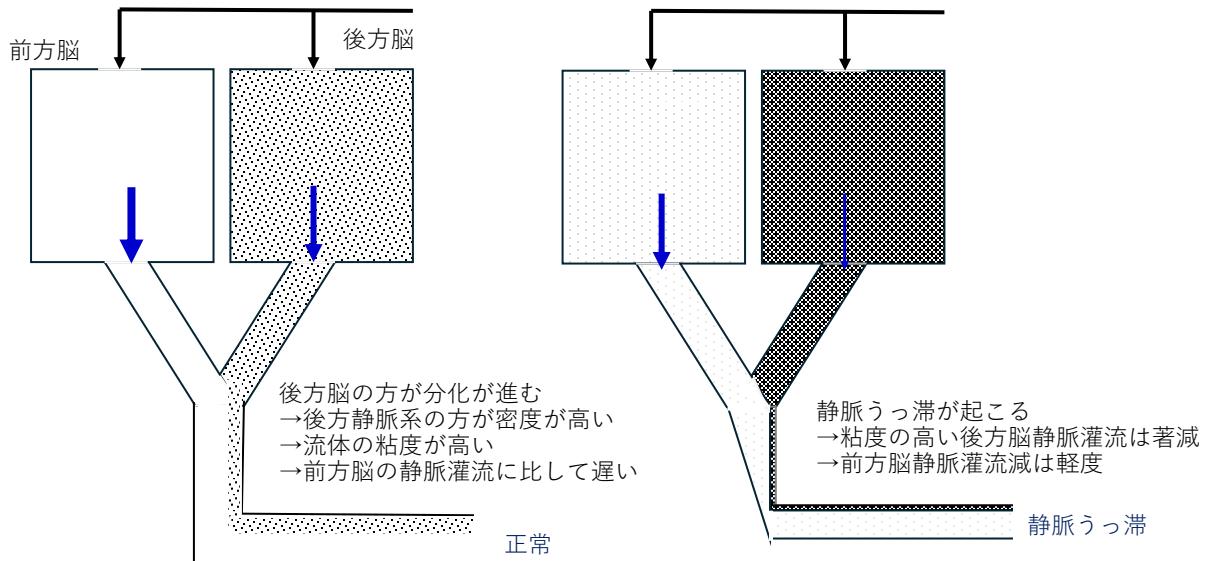
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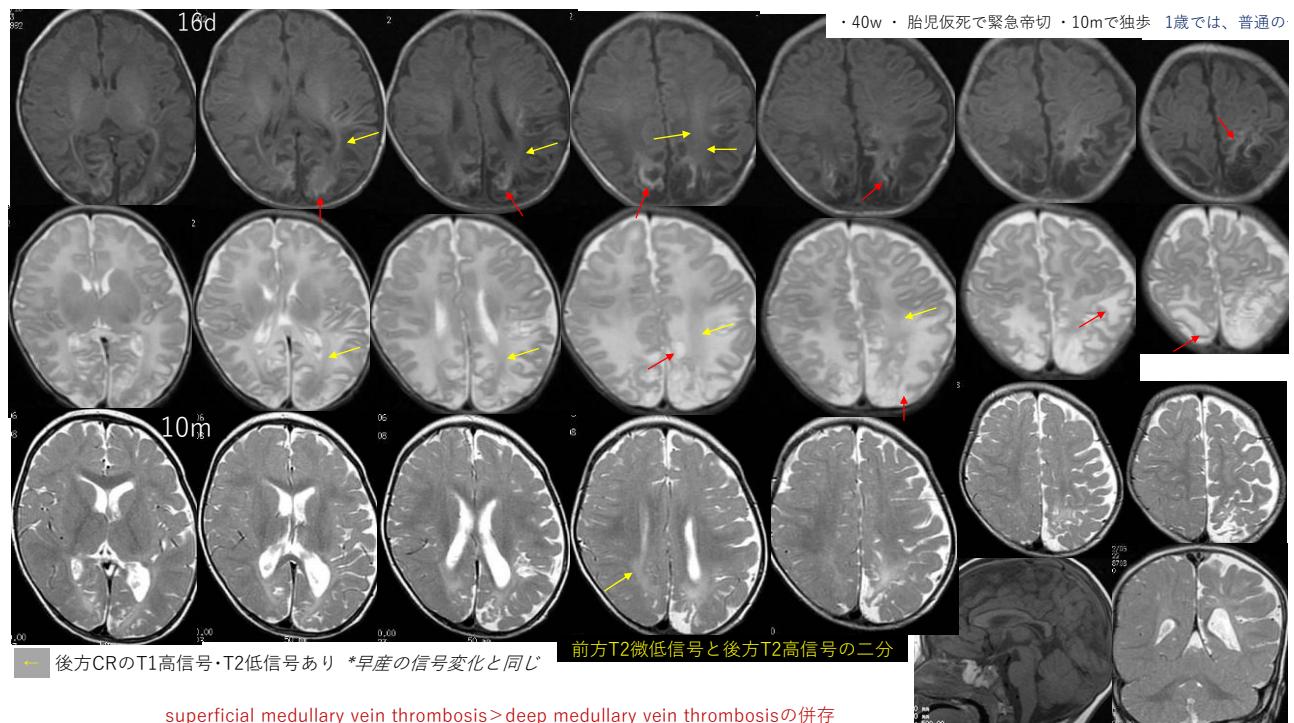
もともと水様成分の多い白質部の静脈還流が悪くなれば、腫大しT2高信号となる 水様成分の少ない白質部の静脈還流が悪くなれば、変性萎縮し細胞密度が増しT1高信号となる

18

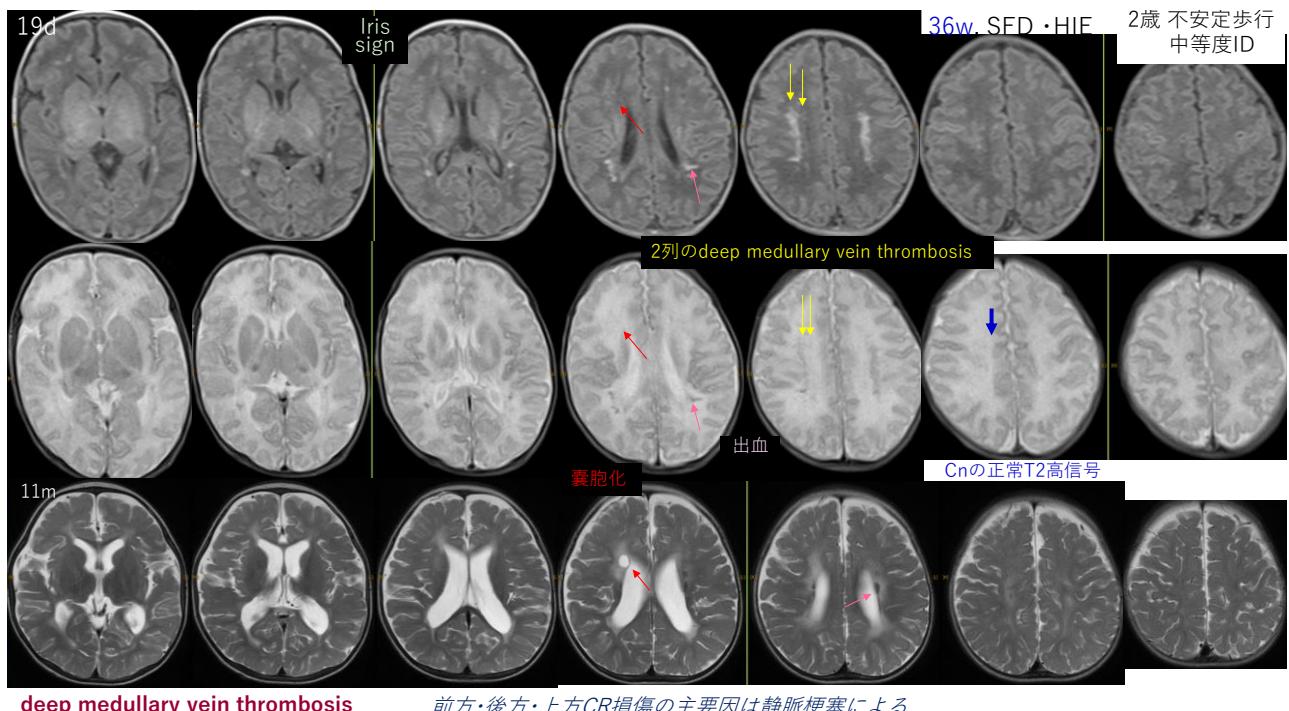
## 静脈うっ滞の前方脳T2低信号・後方脳T2高信号の清流・濁流モデル



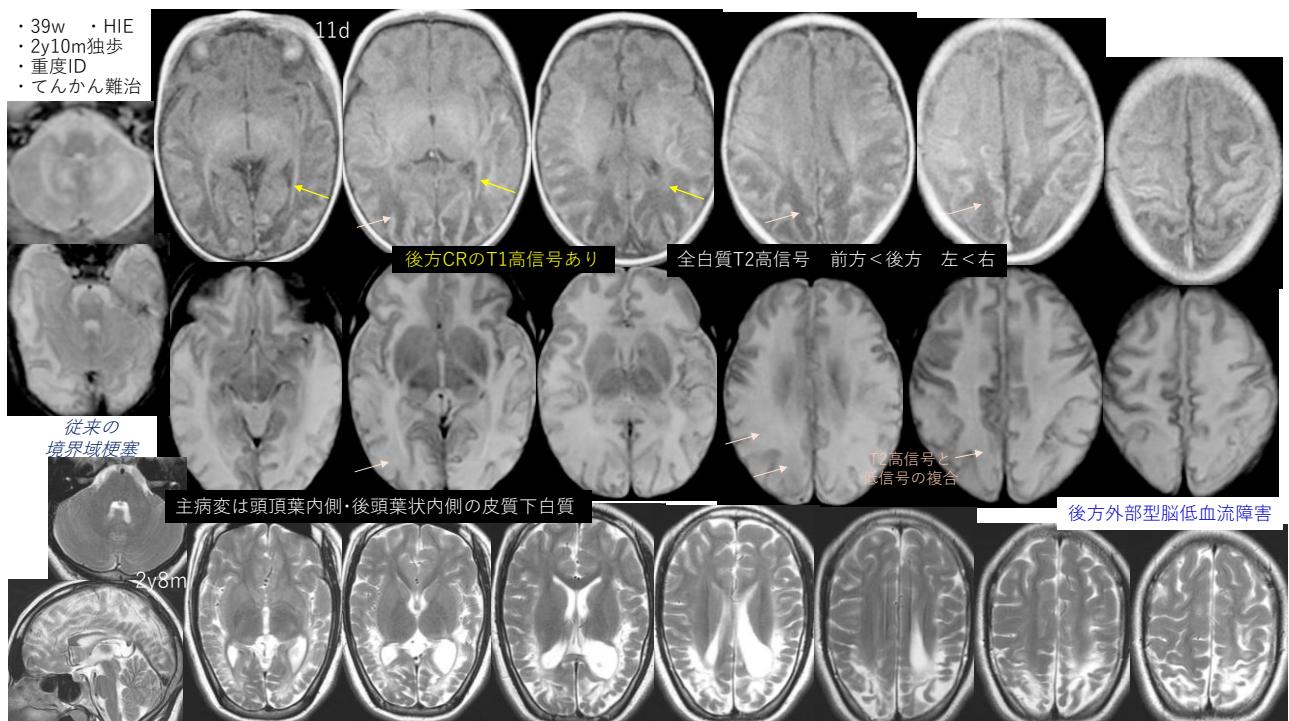
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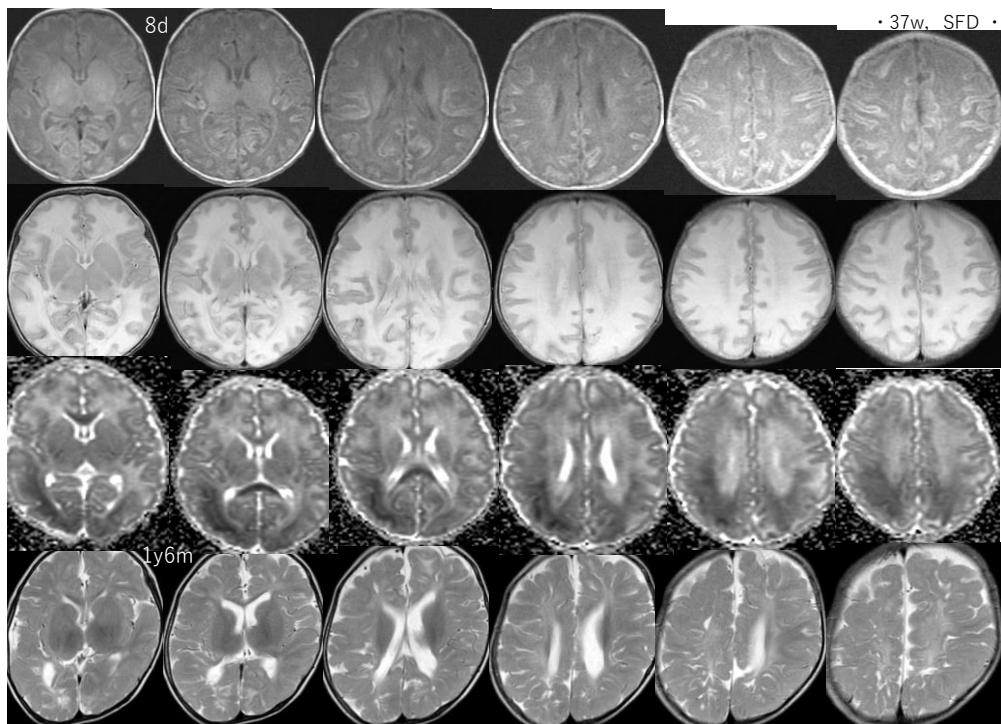
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21



22

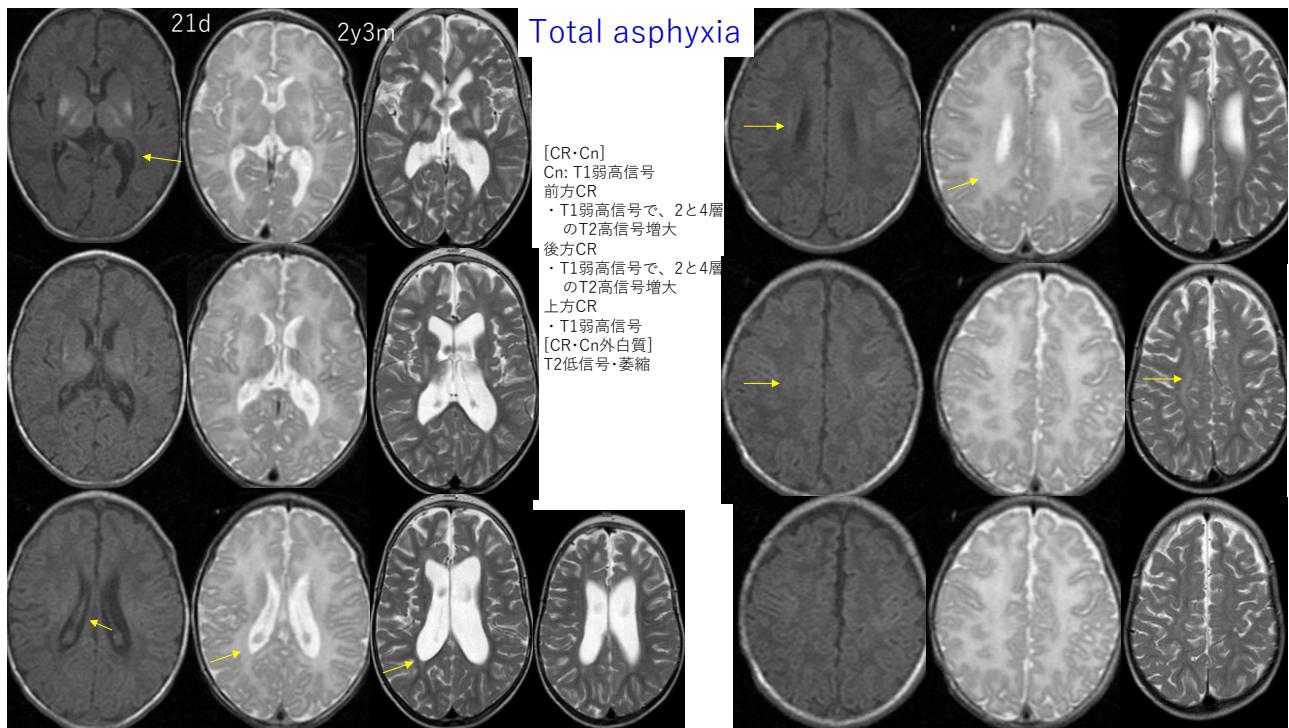


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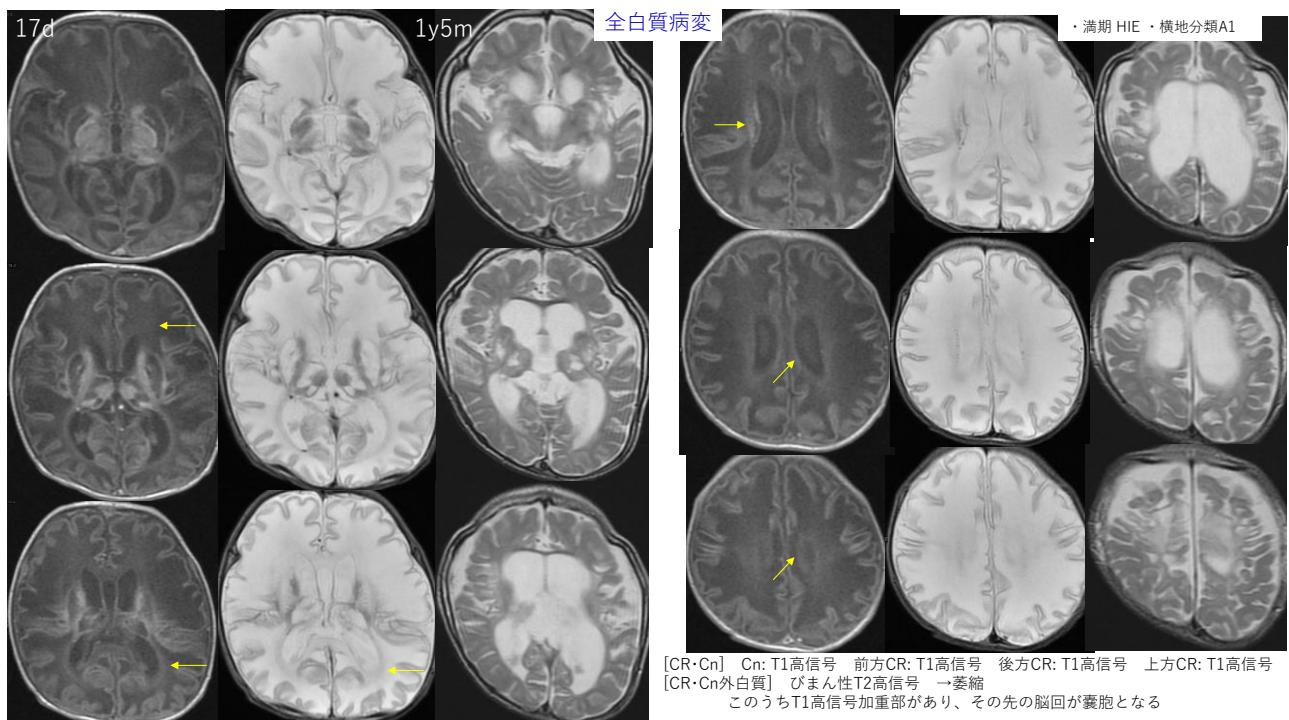


## 満期産白質障害

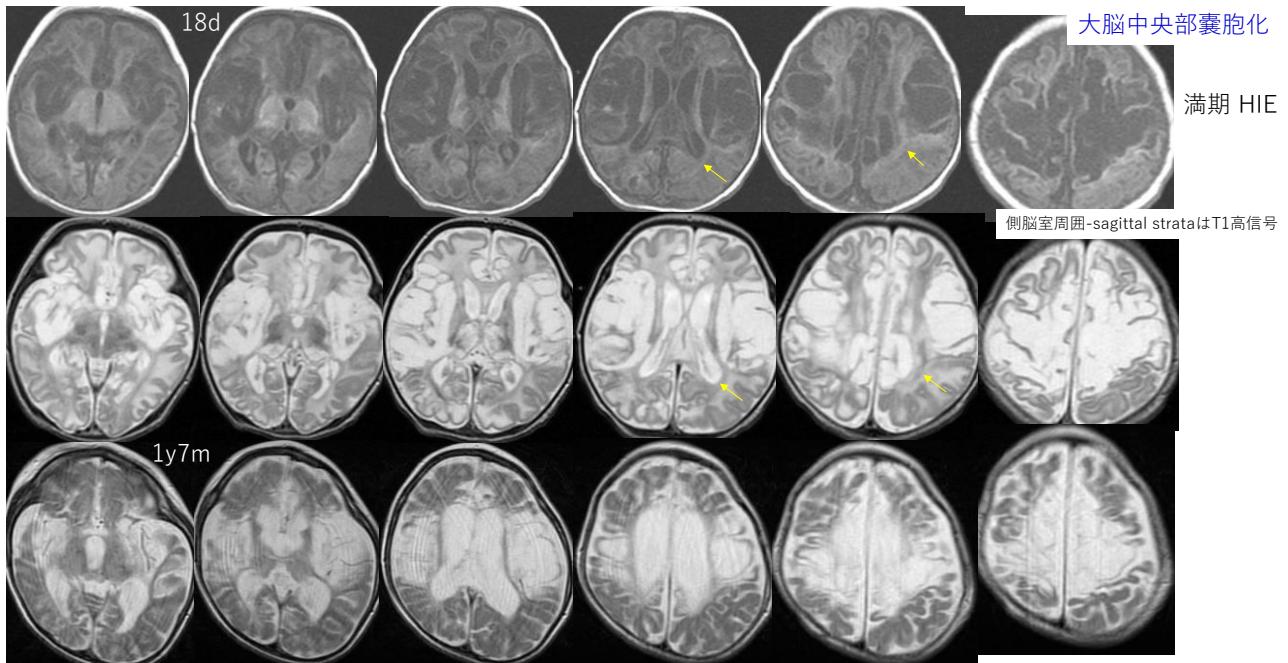
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25

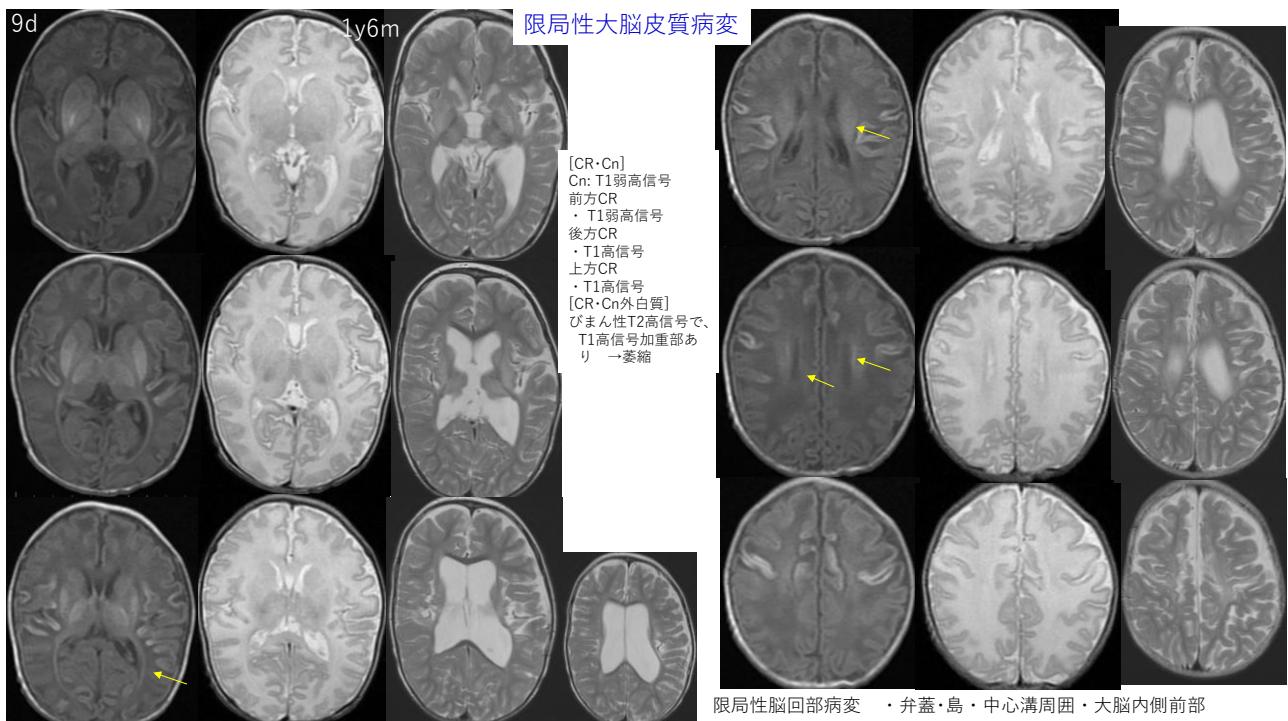


26

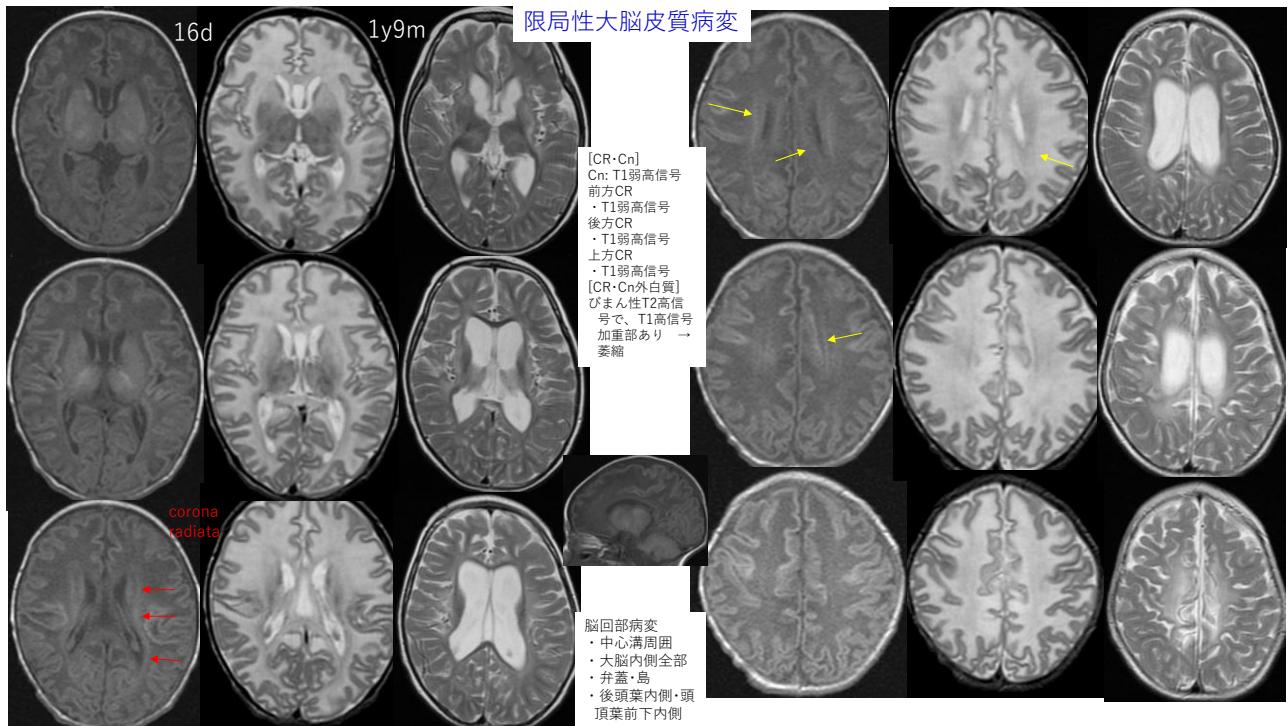


- 中心溝の前後、大脳内側の前後、弁蓋部と島部、海馬周囲の脳回とその下部白質が一塊となり囊胞化する
- [CR・Cn] T1高信号
- [CR・Cn外白質] びまん性T2高信号で、T1高信号加重部があり →萎縮
- \*T1高信号は皮質にあり

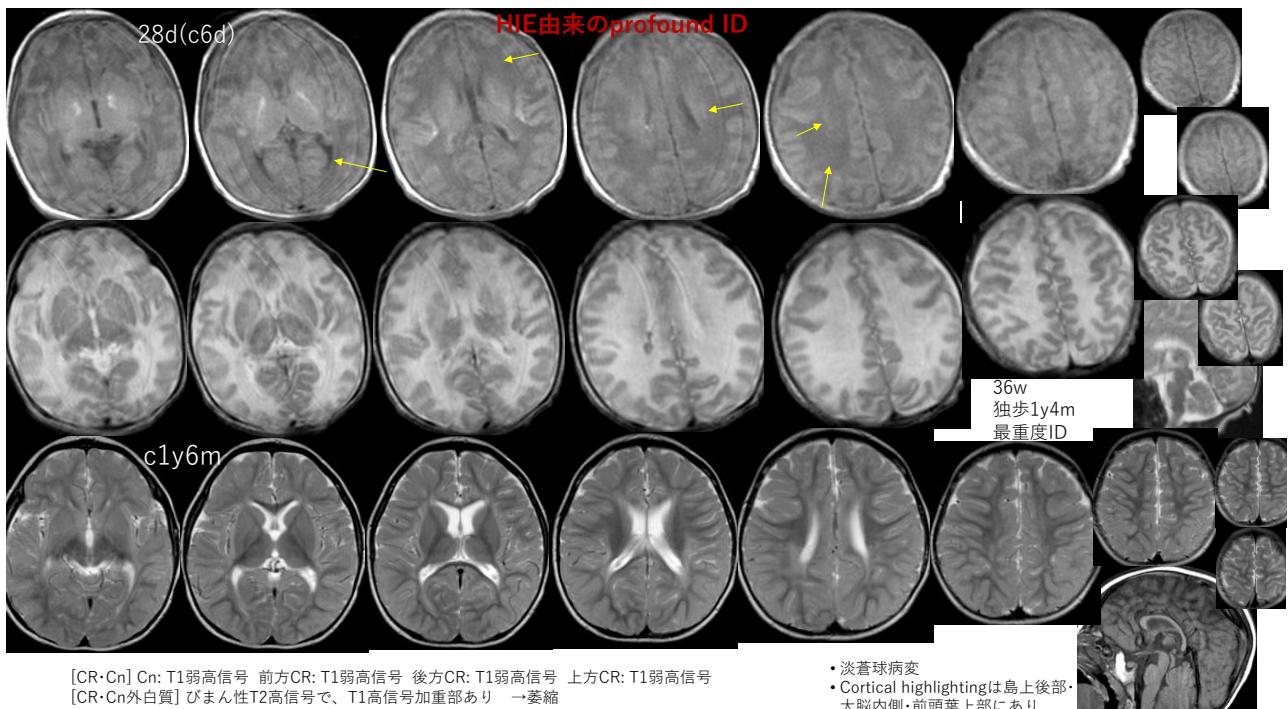
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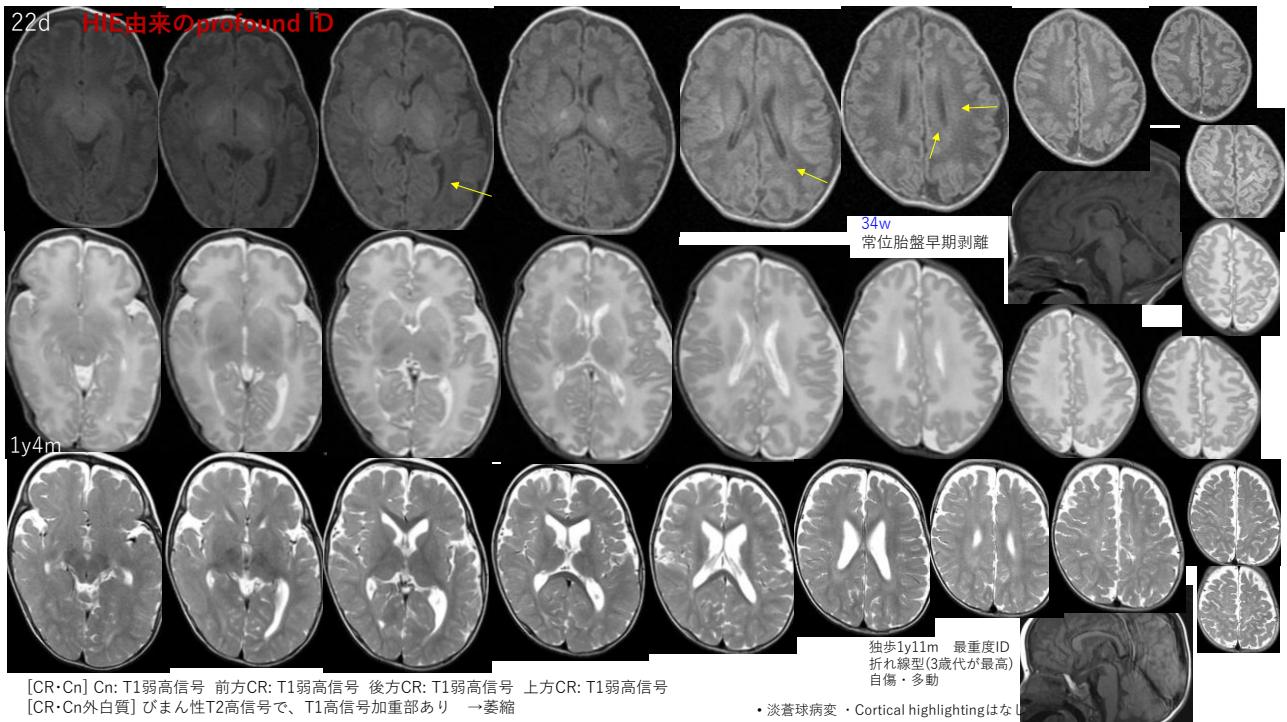
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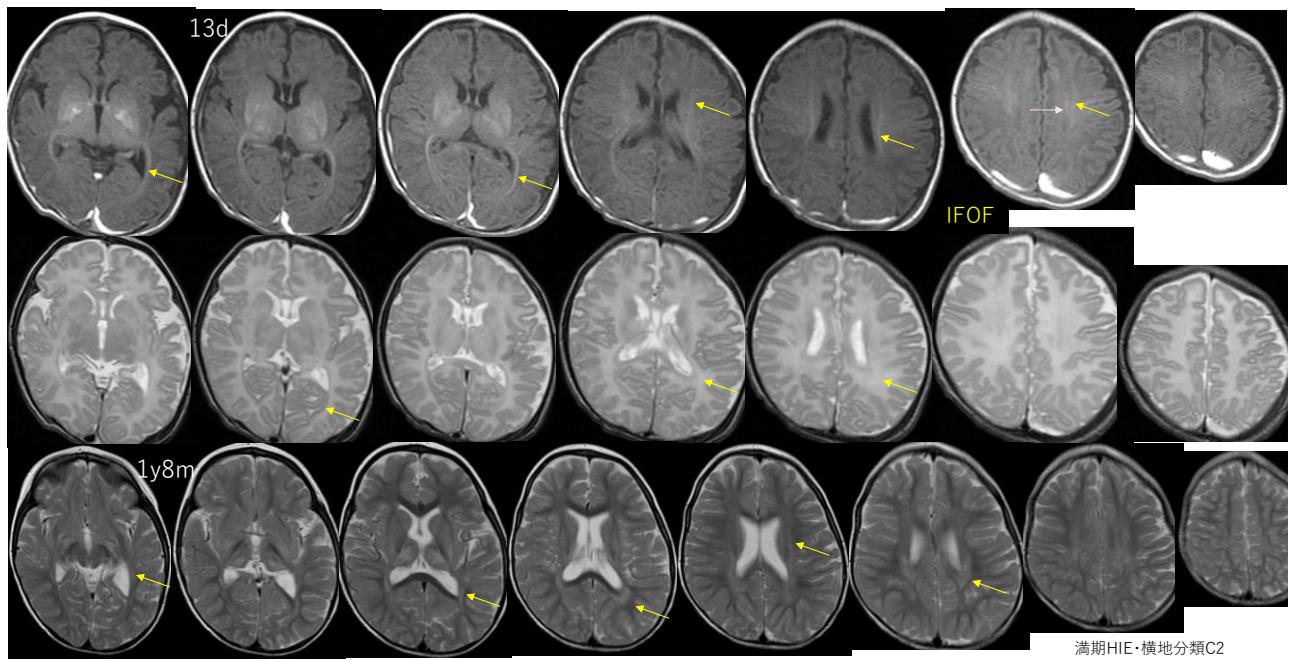
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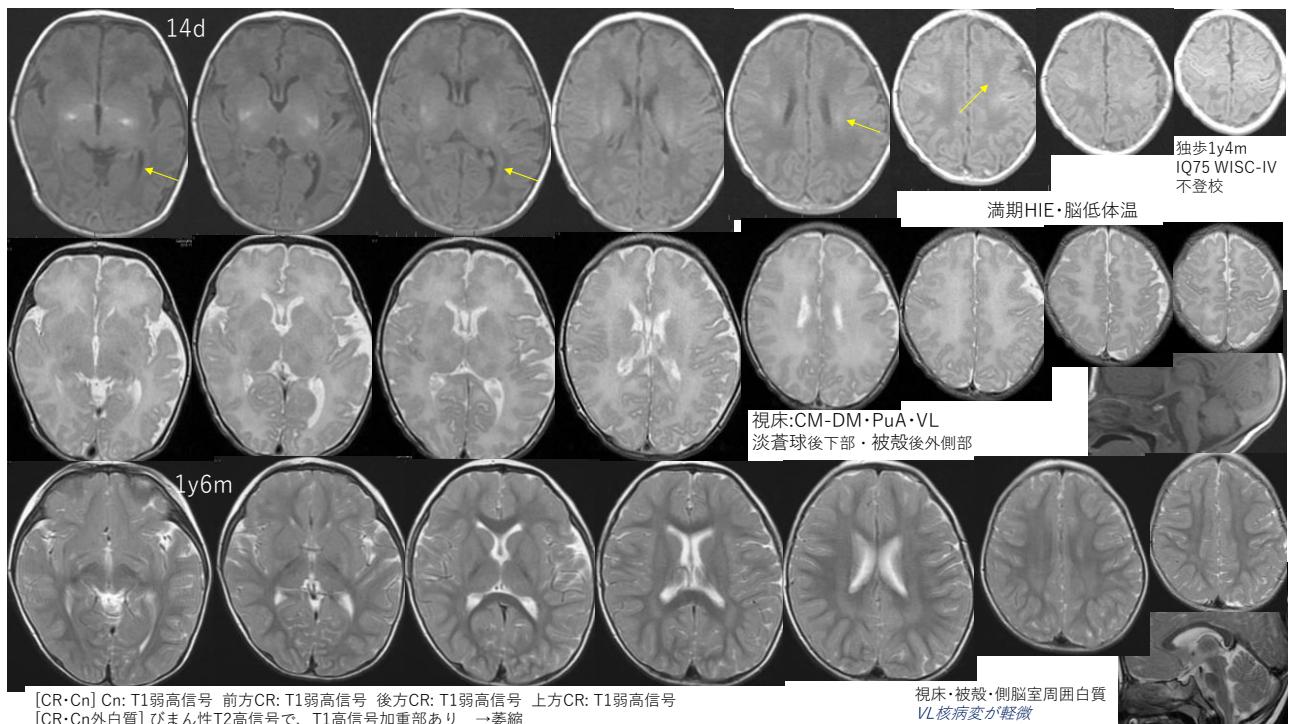
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31



32

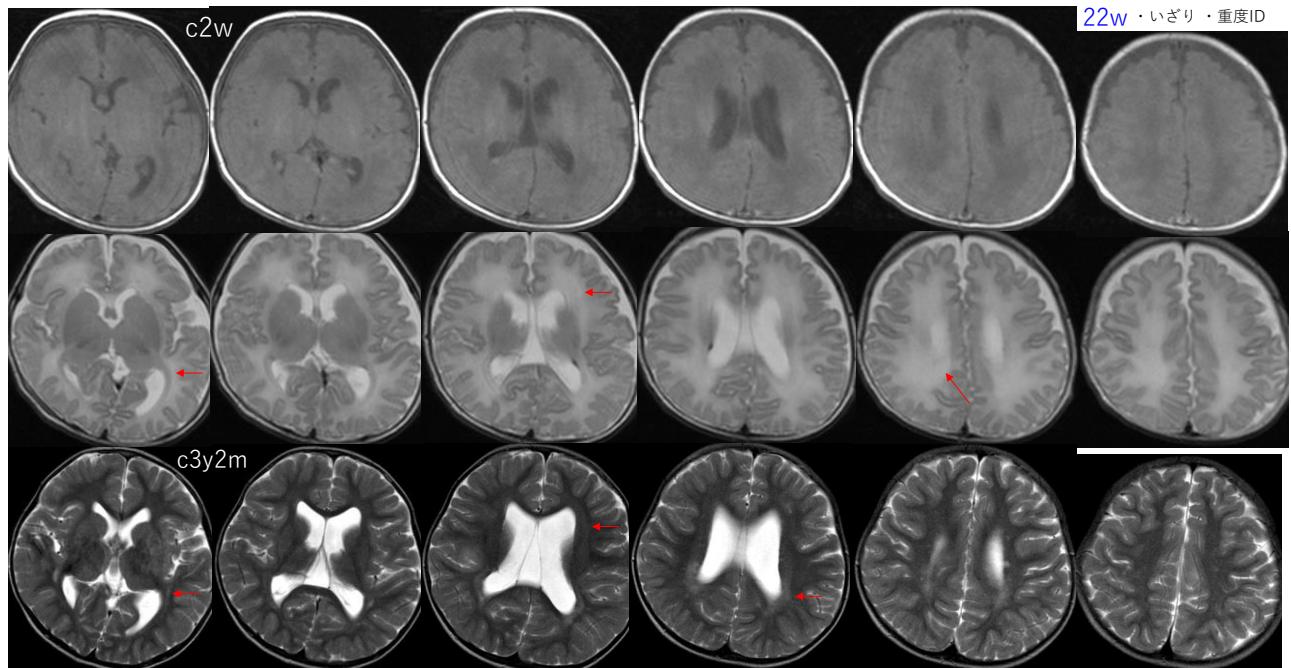


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## 早産失調の白質障害

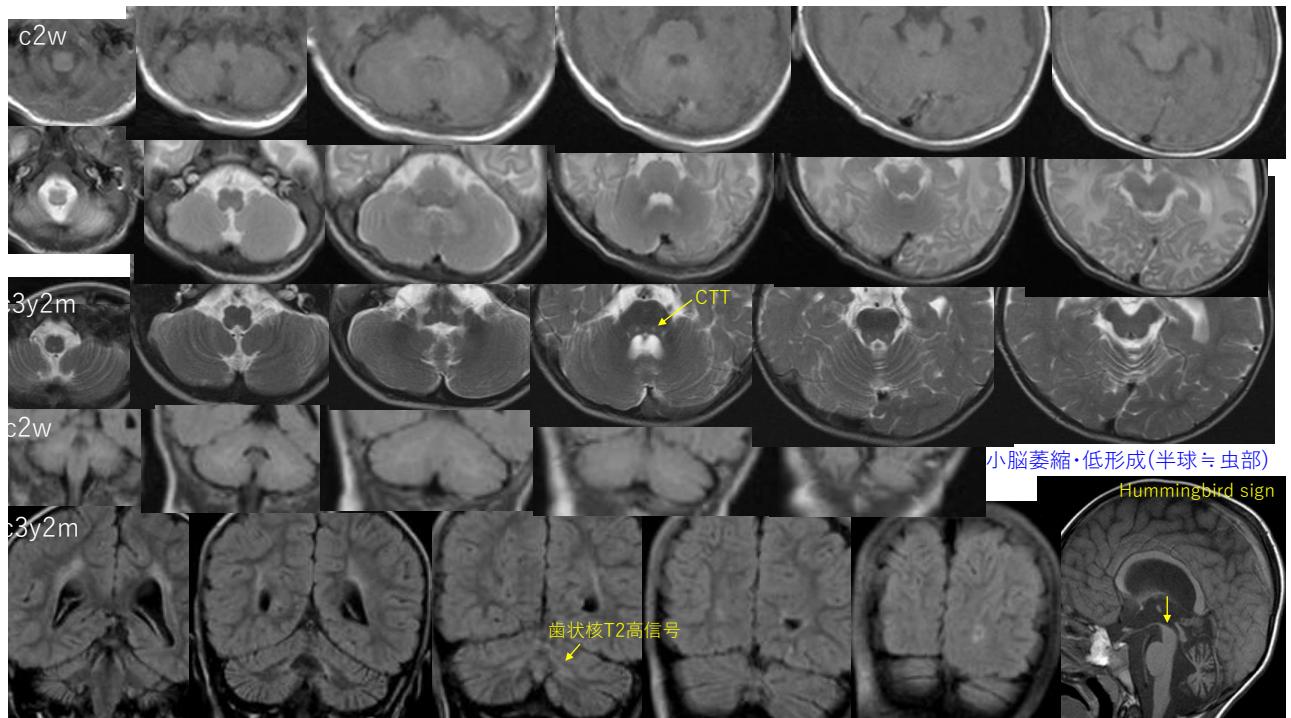


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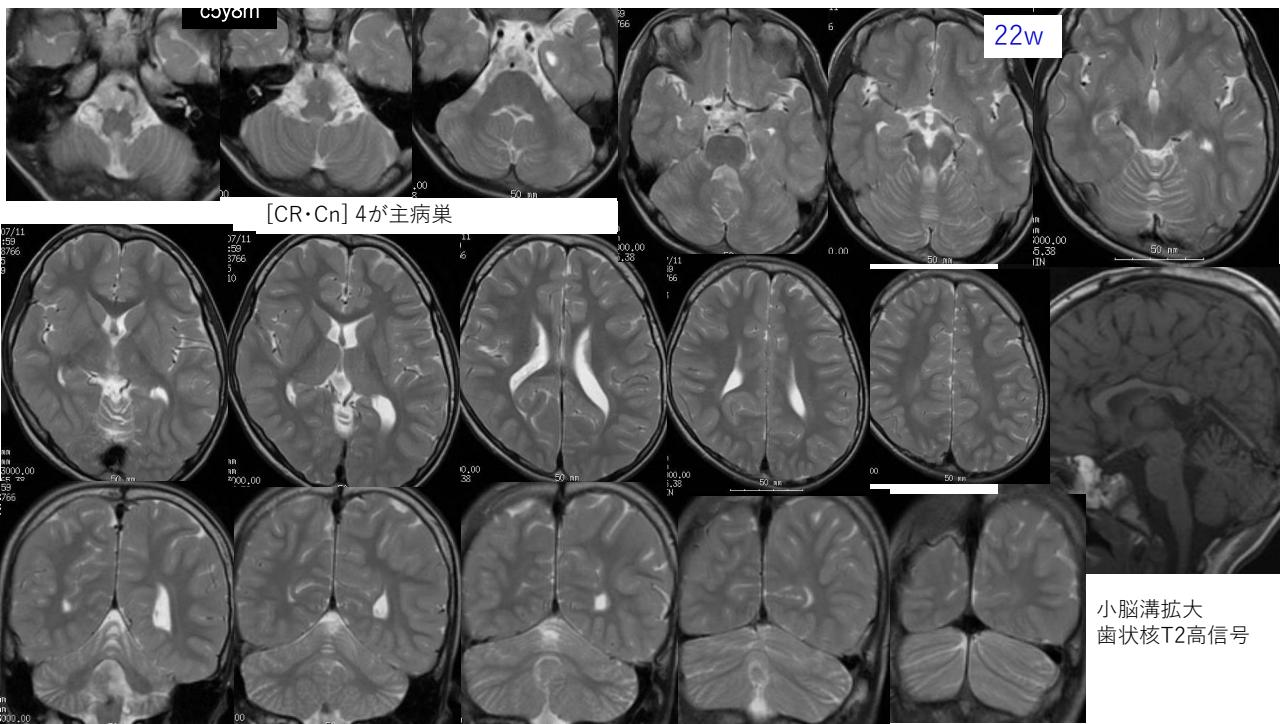


[CR・Cn] 後方・前方とも2<4のT2高信号(T1低信号)と腫大 [CR・Cn外白質] T2弱低信号  
*sagittal stratum-crossroads 病変*

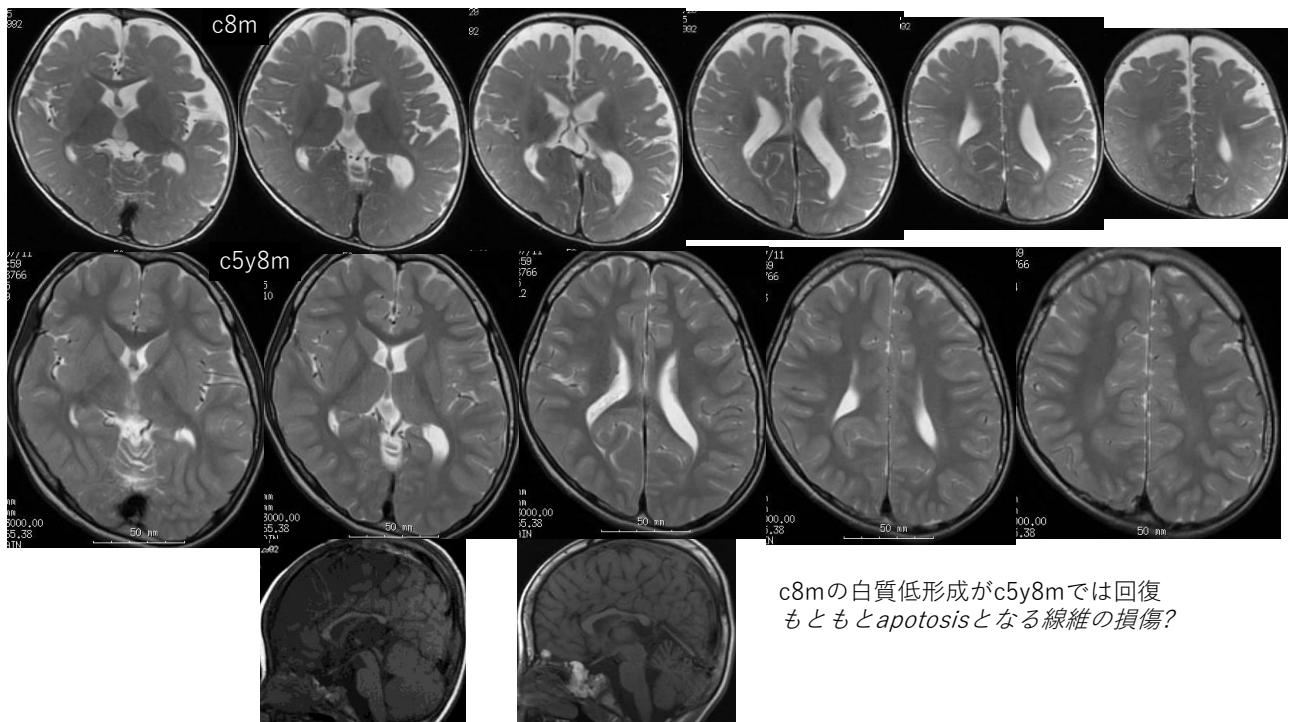
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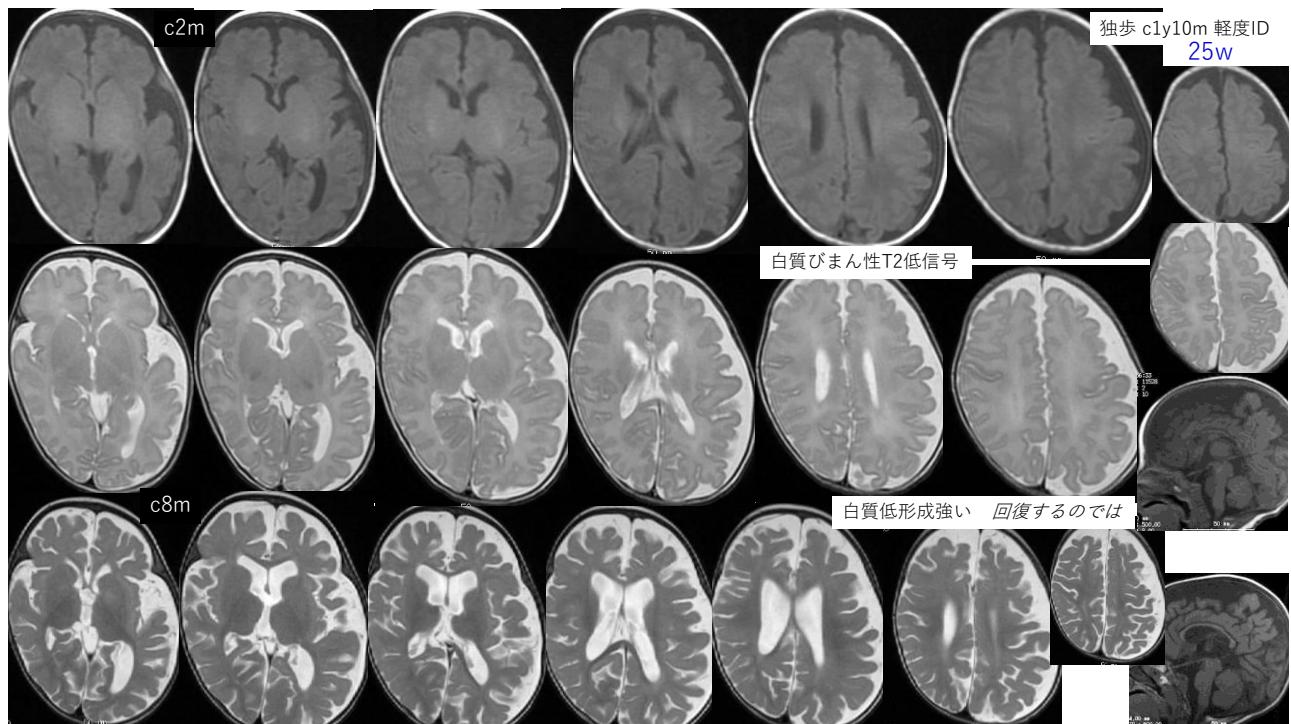
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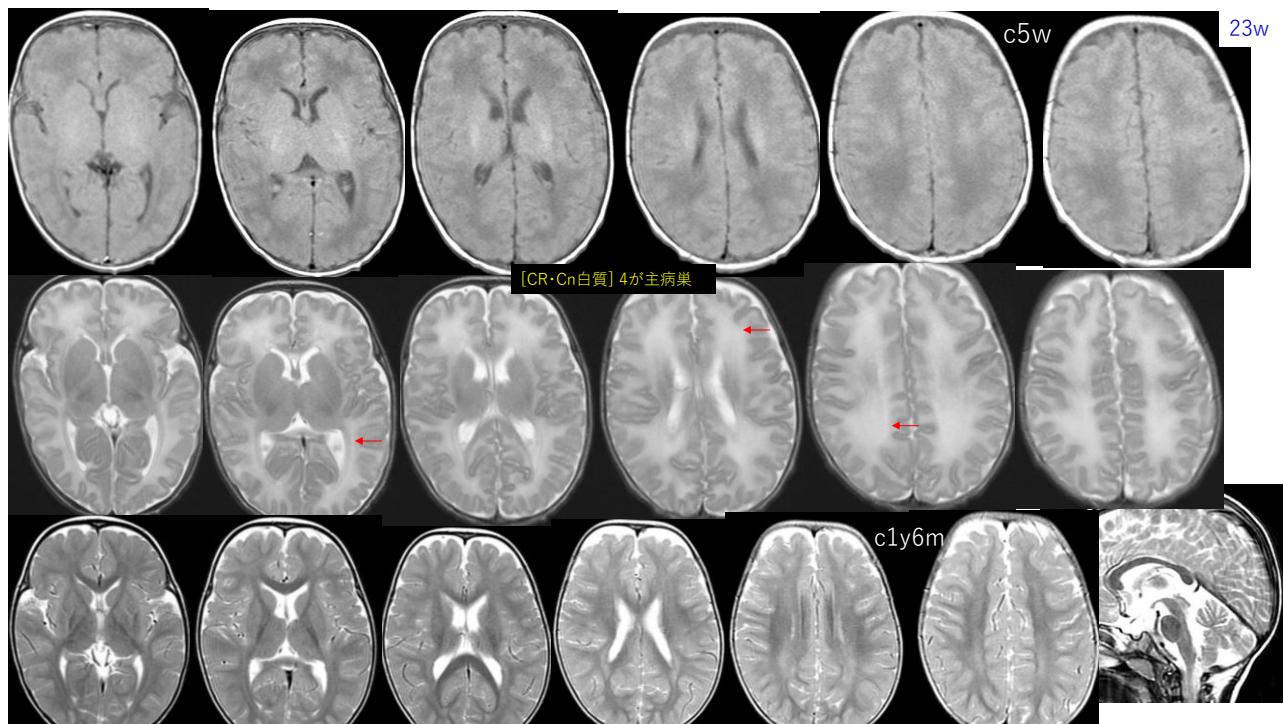
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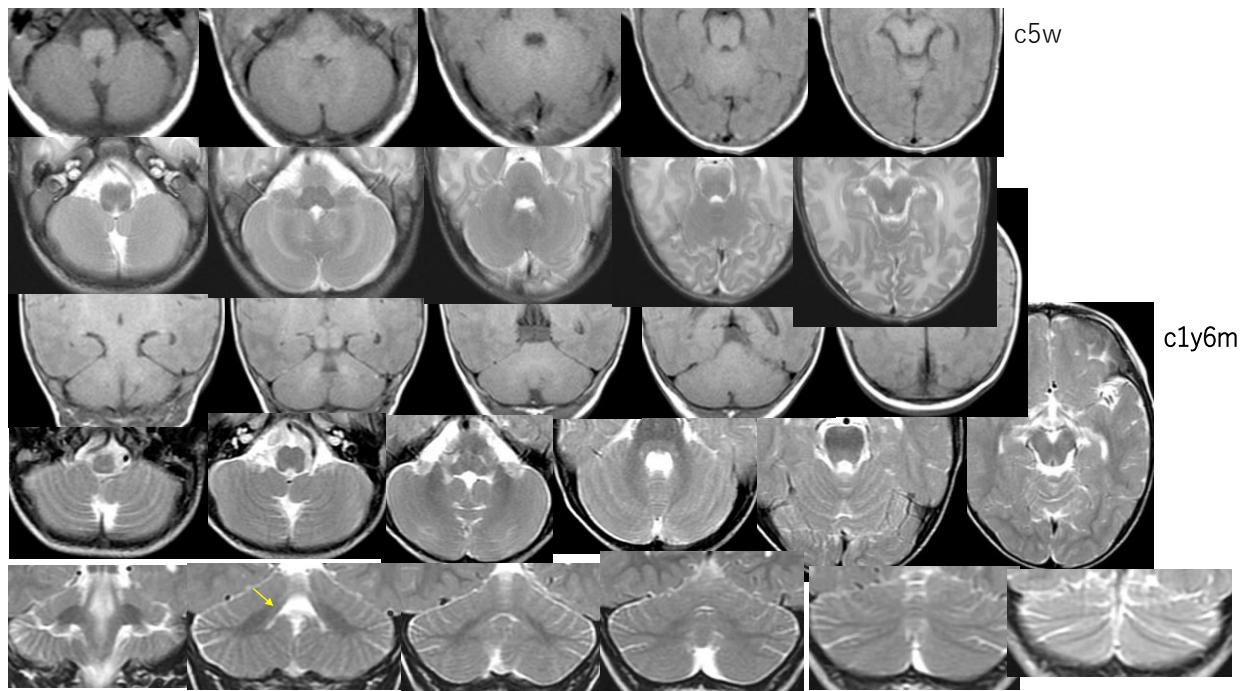
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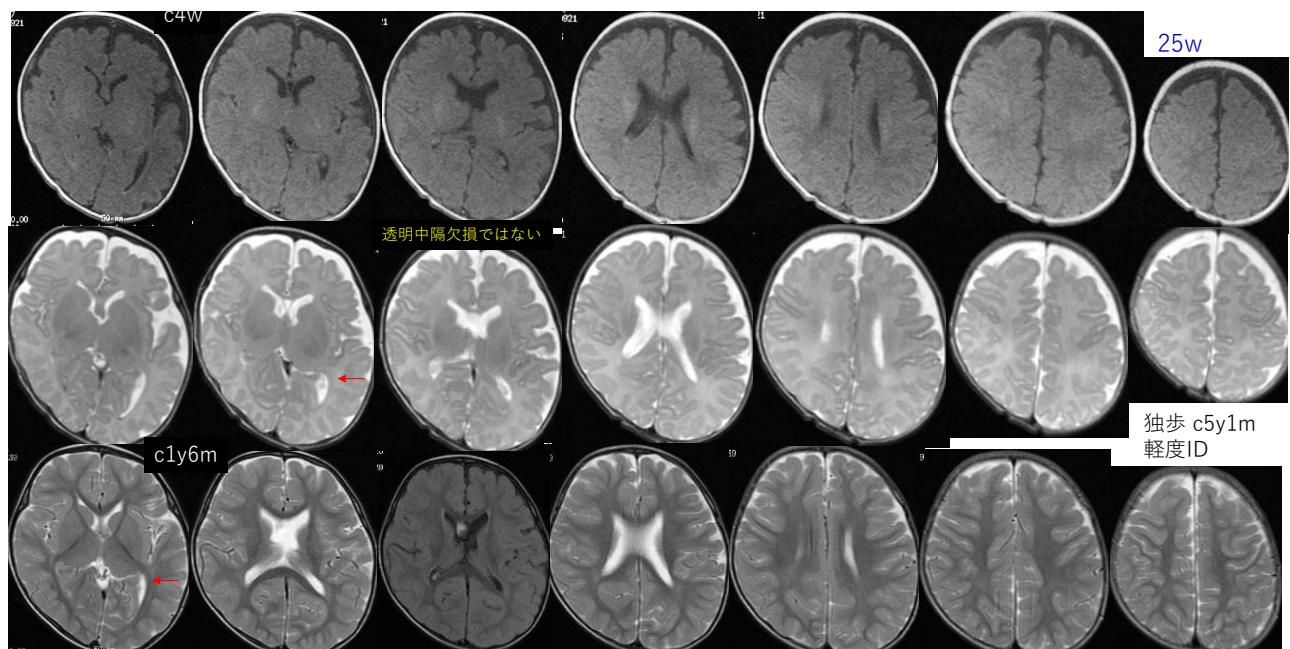
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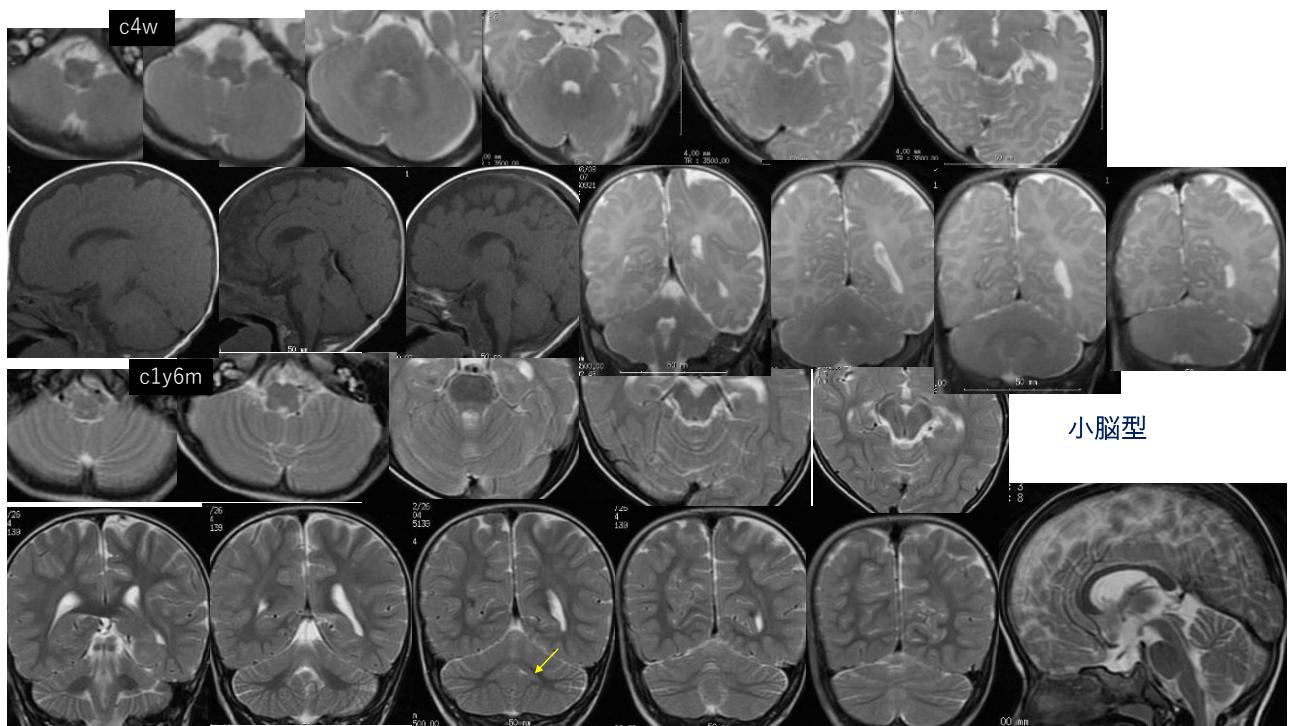


41



[CR・Cn] 4のT2高信号少し [CR・Cn外白質] T2低信号

42



43

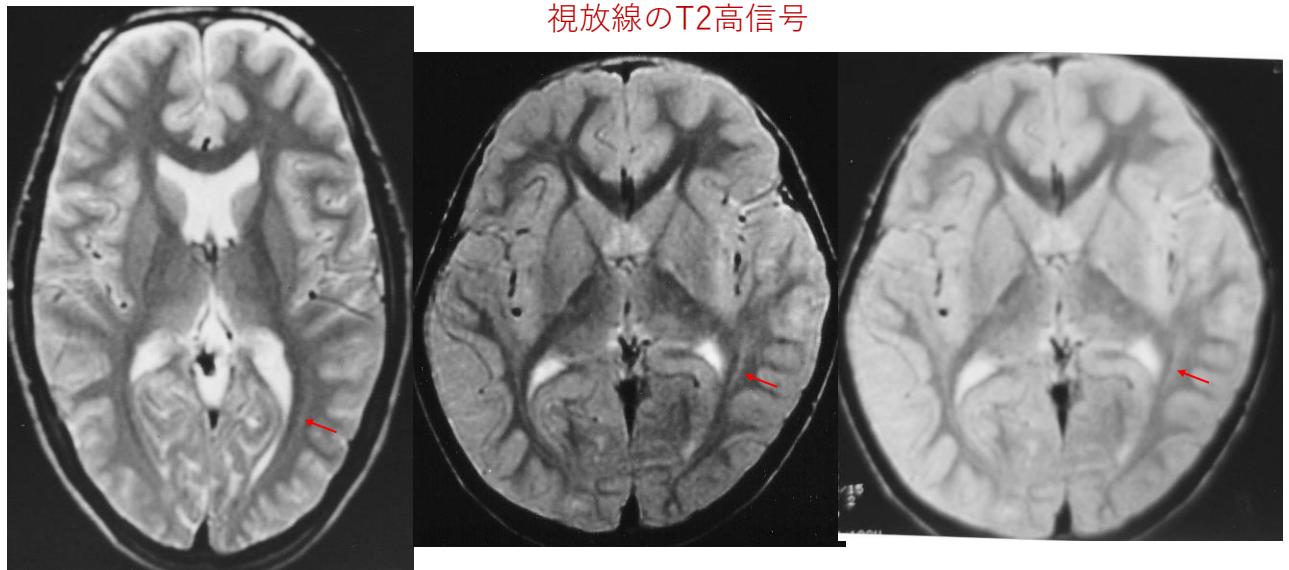


## 核黄疸の白質障害

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## 満期産の核黄疸

視放線のT2高信号

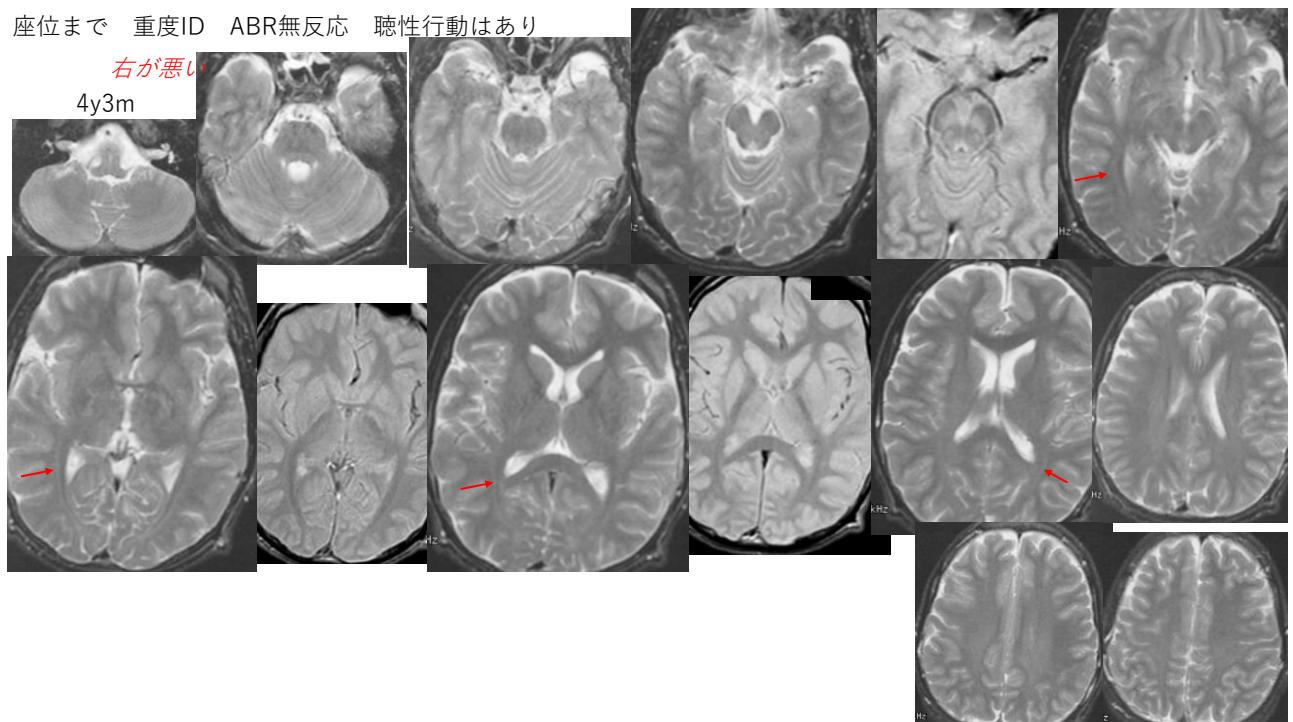


45

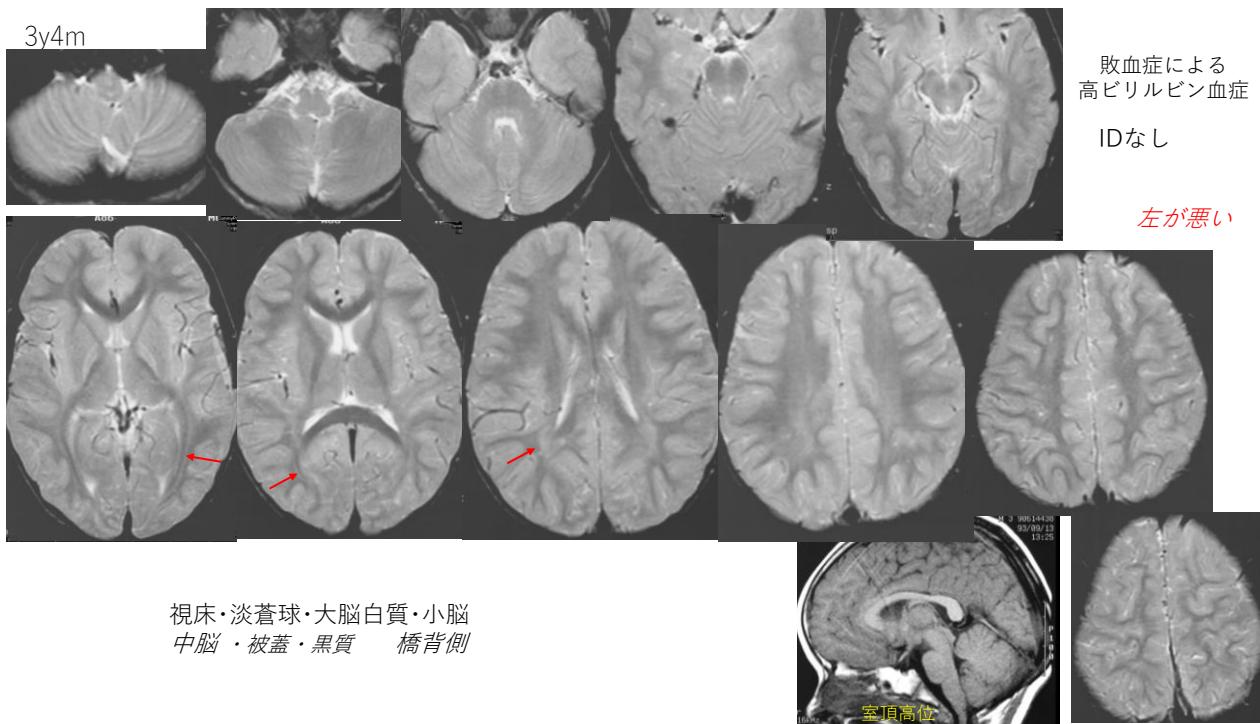
座位まで 重度ID ABR無反応 聴性行動はあり

右が悪い

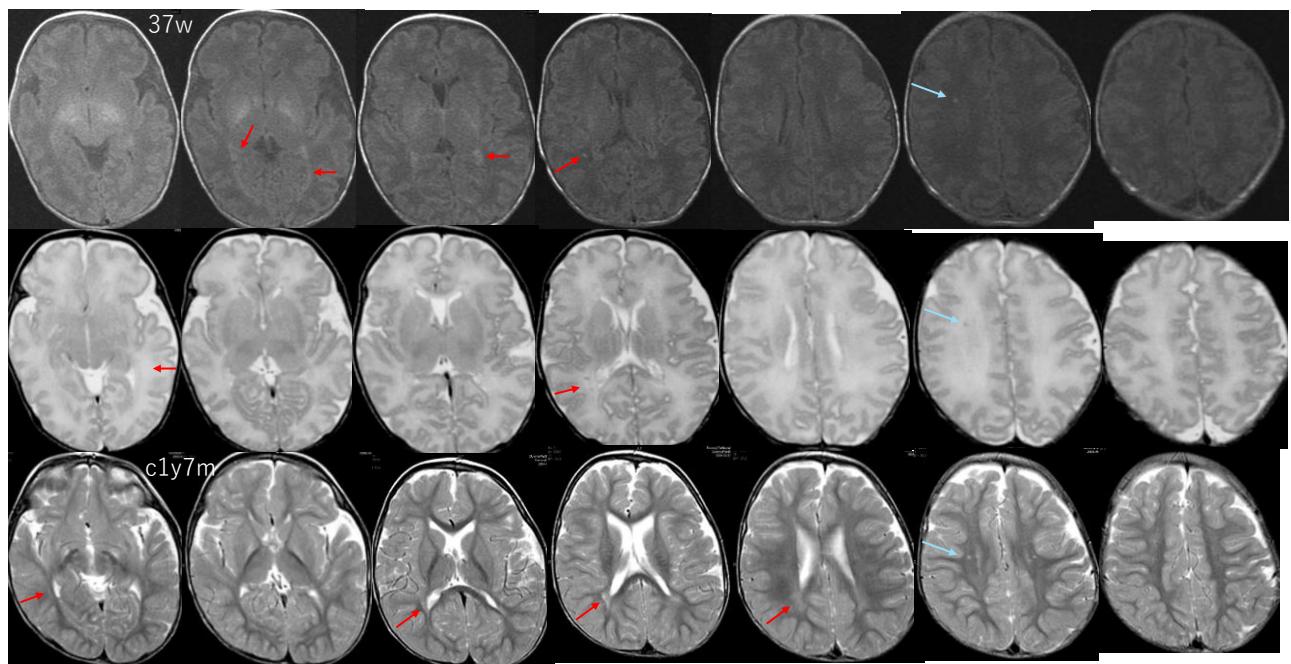
4y3m



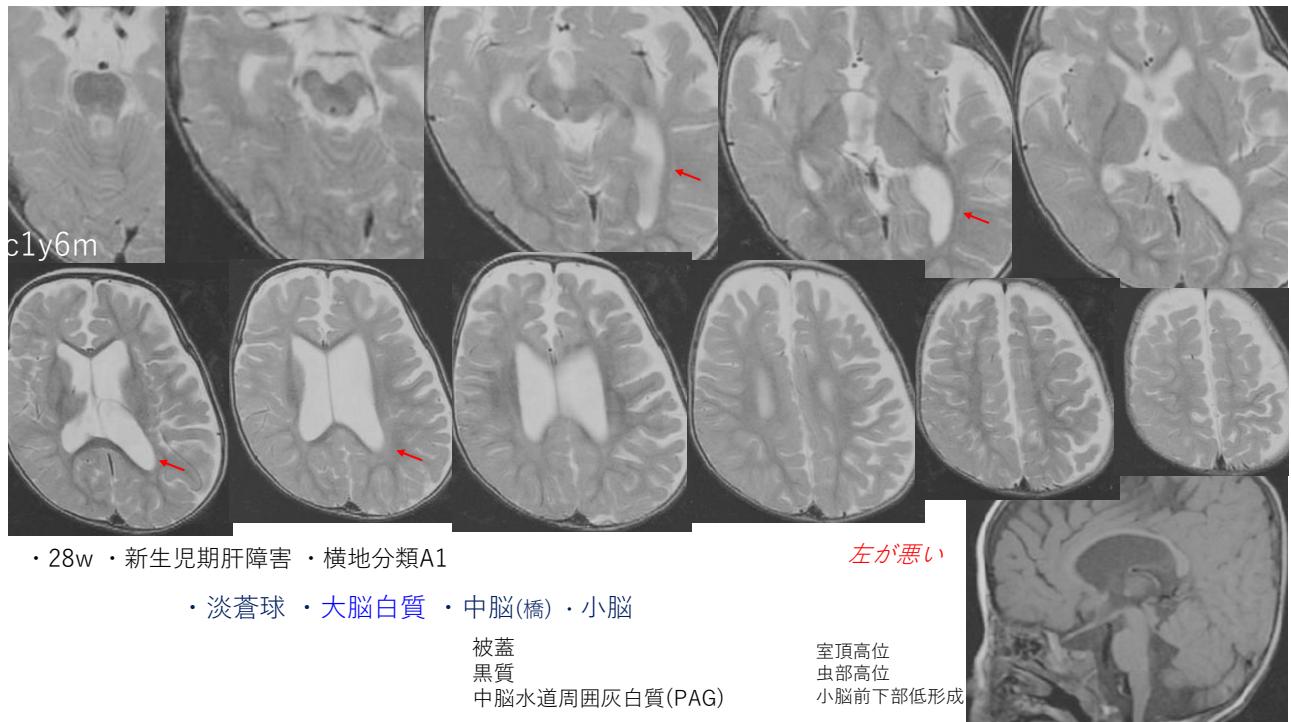
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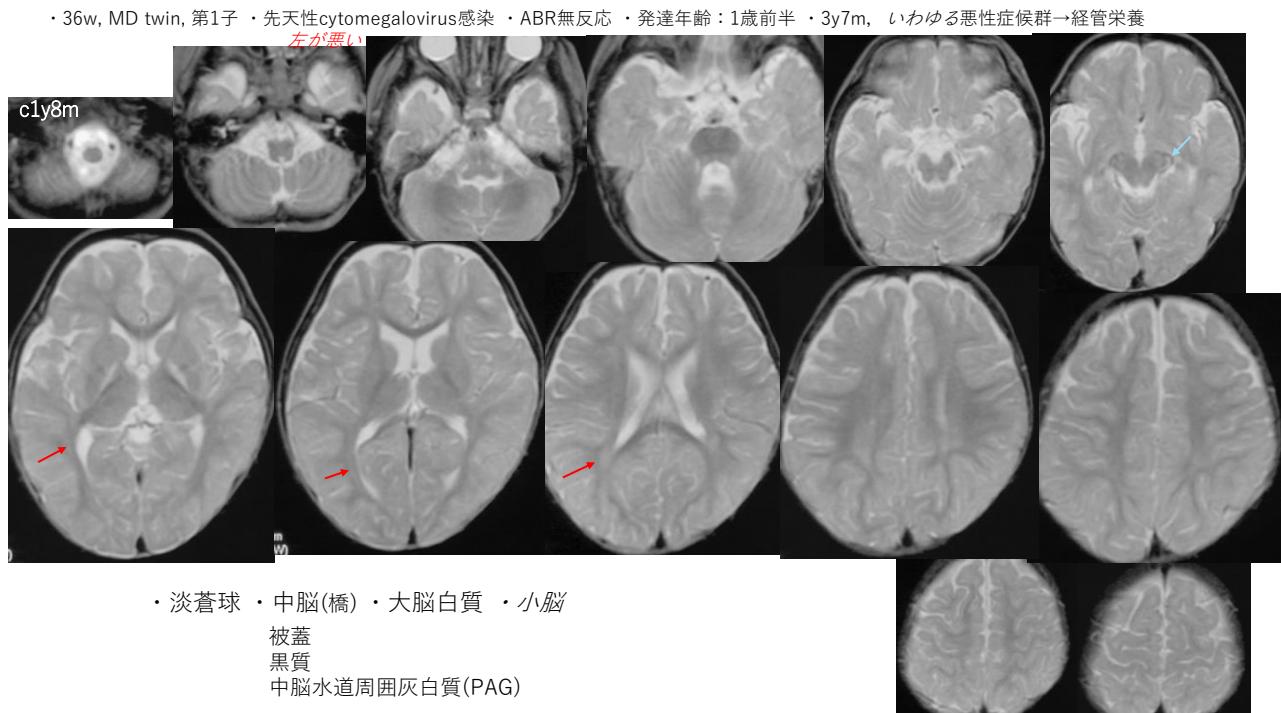
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48

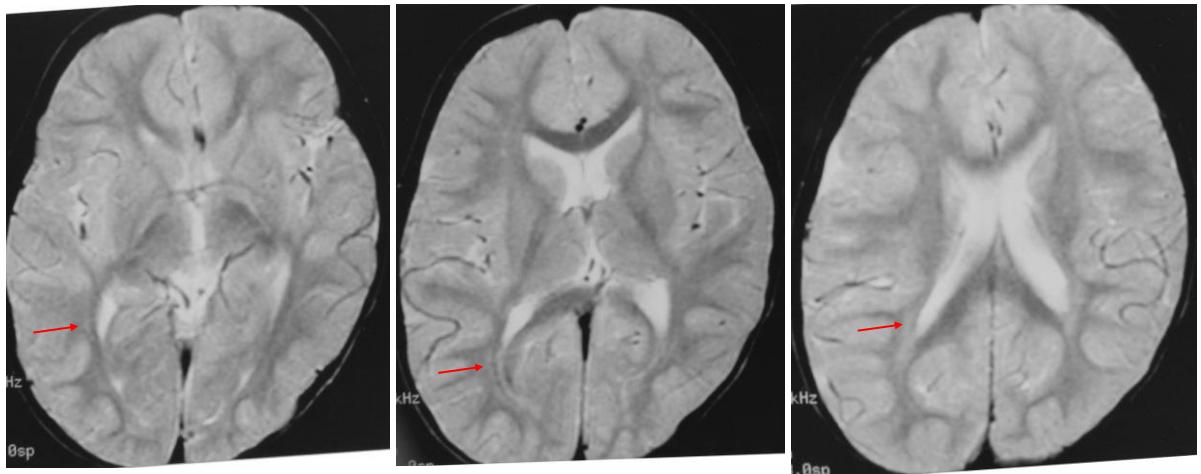


49



50

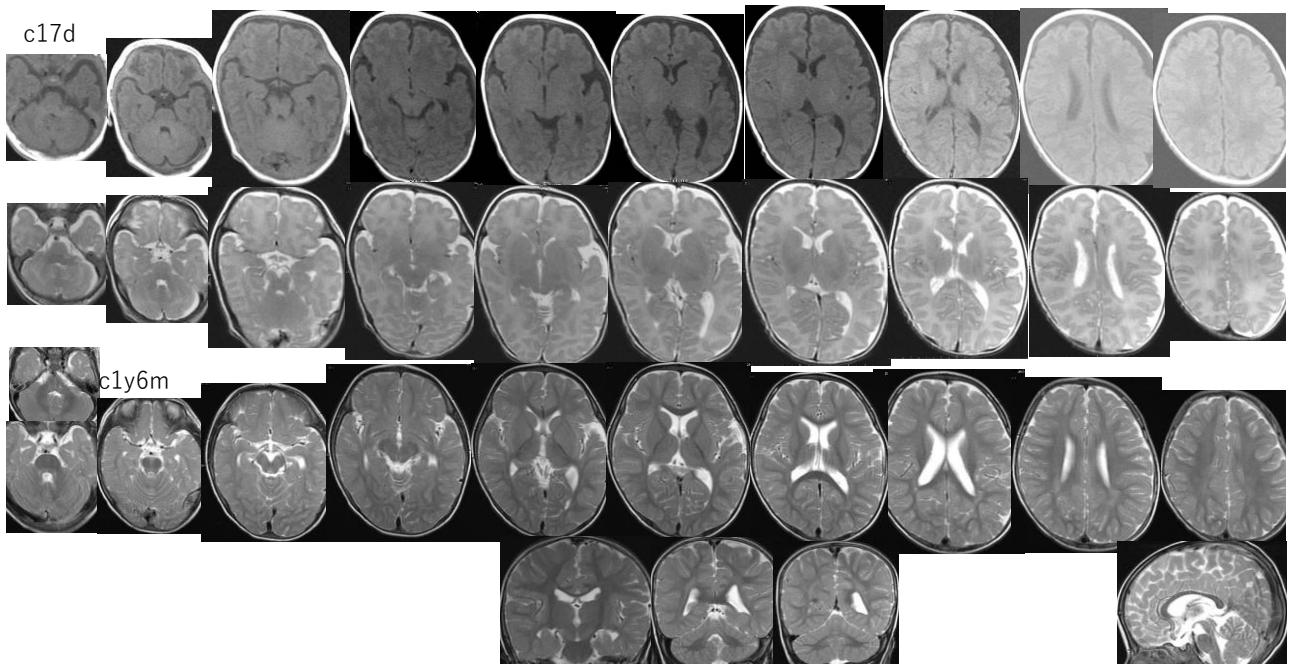
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27w

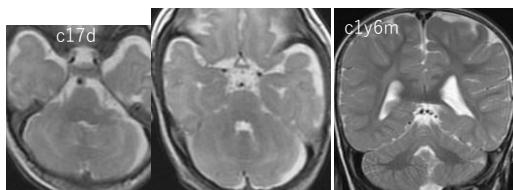
51

・26w, DD twin 第1子 ・溶血性貧血で交換輸血施行 ・ABR: V波域値上昇(40~70dB) ・聴性行動は良 ・独歩 c1y8m ・IDなし

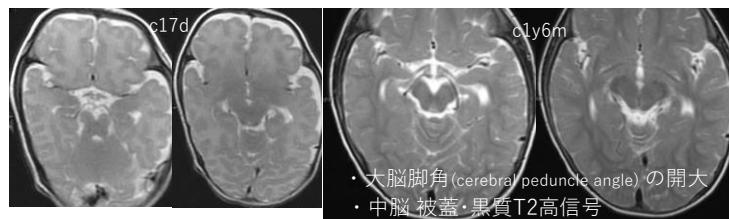


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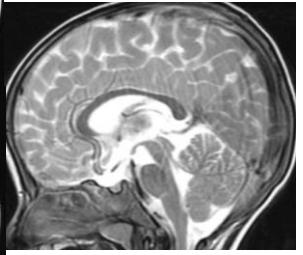
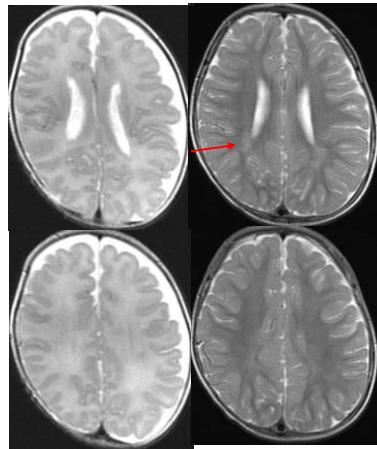
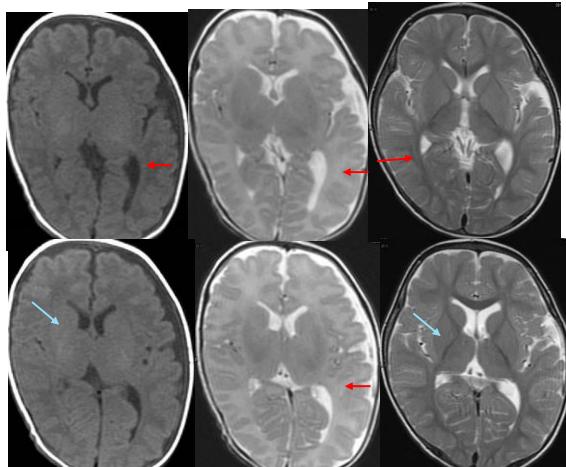
26



歯状核内側T2高信号がない→歯状核T2高信号



・大脳脚角(cerebral peduncle angle)の開大  
・中脳被蓋・黒質T2高信号



右淡蒼球T1高信号→右淡蒼球のT2極弱高信号と内側部萎縮