



1

周生期白質障害の見直し -2-

横地健治



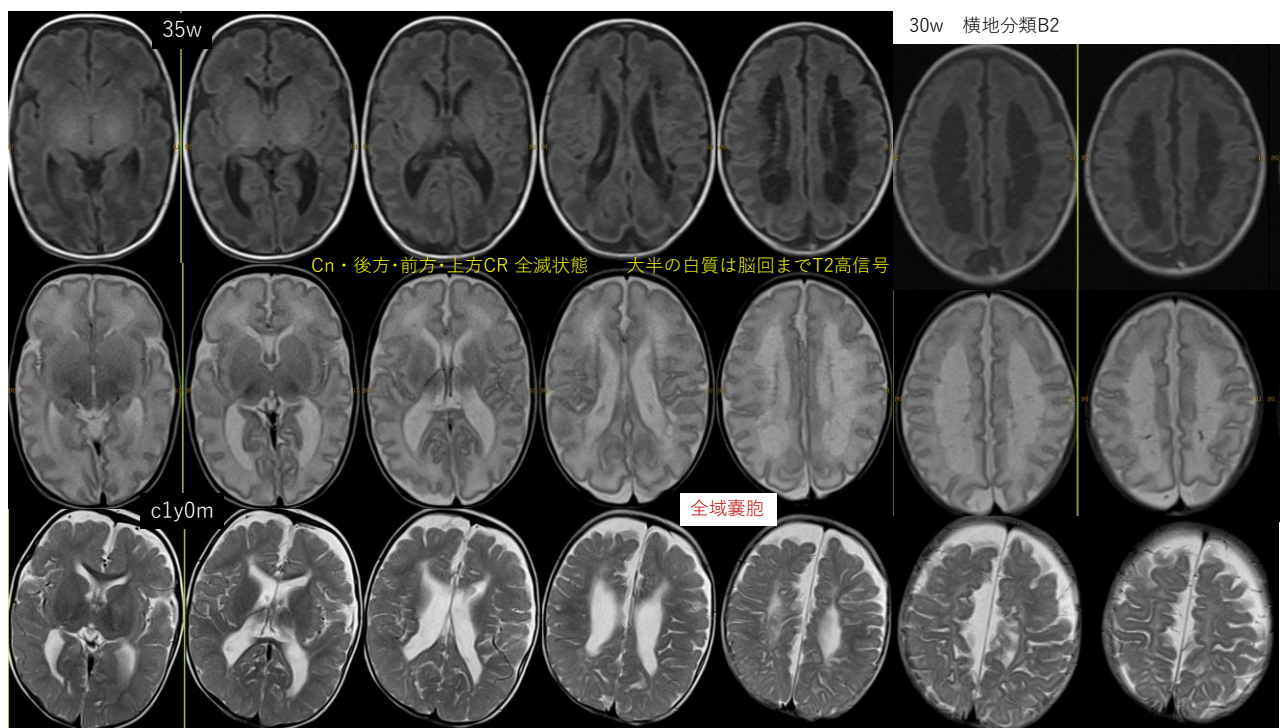
田中一村

(立神)

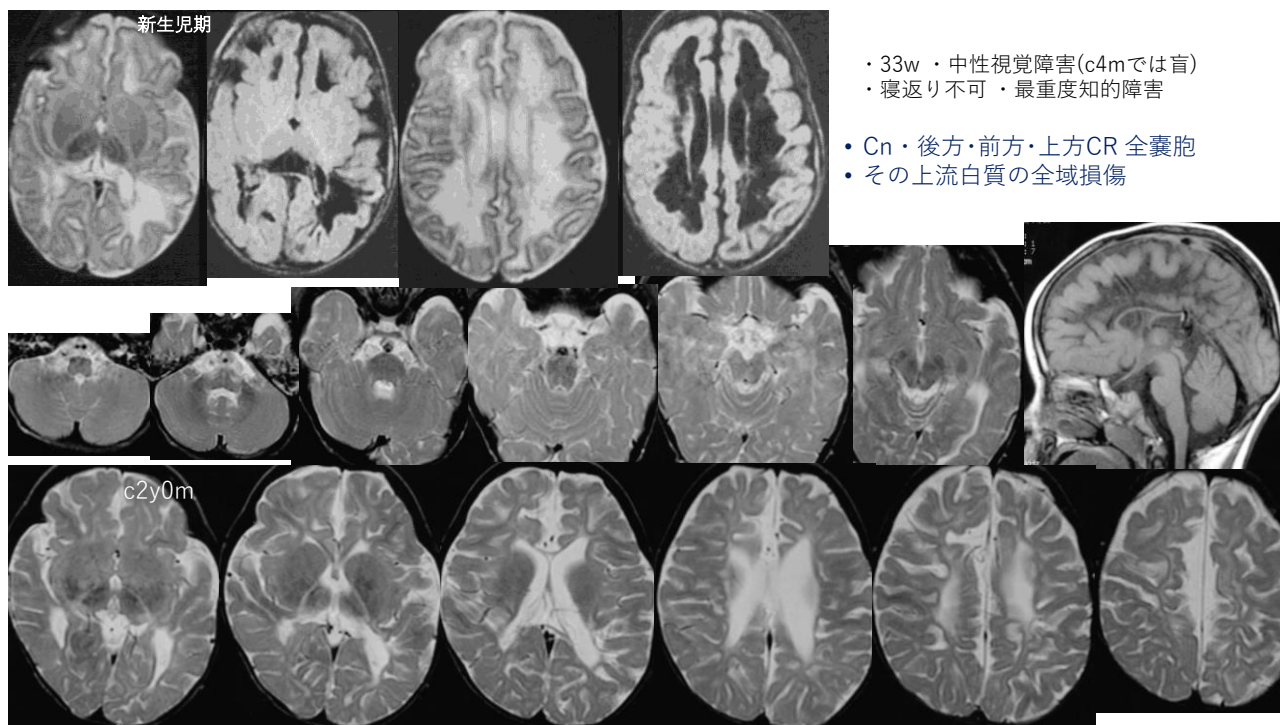


早産白質障害

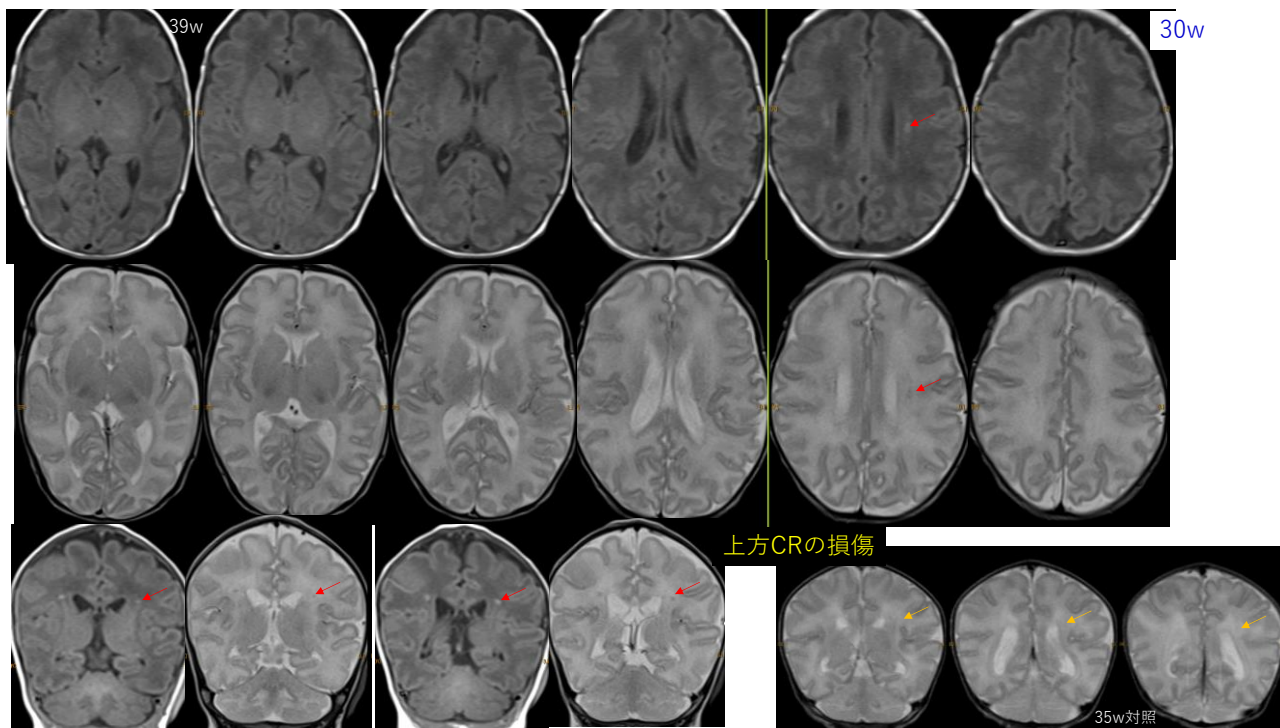
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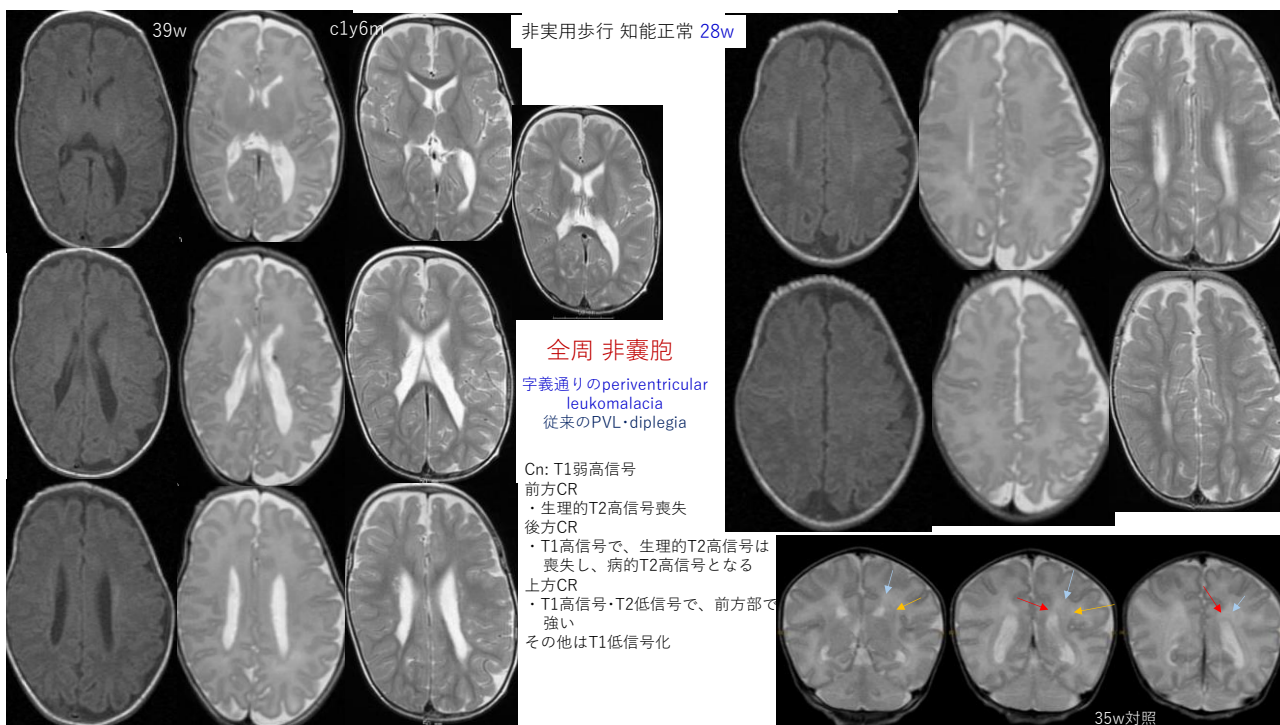
3



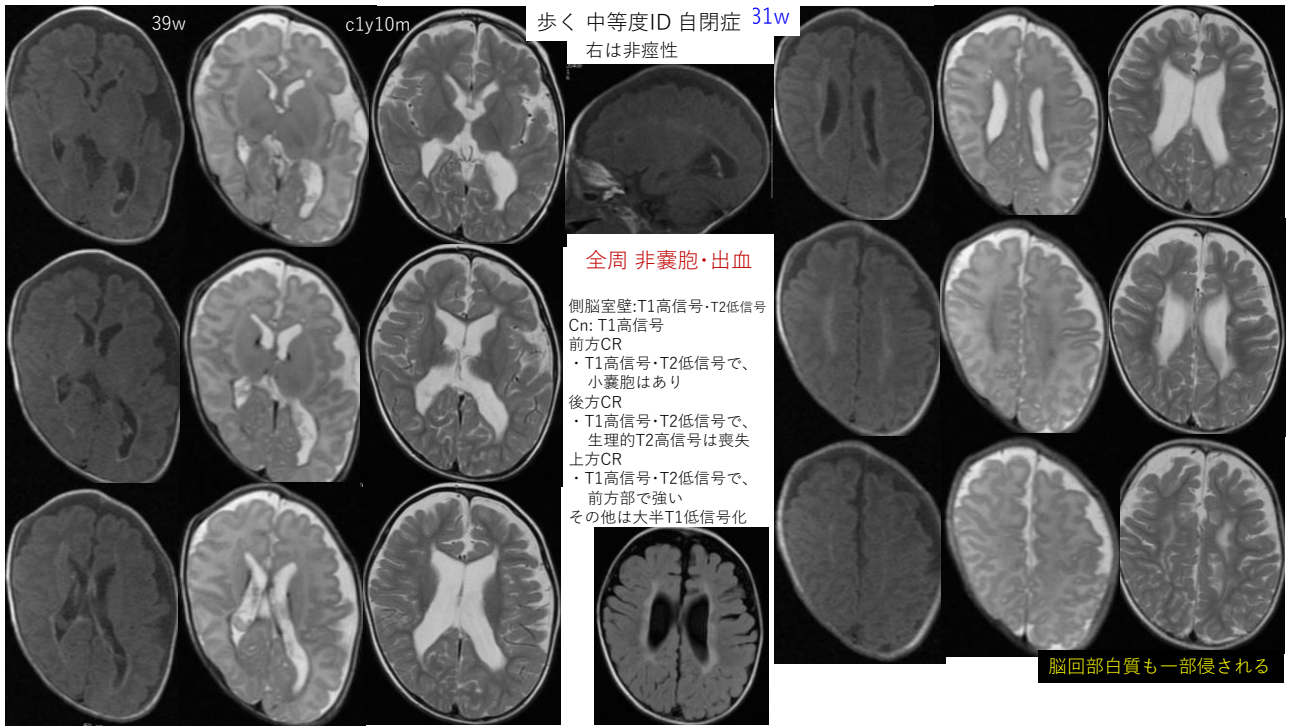
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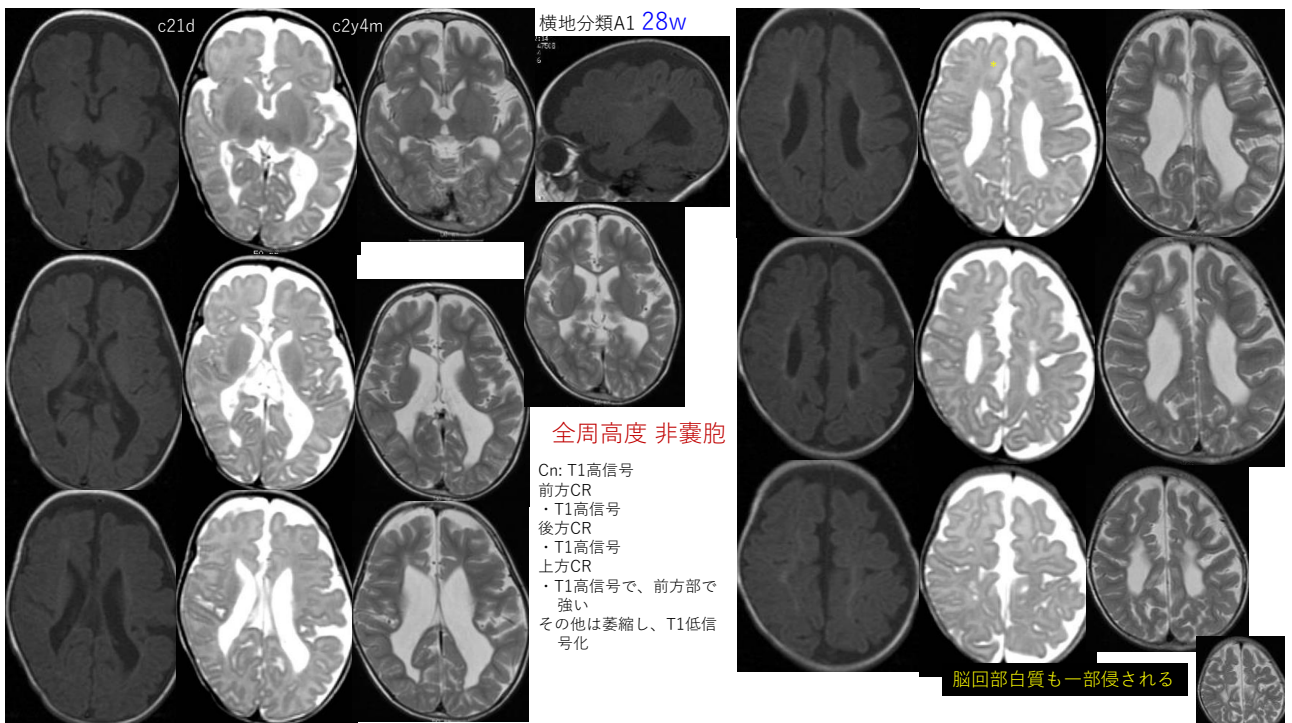
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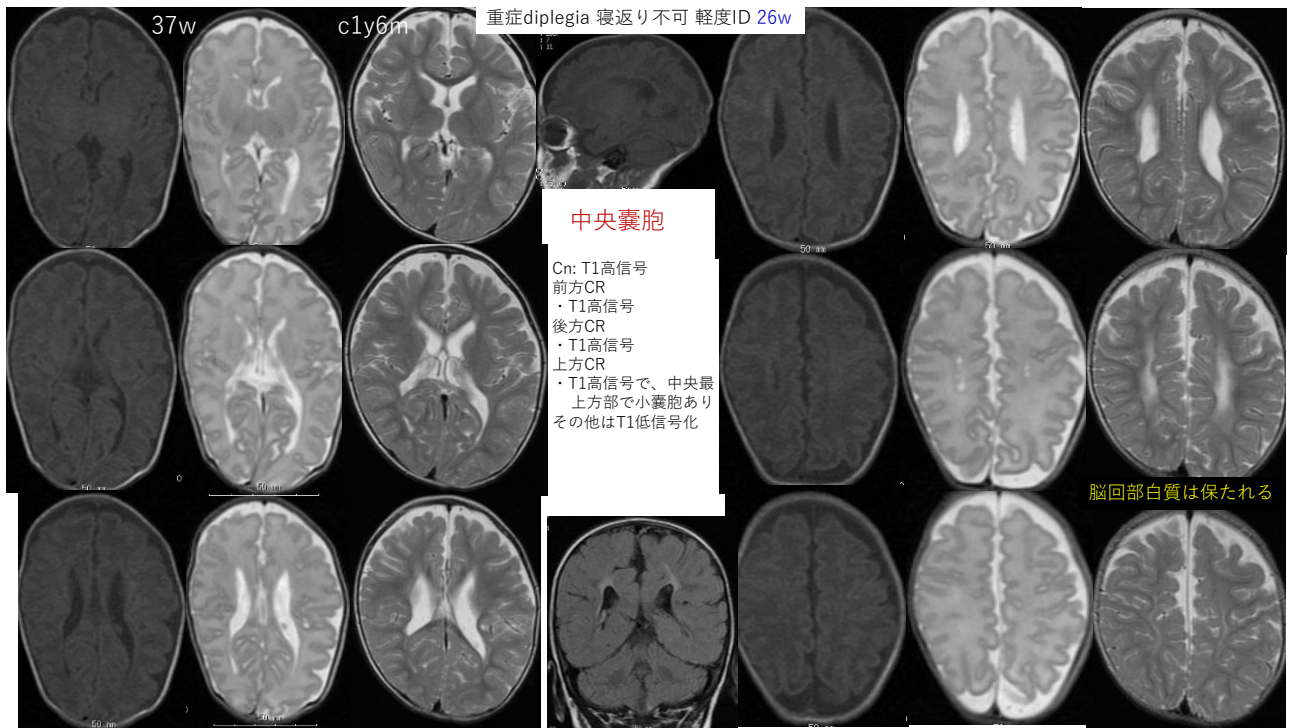
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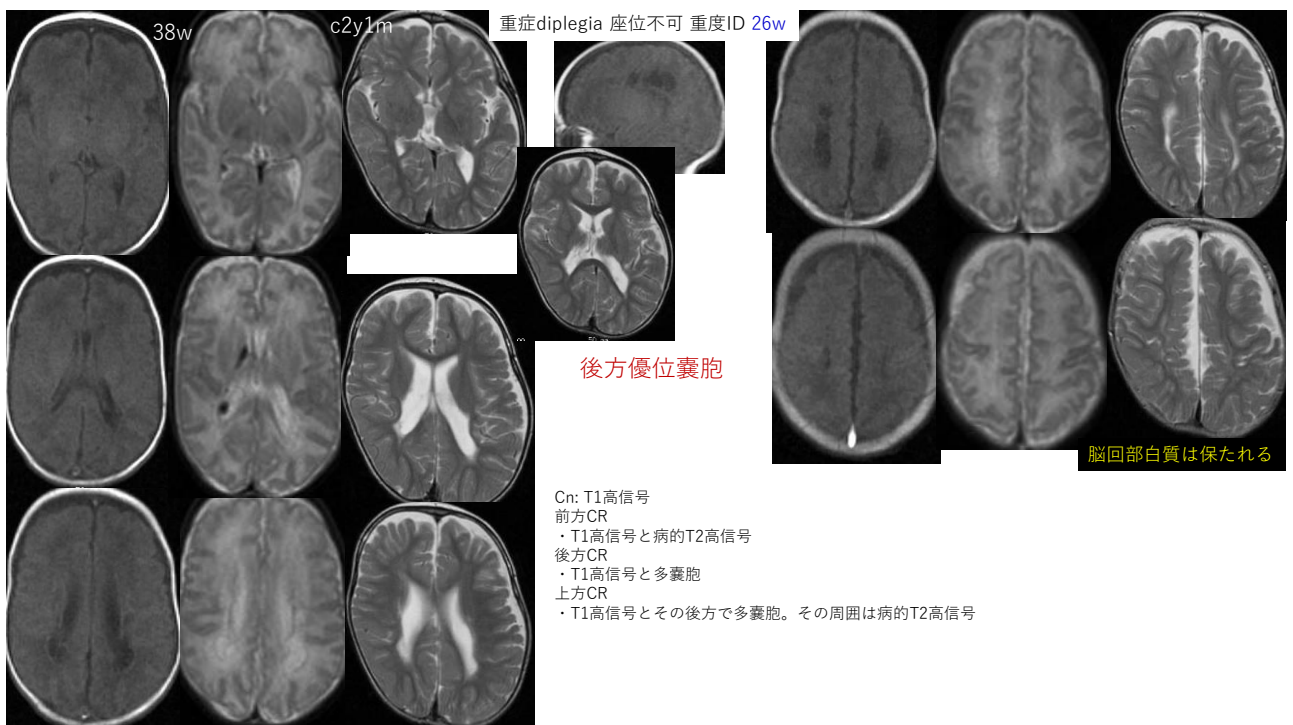
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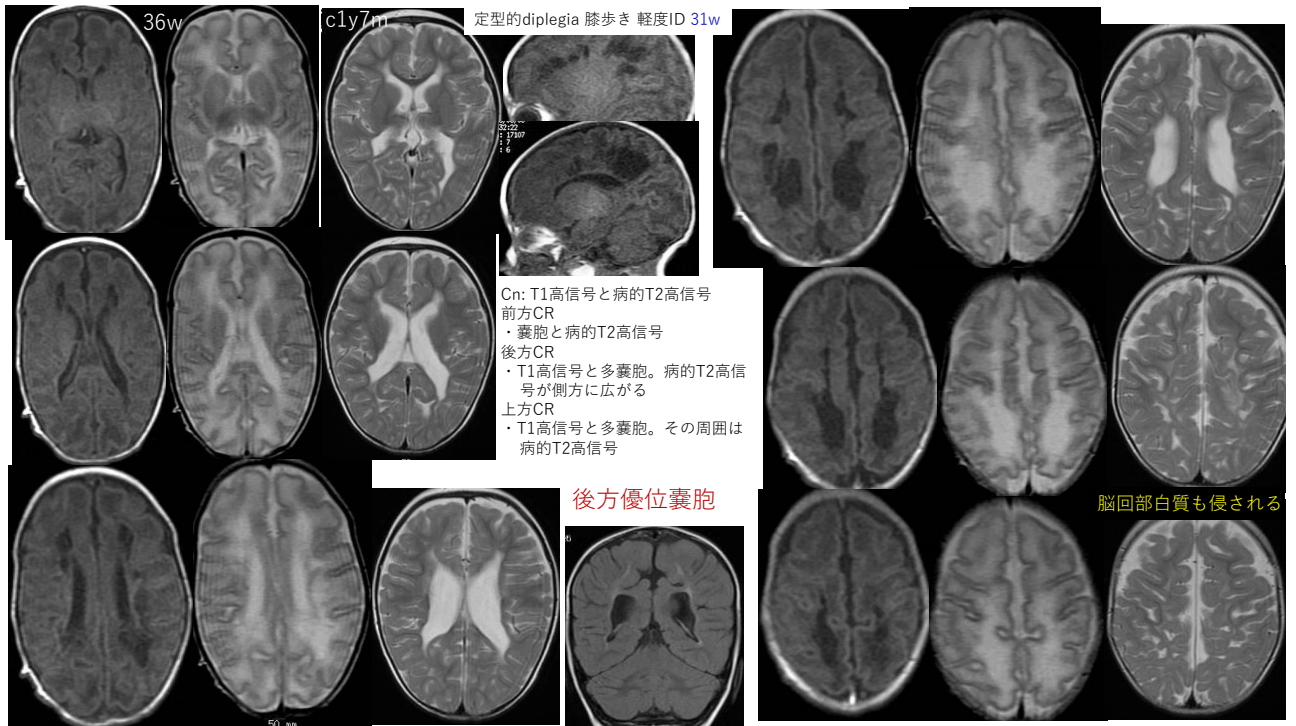
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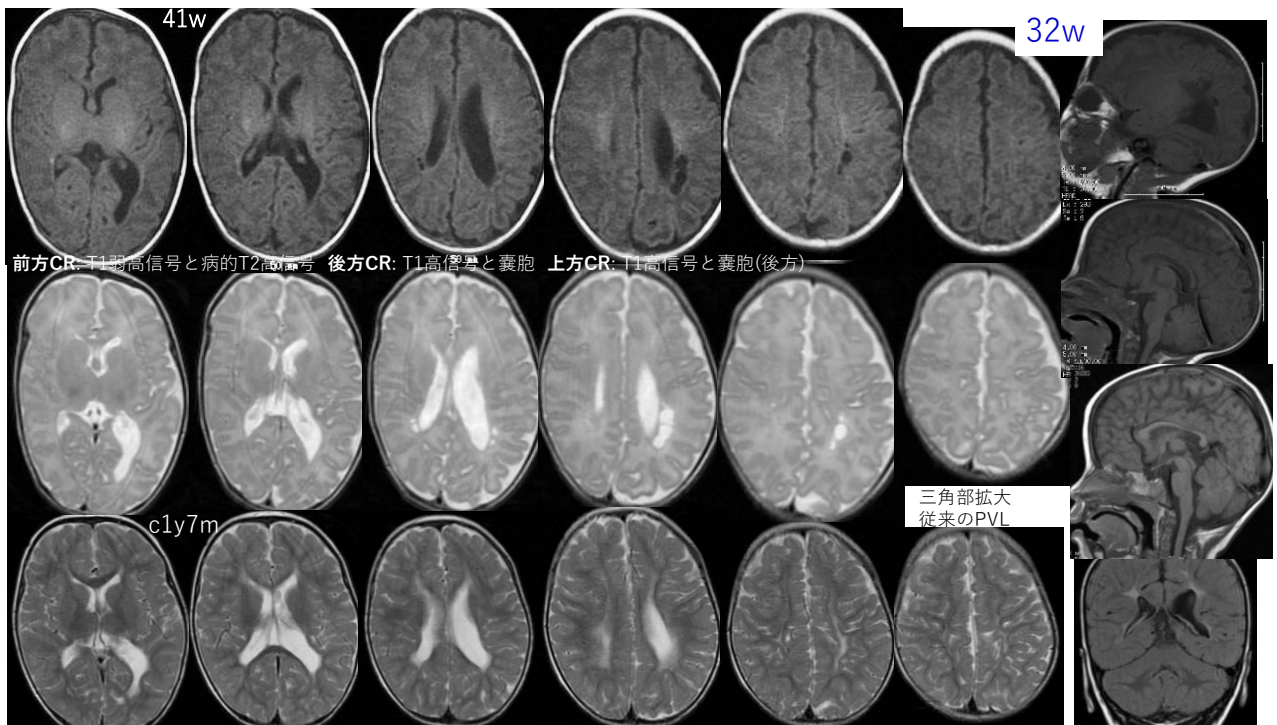
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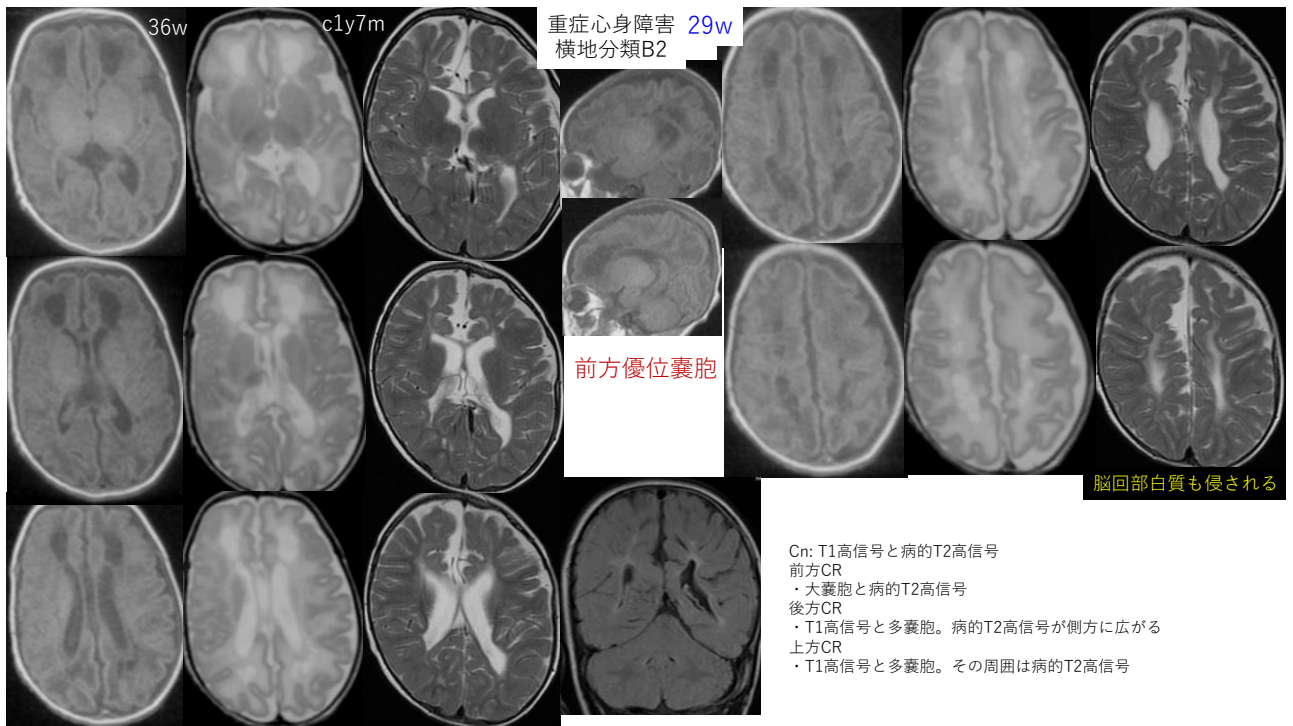
10



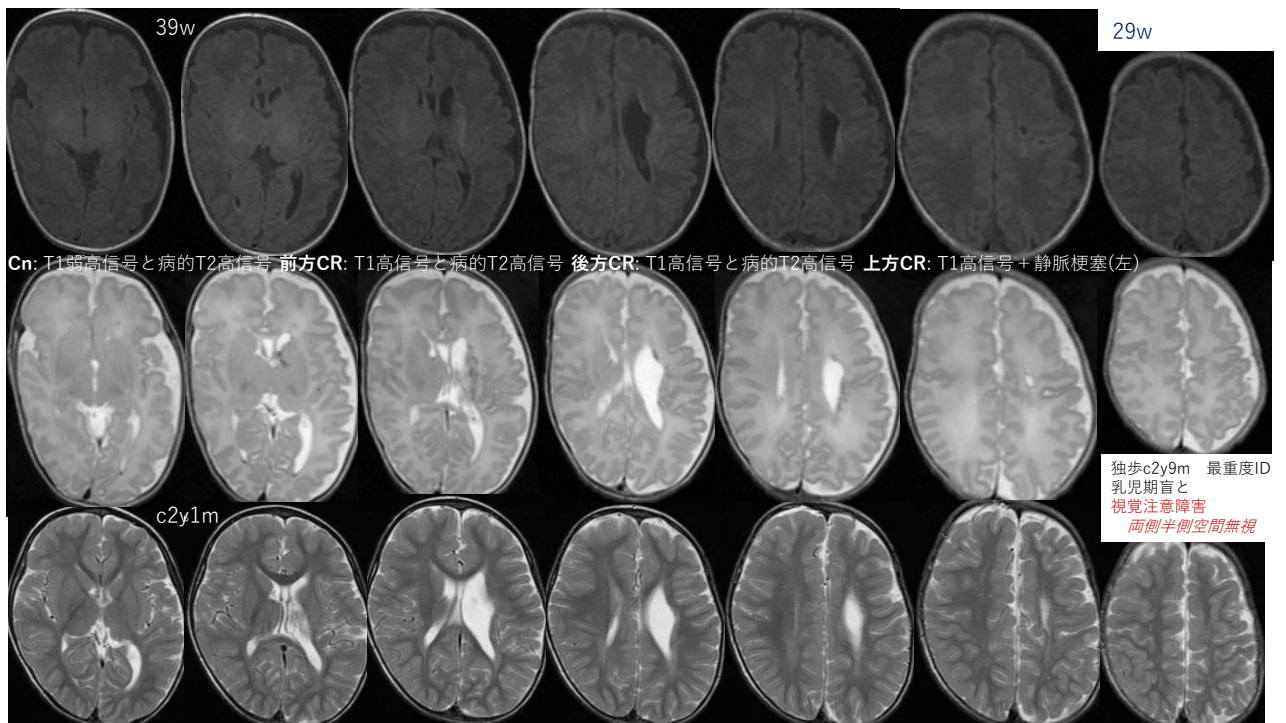
11



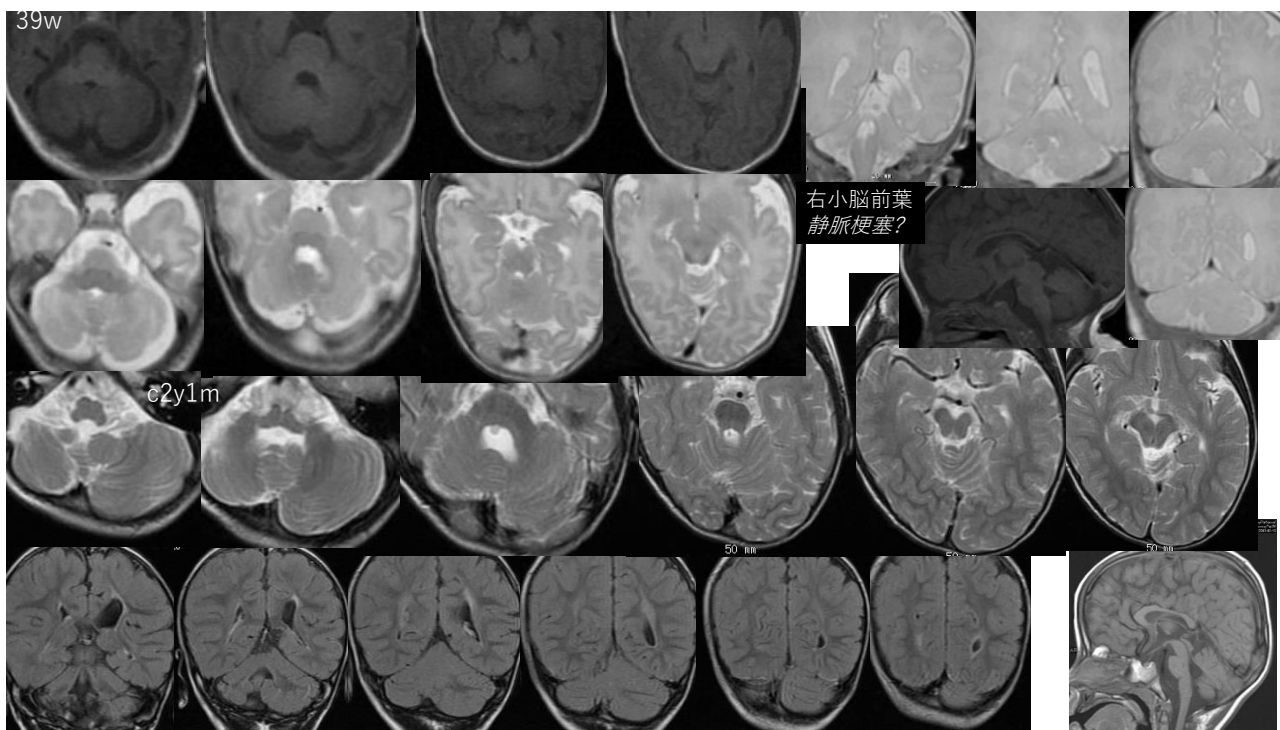
12



13

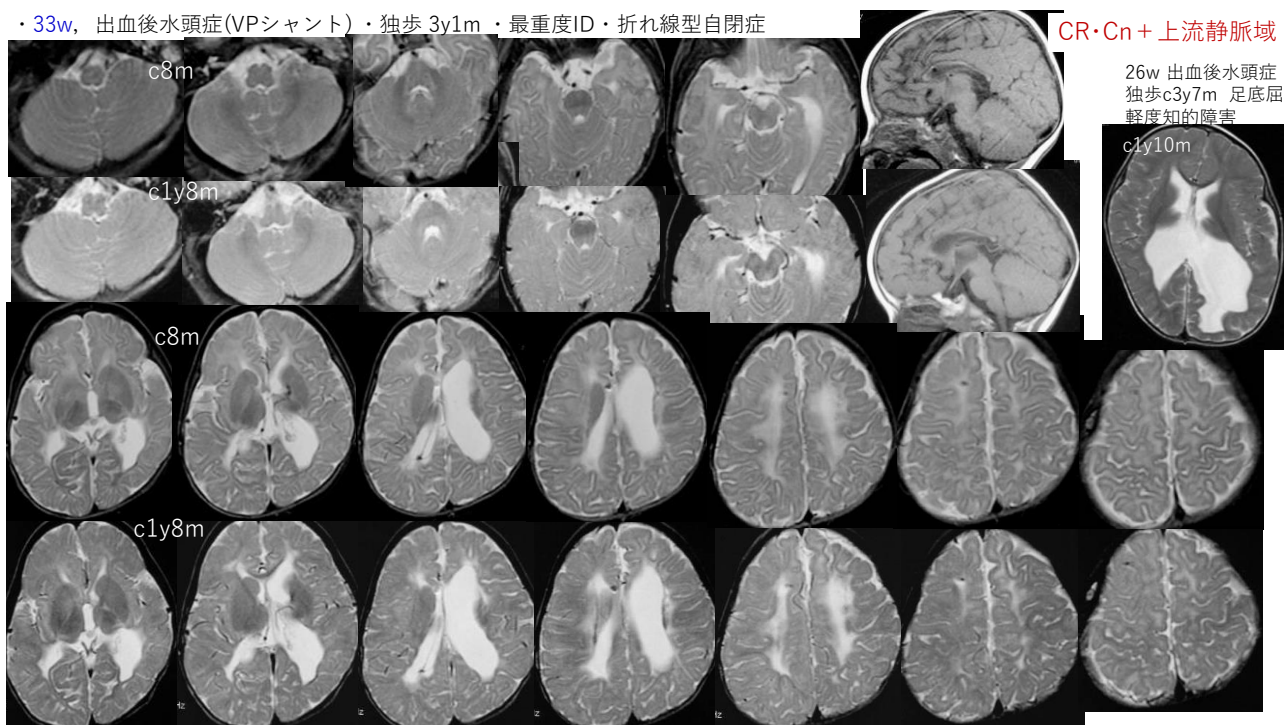


14



15

・ 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

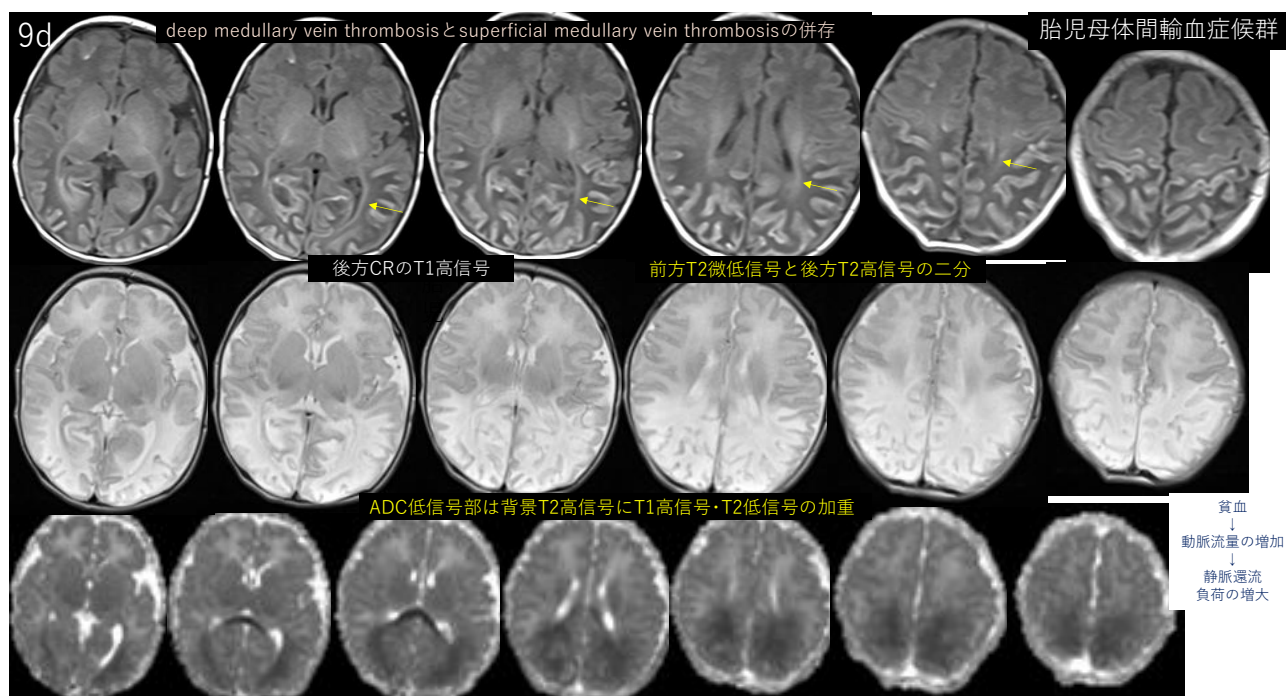


16



脳低血流障害

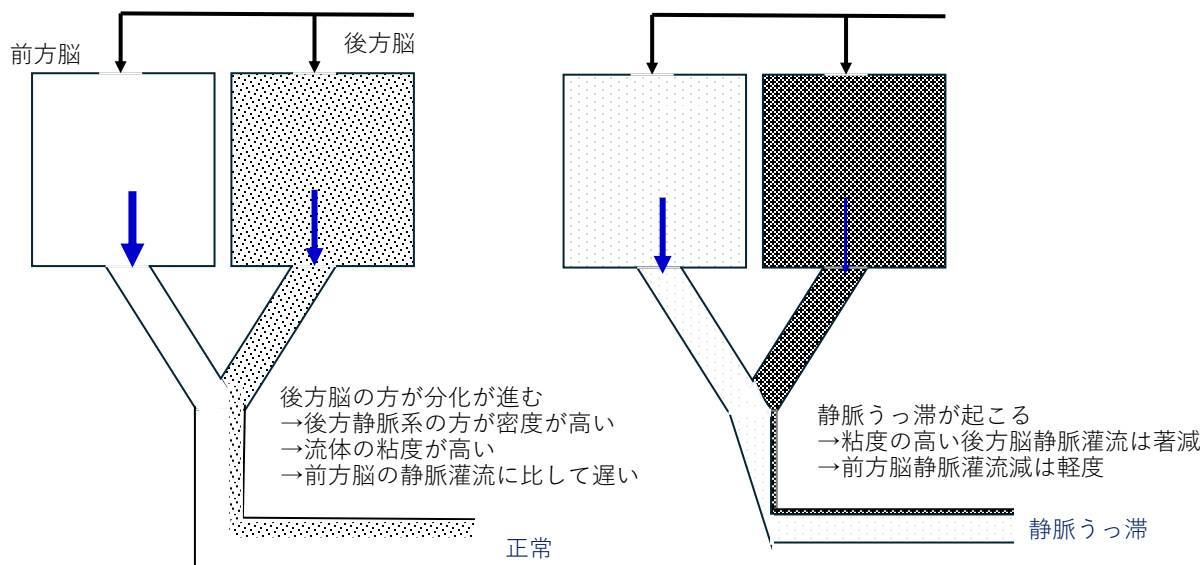
17



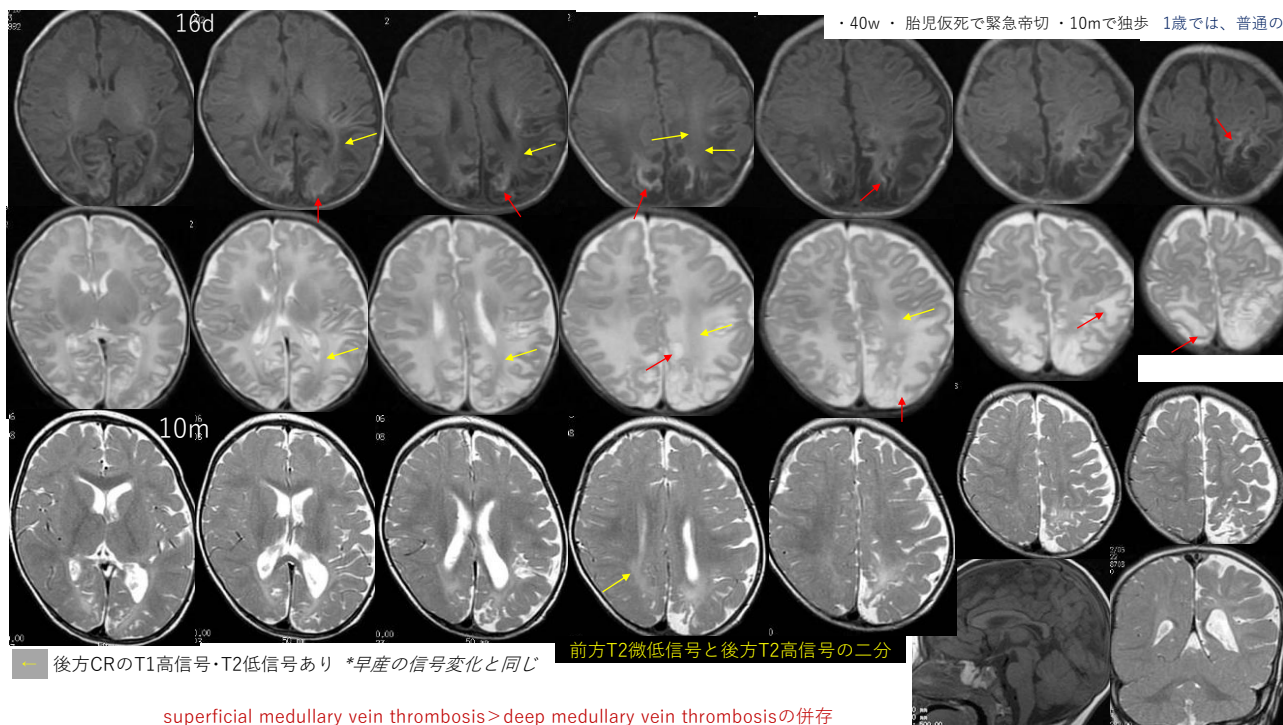
もともと水様成分の多い白質部の静脈還流が悪くなれば、腫大しT2高信号となる 水様成分の少ない白質部の静脈還流が悪くなれば、変性萎縮し細胞密度が増しT1高信号となる

18

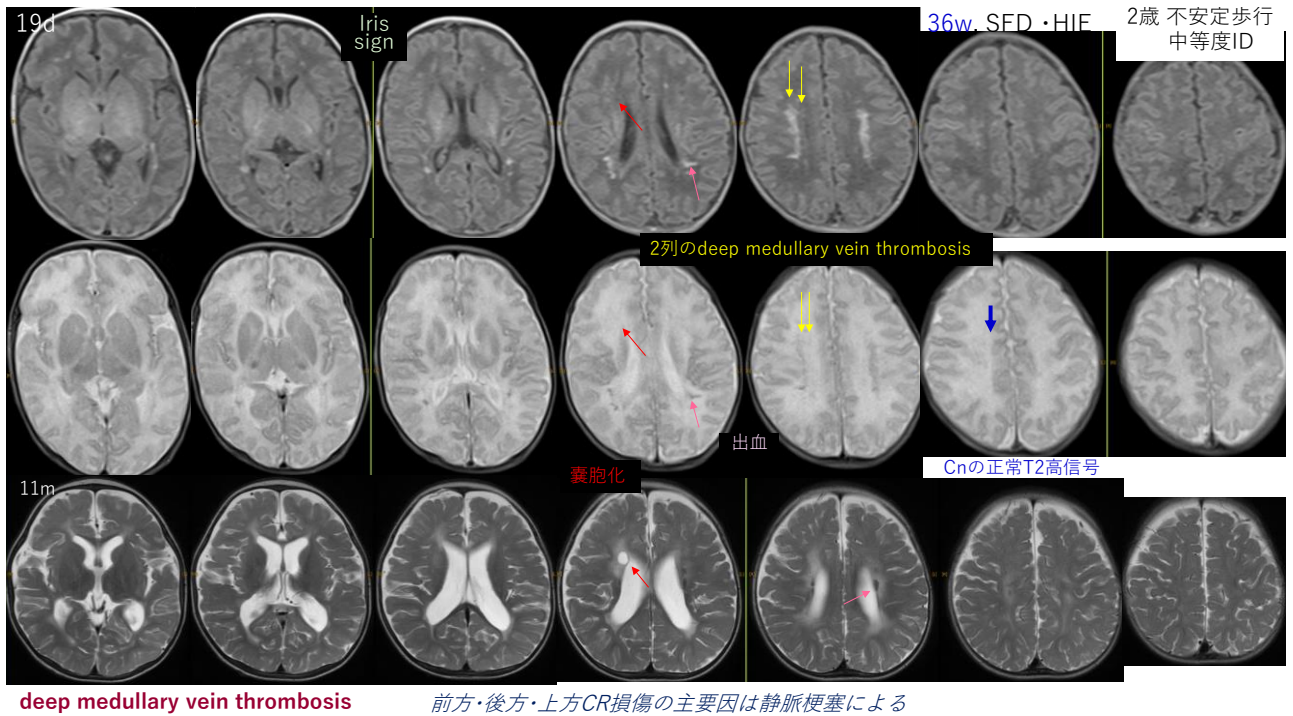
静脈うっ滞の前方脳T2低信号・後方脳T2高信号の清流・濁流モデル



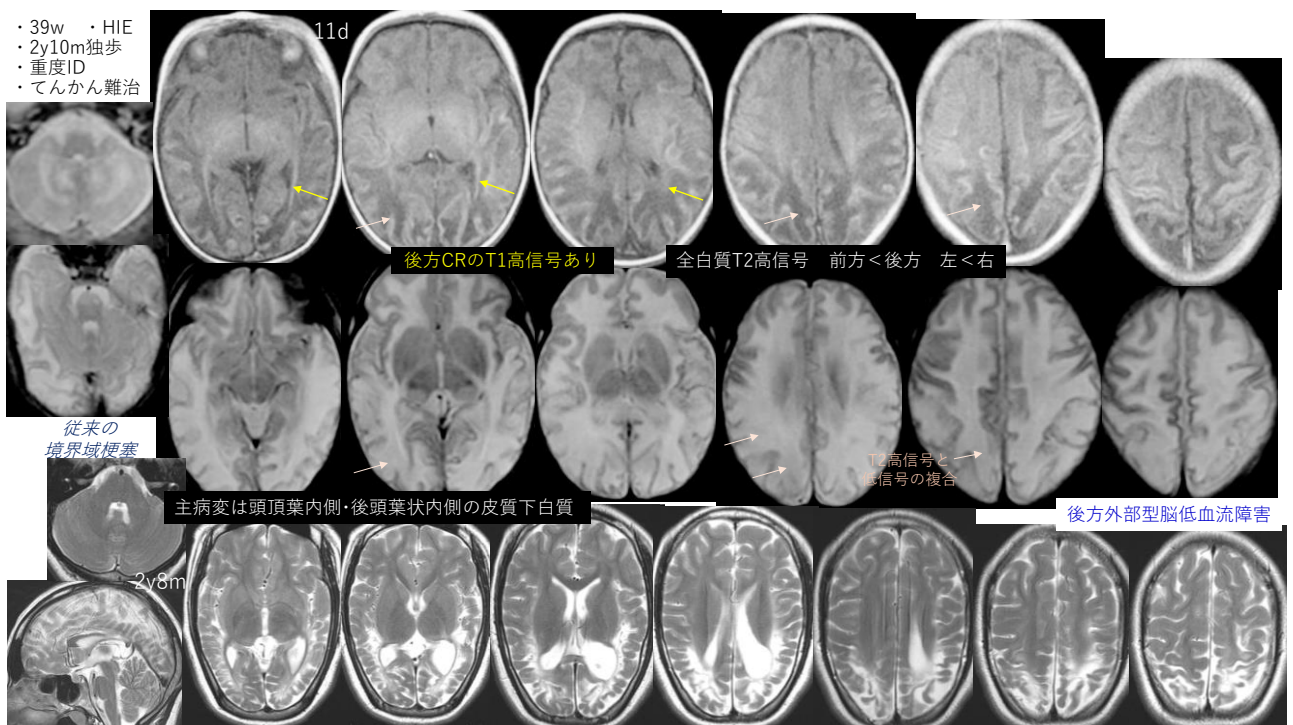
19



20



21



22

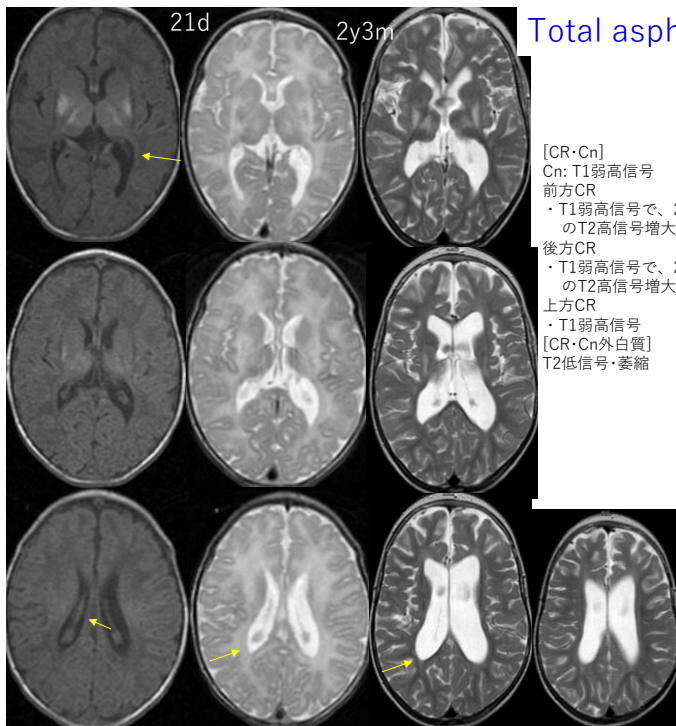


23



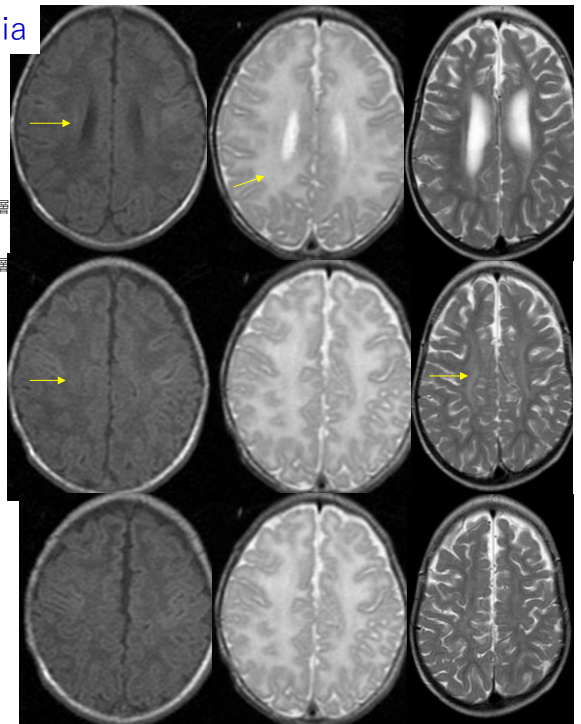
満期産白質障害

24

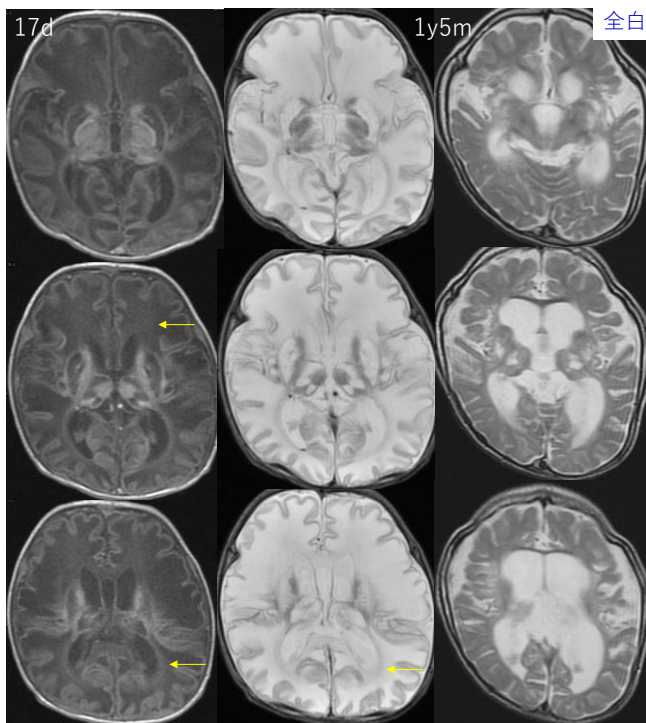


Total asphyxia

[CR・Cn]
Cn: T1弱高信号
前方CR
・ T1弱高信号で、2と4層
のT2高信号増大
後方CR
・ T1弱高信号で、2と4層
のT2高信号増大
上方CR
・ T1弱高信号
[CR・Cn外白質]
T2低信号・萎縮

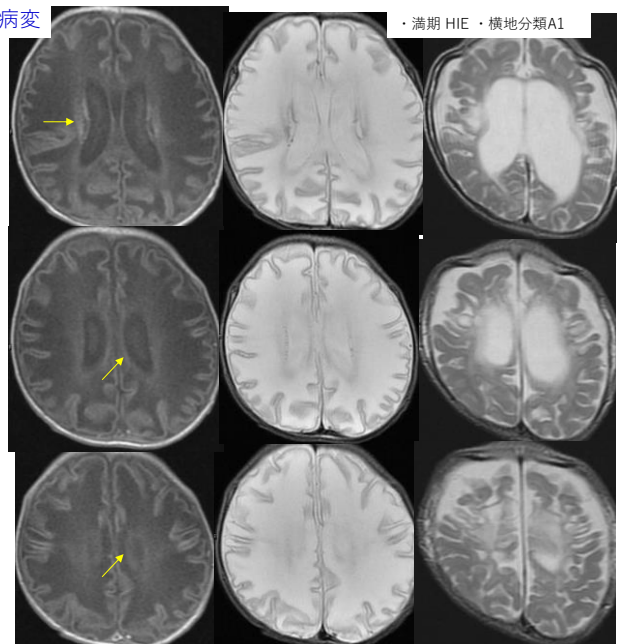


25



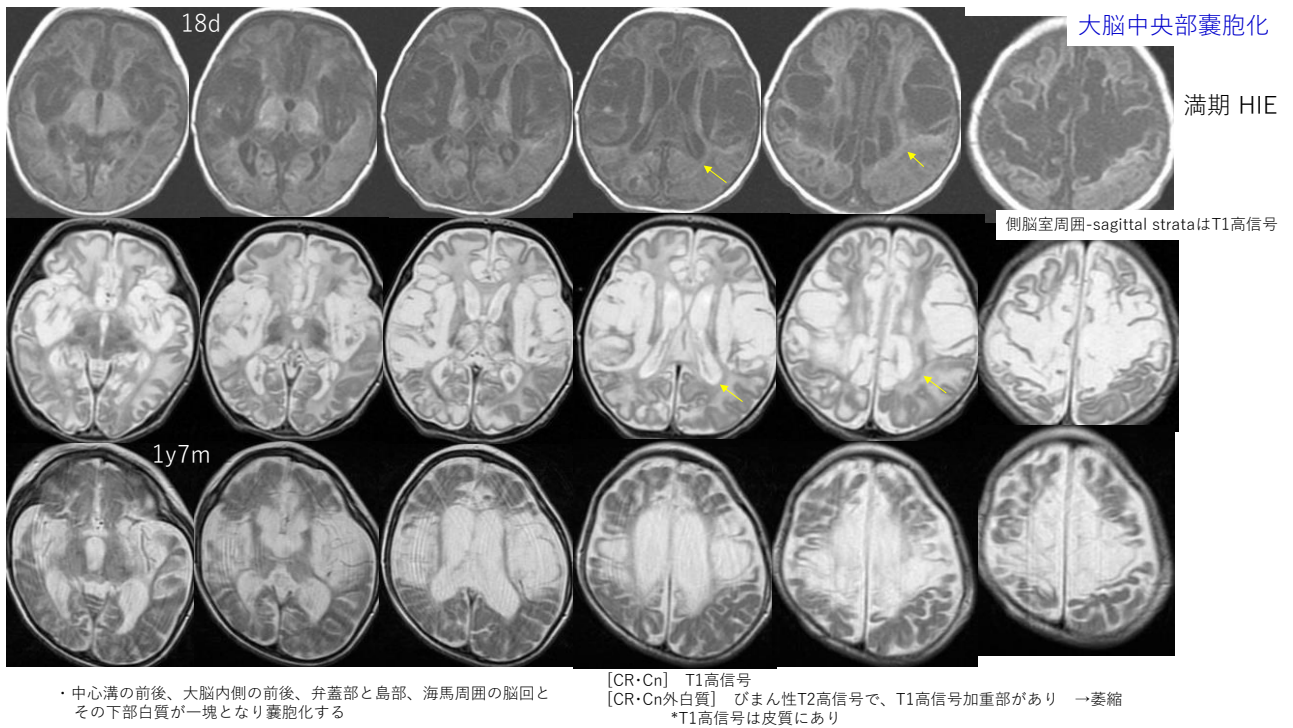
全白質病変

・ 満期 HIE ・ 横地分類A1

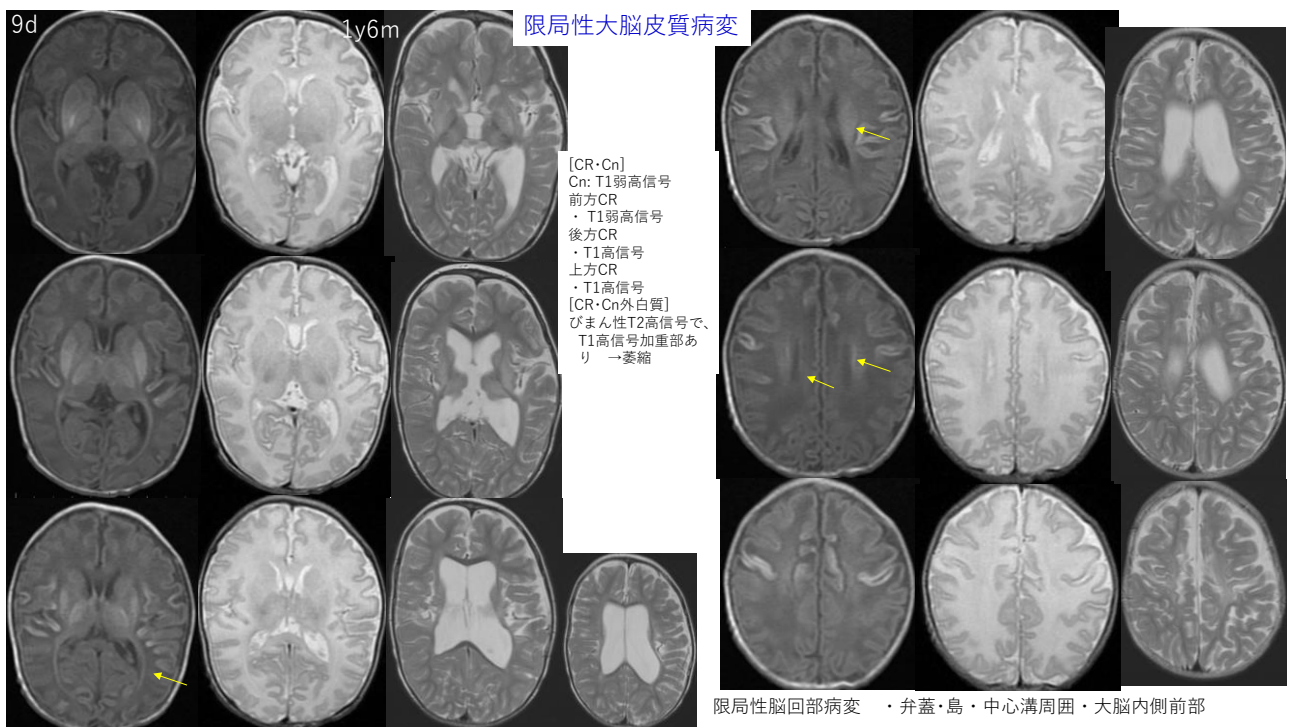


[CR・Cn] Cn: T1高信号 前方CR: T1高信号 後方CR: T1高信号 上方CR: T1高信号
[CR・Cn外白質] びまん性T2高信号 → 萎縮
このうちT1高信号加重部があり、その先の脳回が囊胞となる

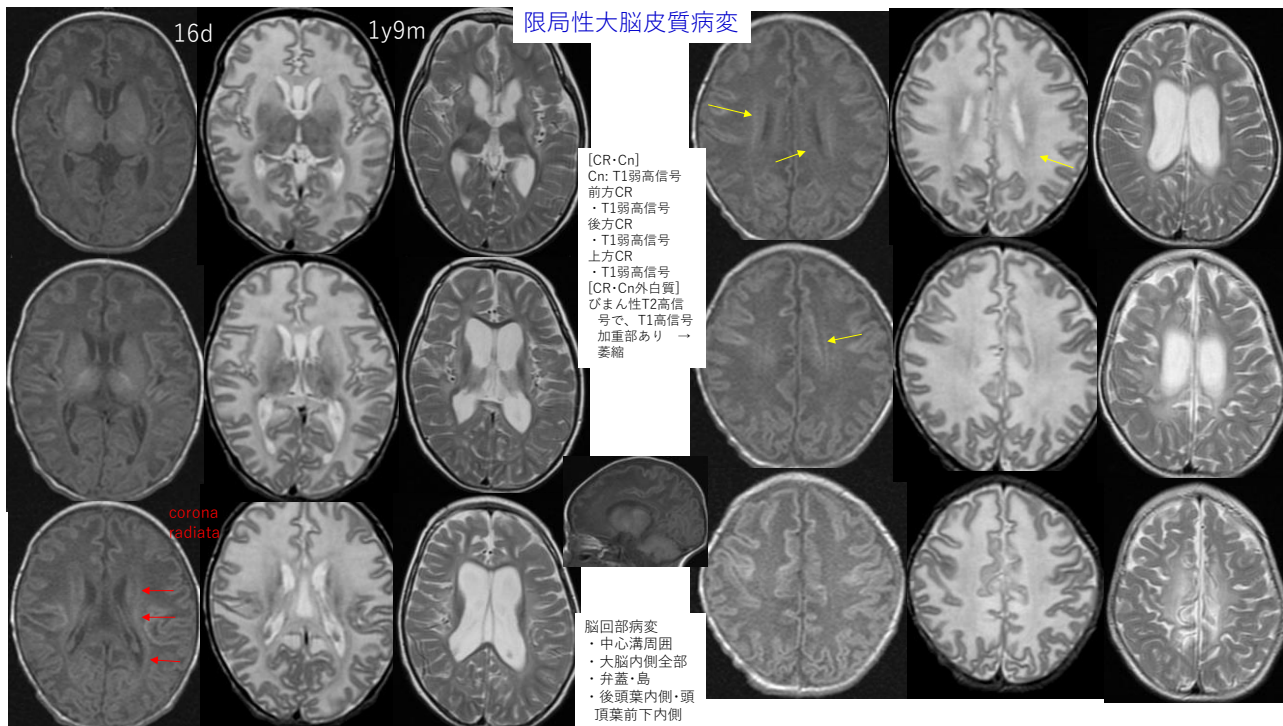
26



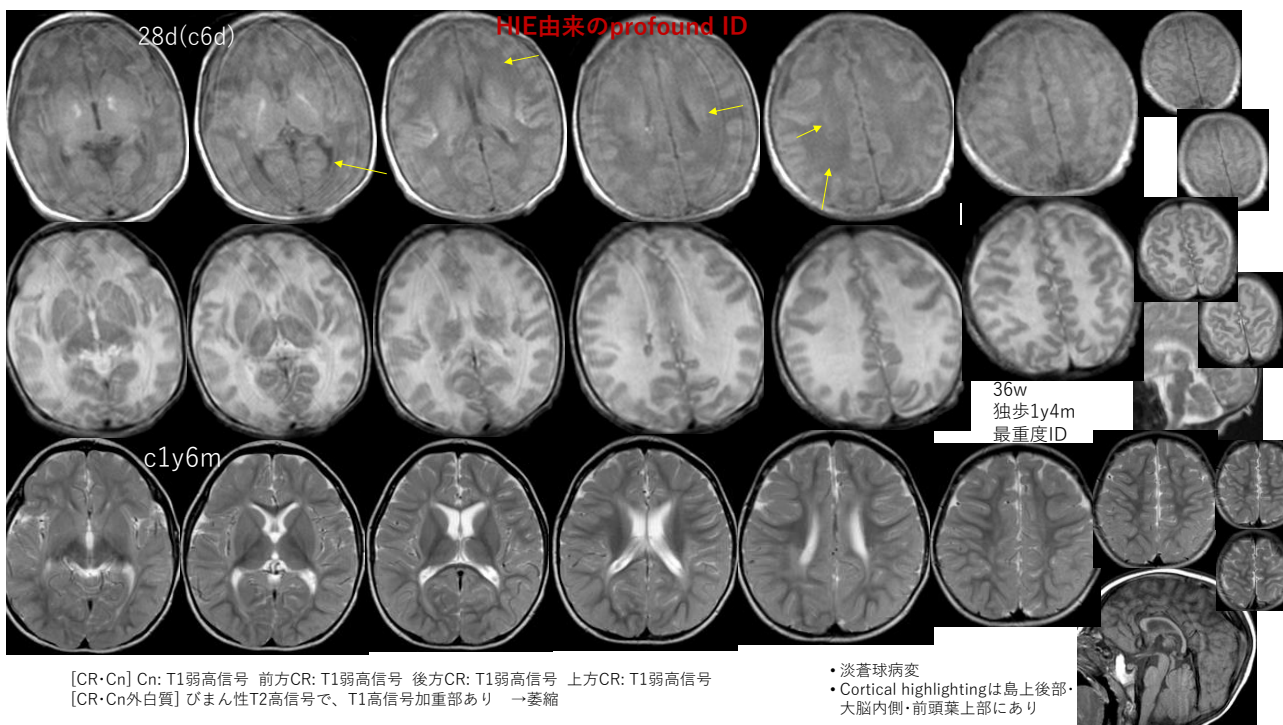
27



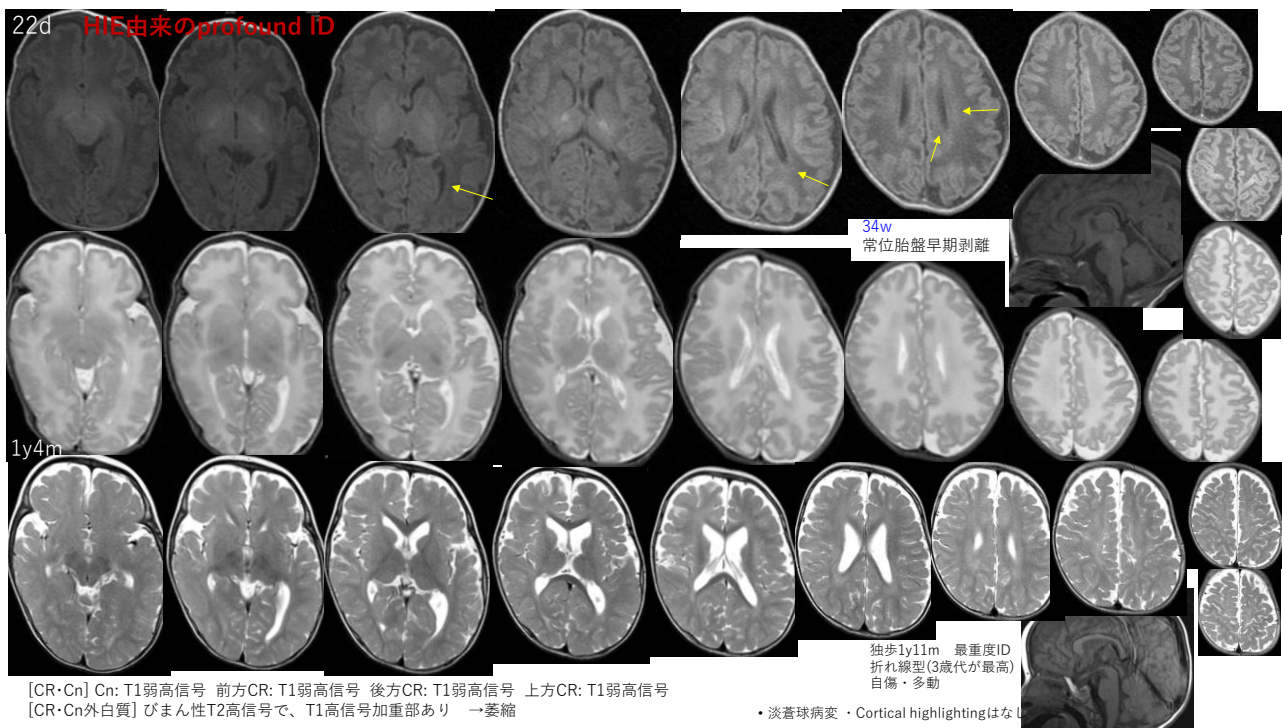
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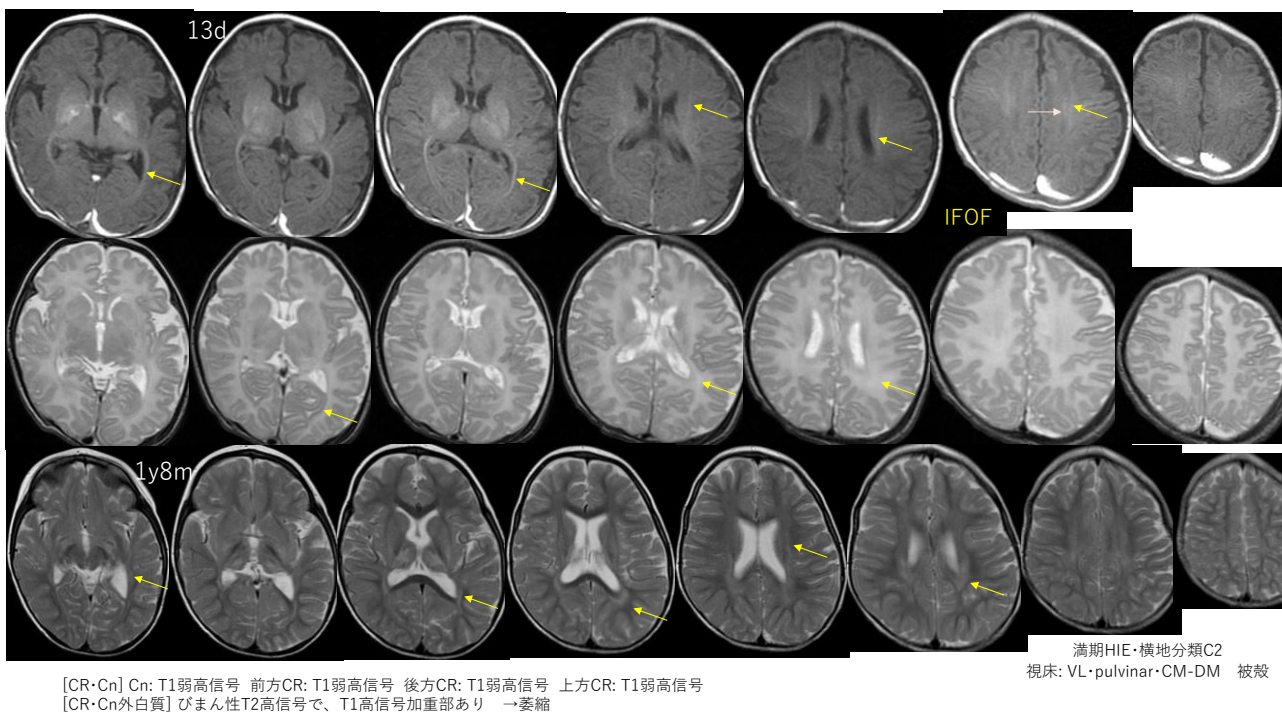
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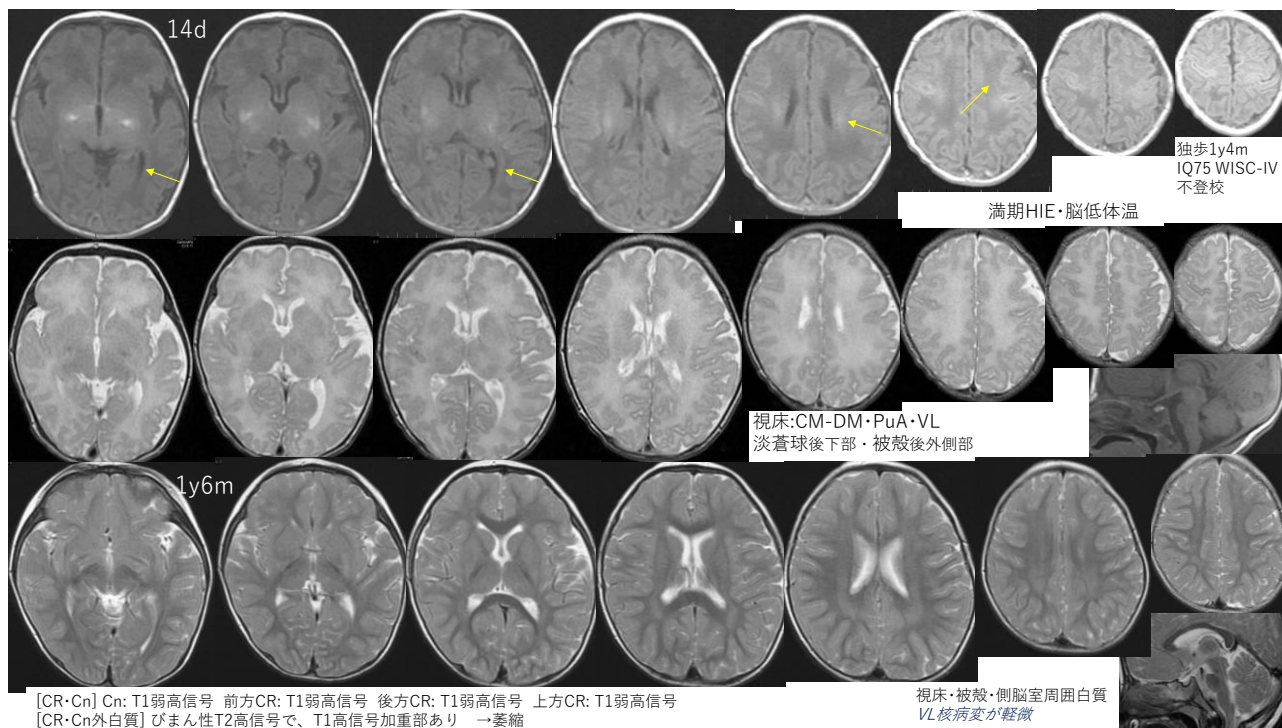
30



31



32

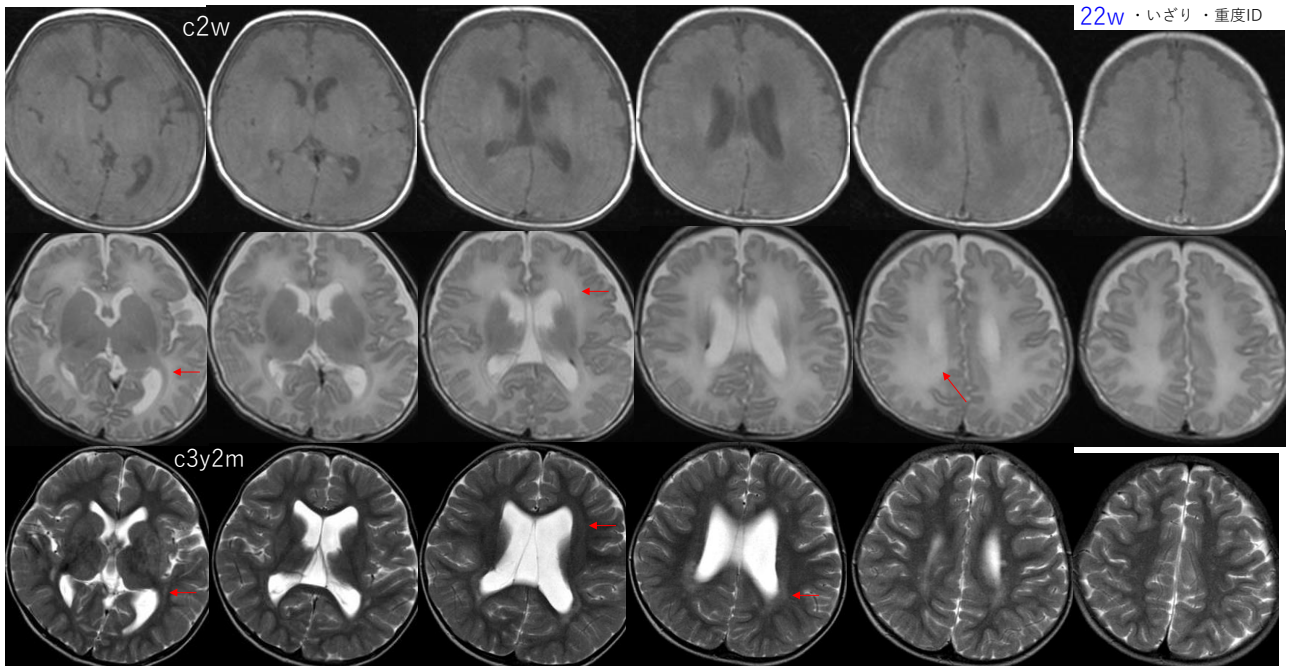


33

早産失調の白質障害

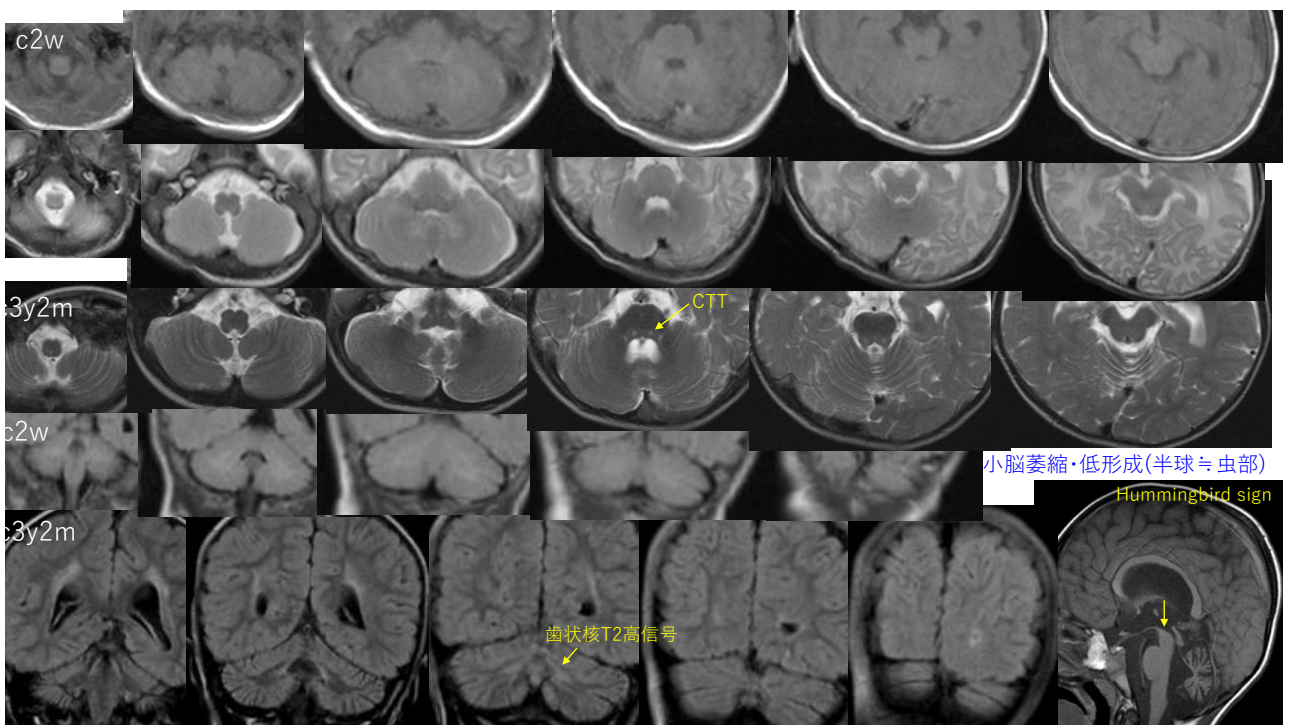


34

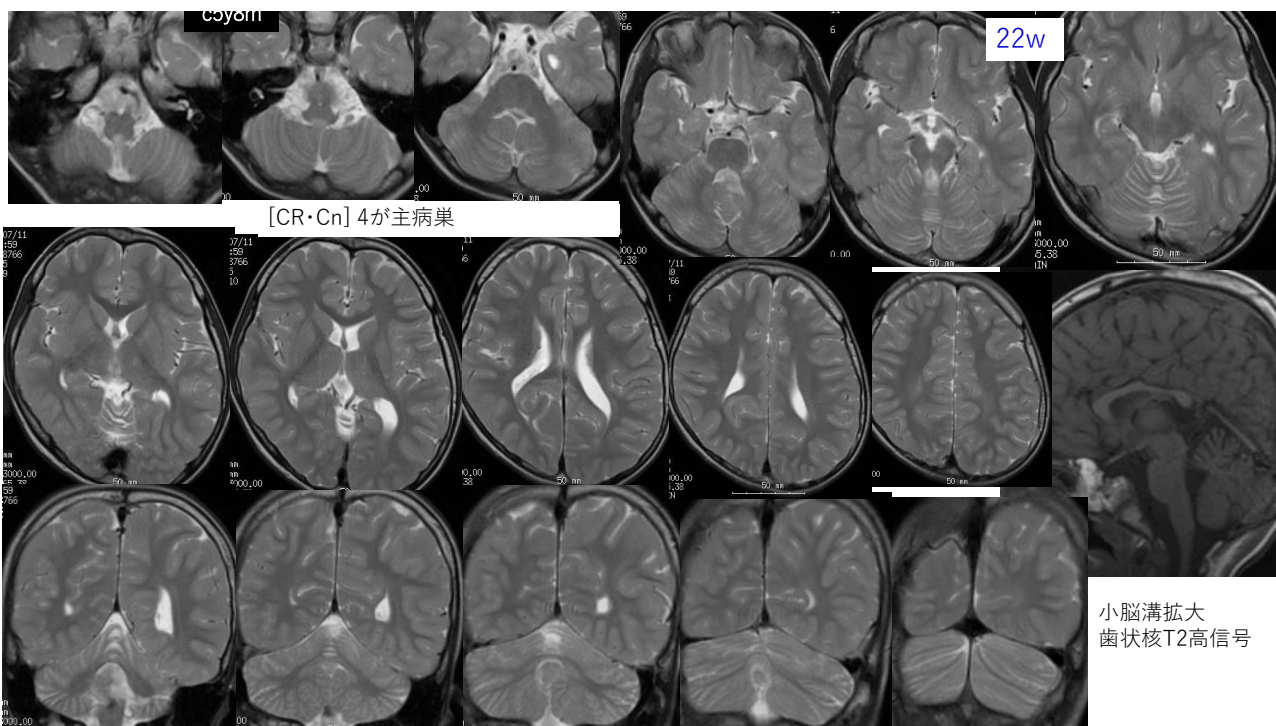


[CR・Cn] 後方・前方とも2<4のT2高信号(T1低信号)と腫大 [CR・Cn外白質] T2弱低信号
sagittal stratum-crossroads 病変

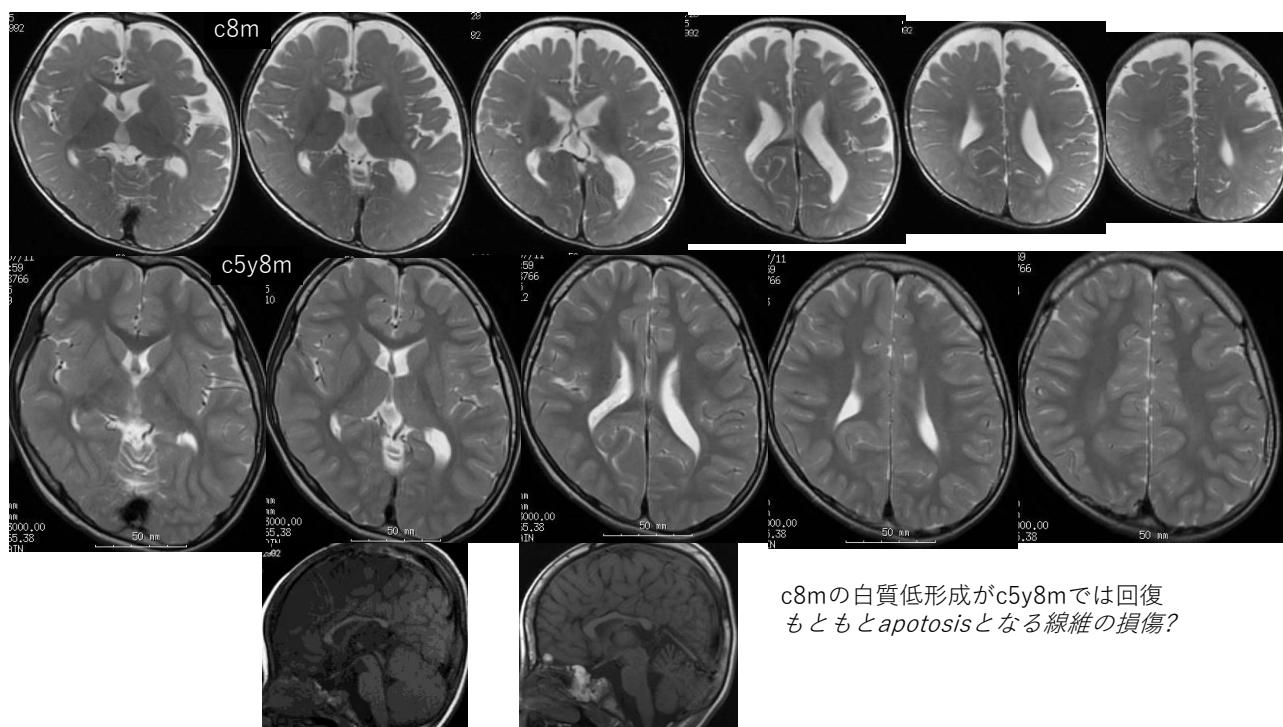
35



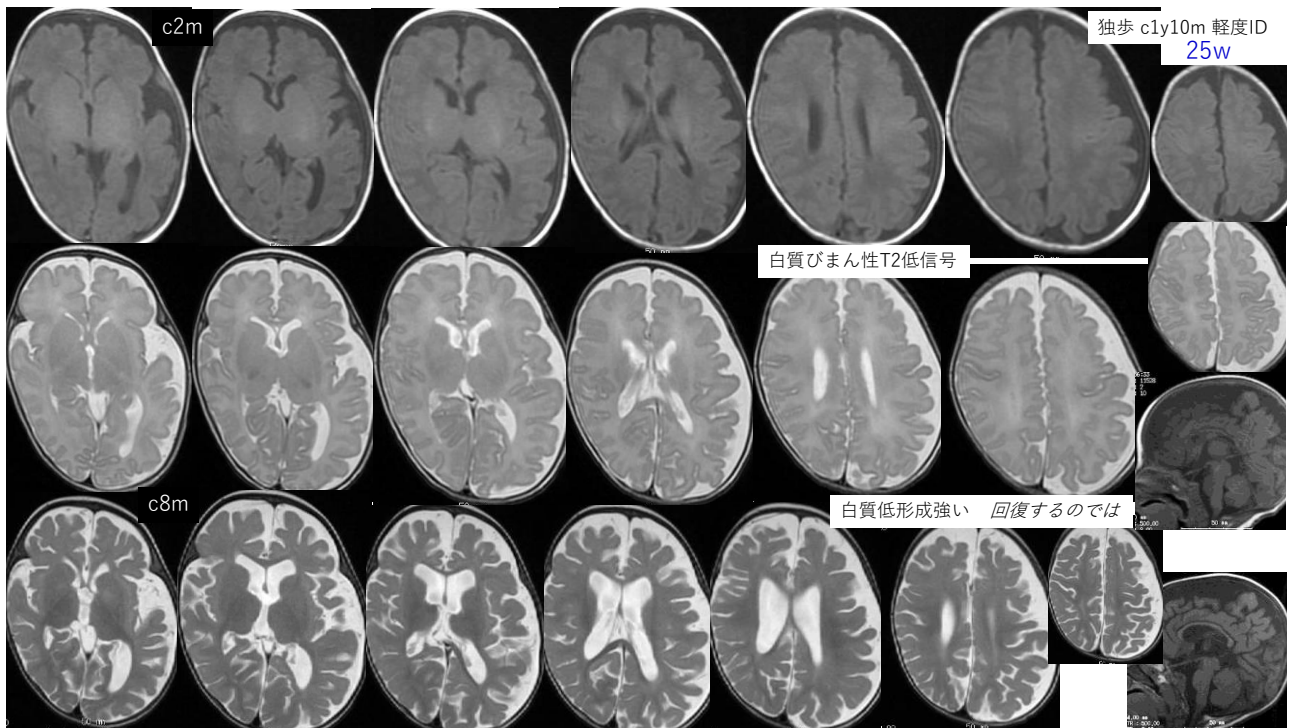
36



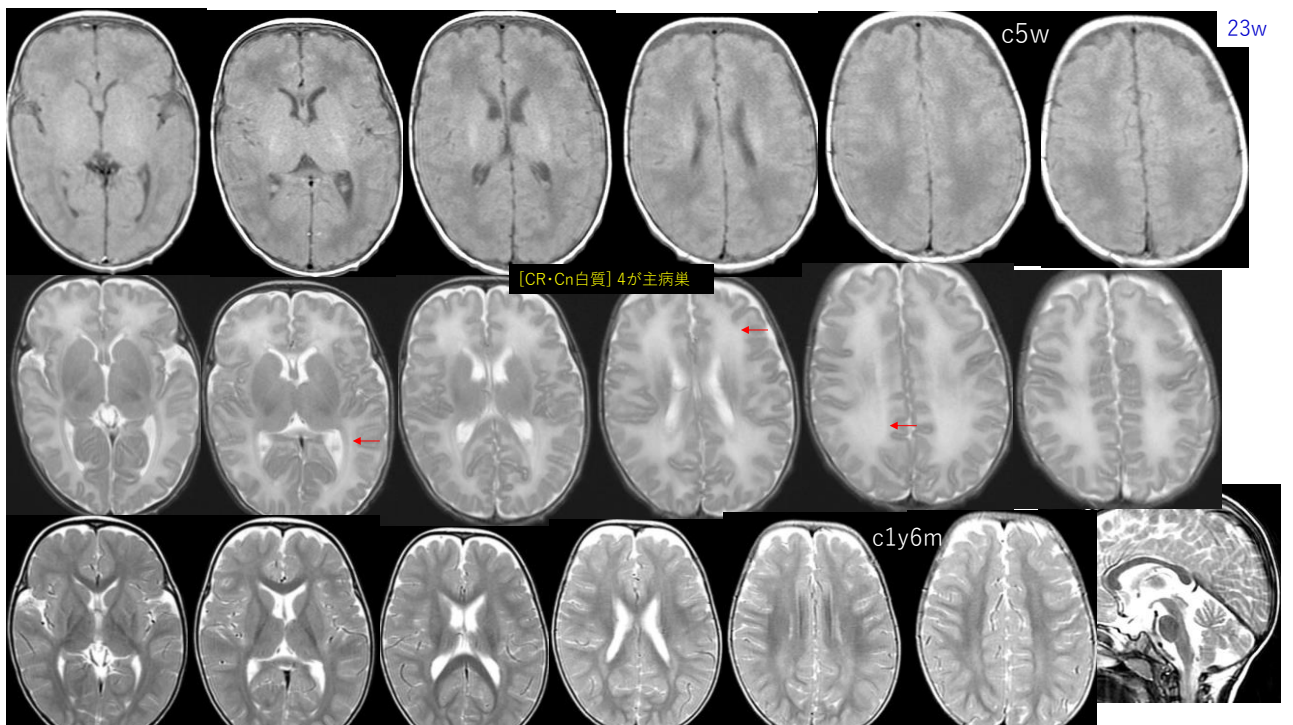
37



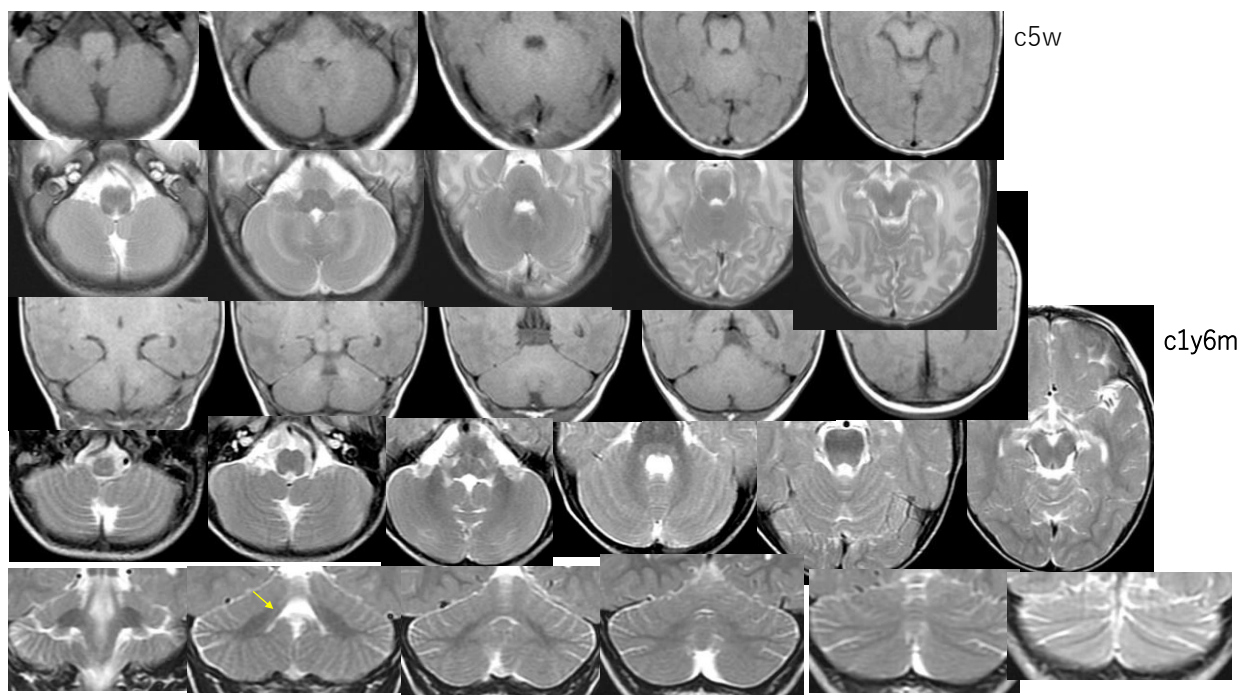
38



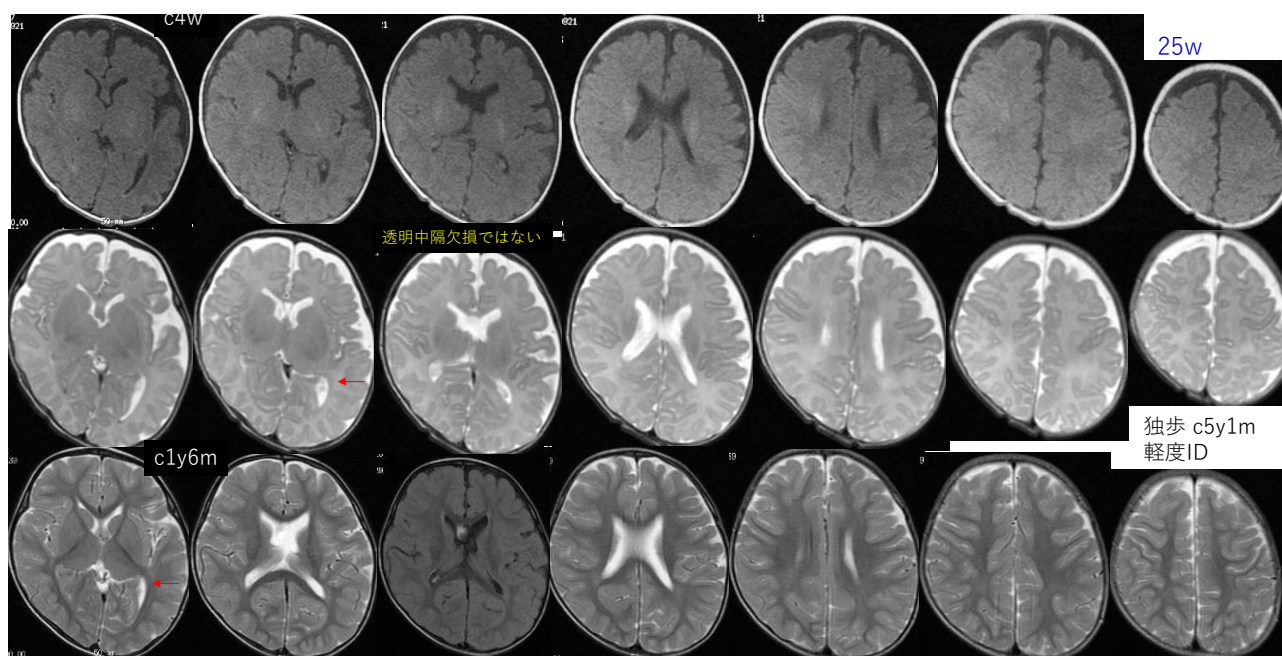
39



40

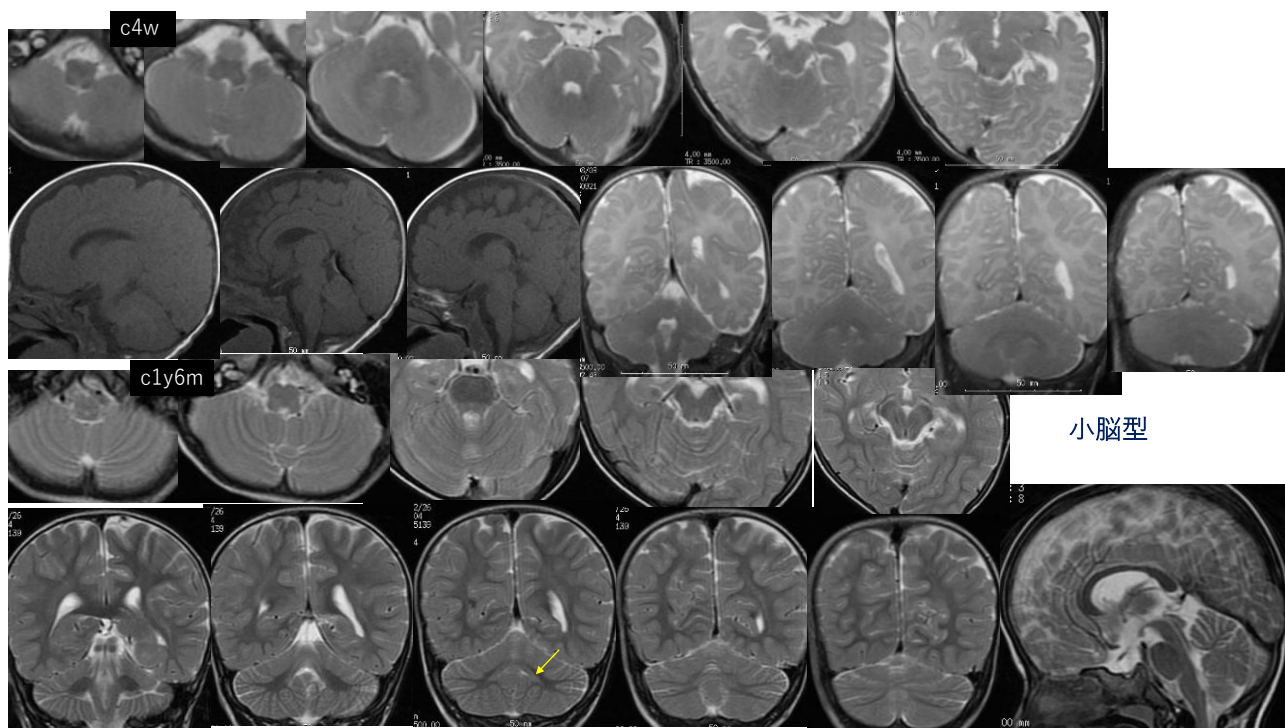


41



[CR・Cn] 4のT2高信号少し [CR・Cn外白質] T2低信号

42



43

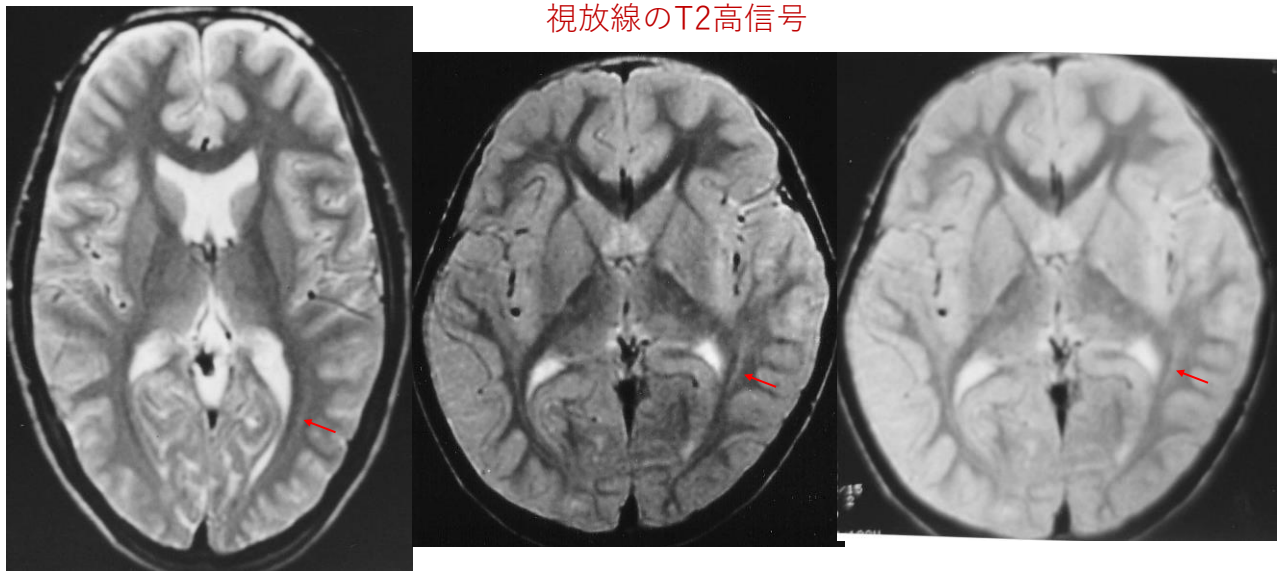


核黄疸の白質障害

44

満期産の核黄疸

視放線のT2高信号

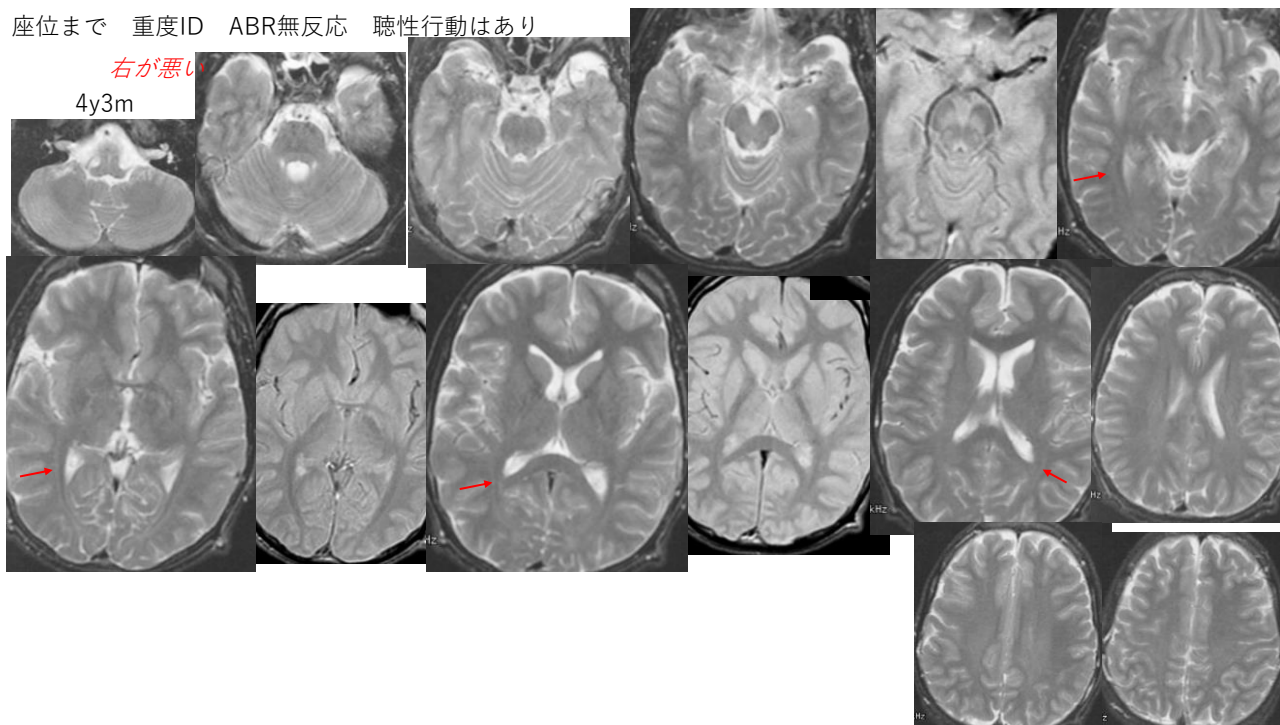


45

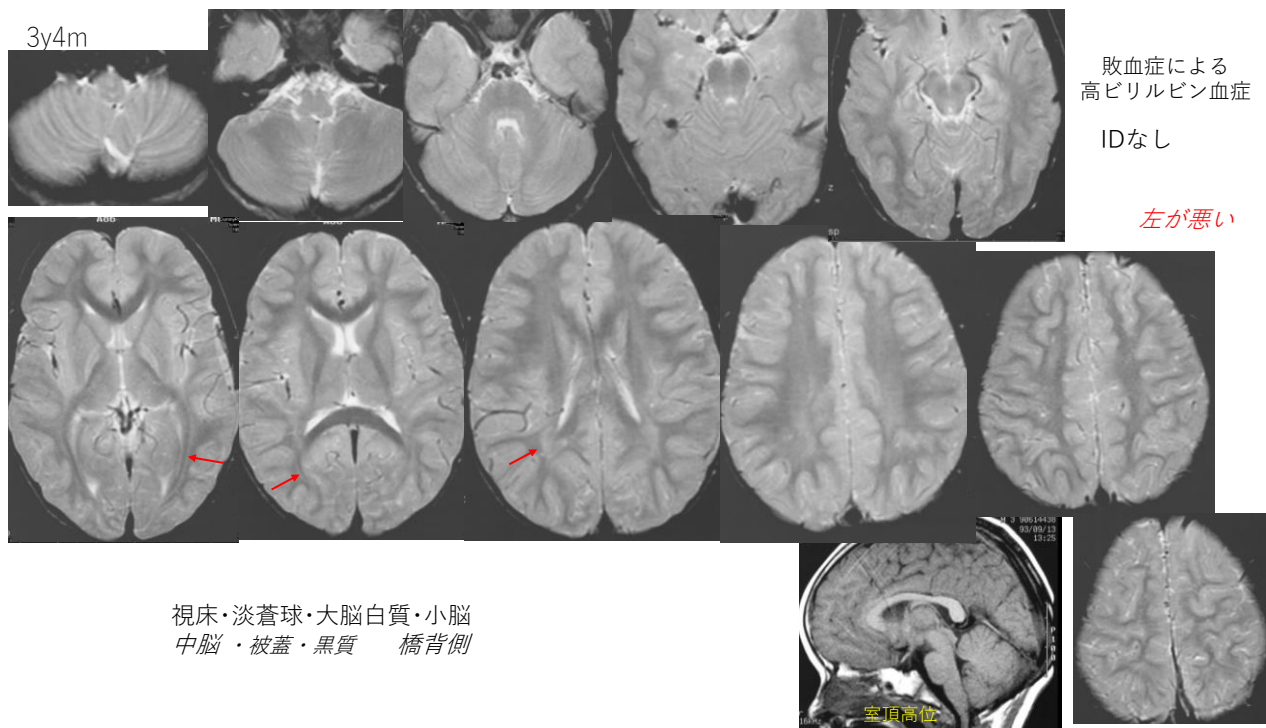
座位まで 重度ID ABR無反応 聴性行動はあり

右が悪い

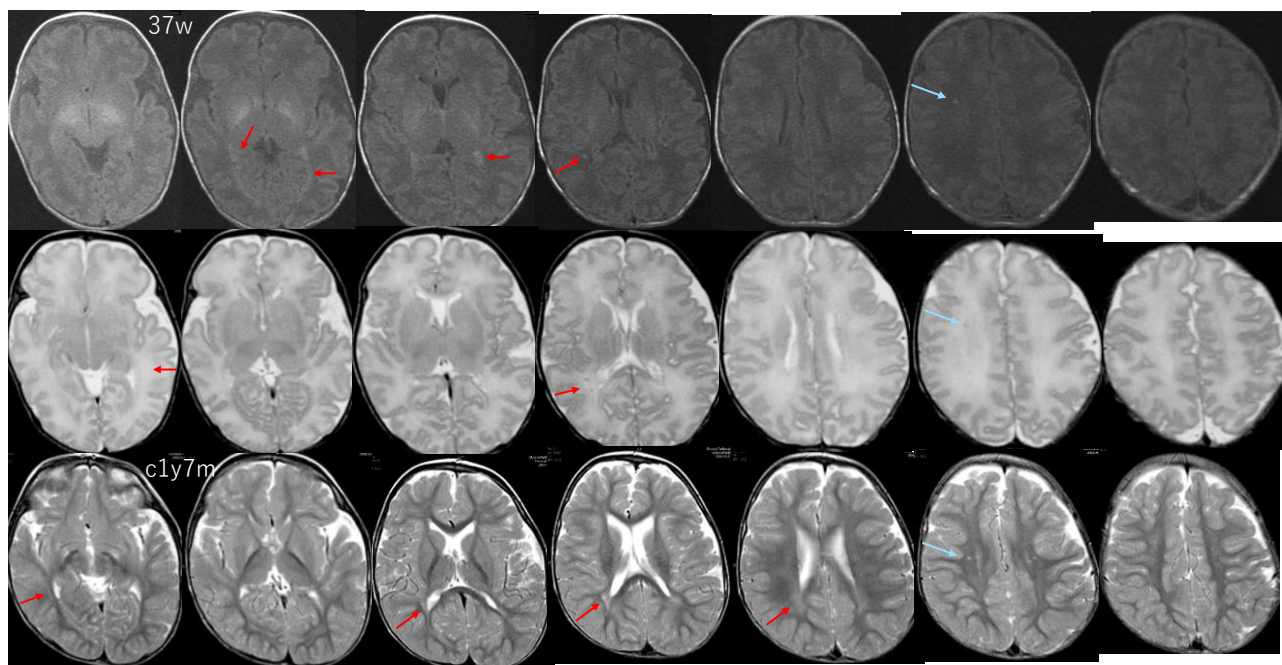
4y3m



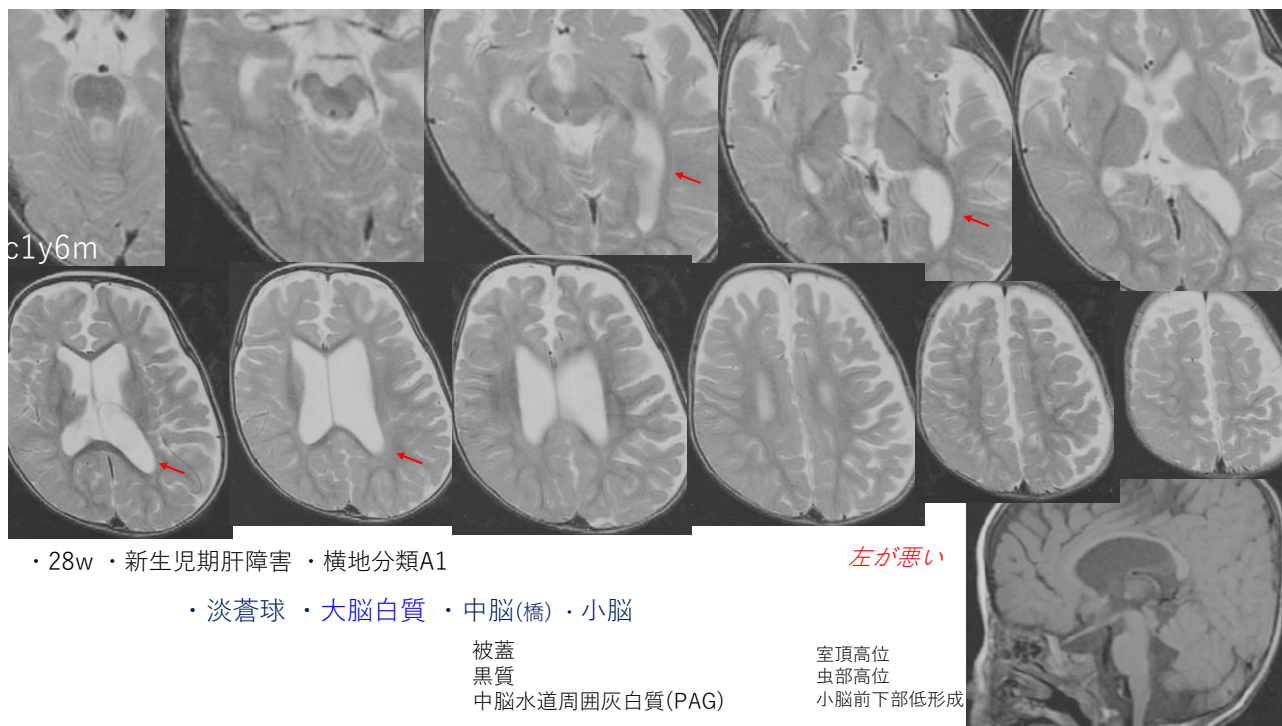
46



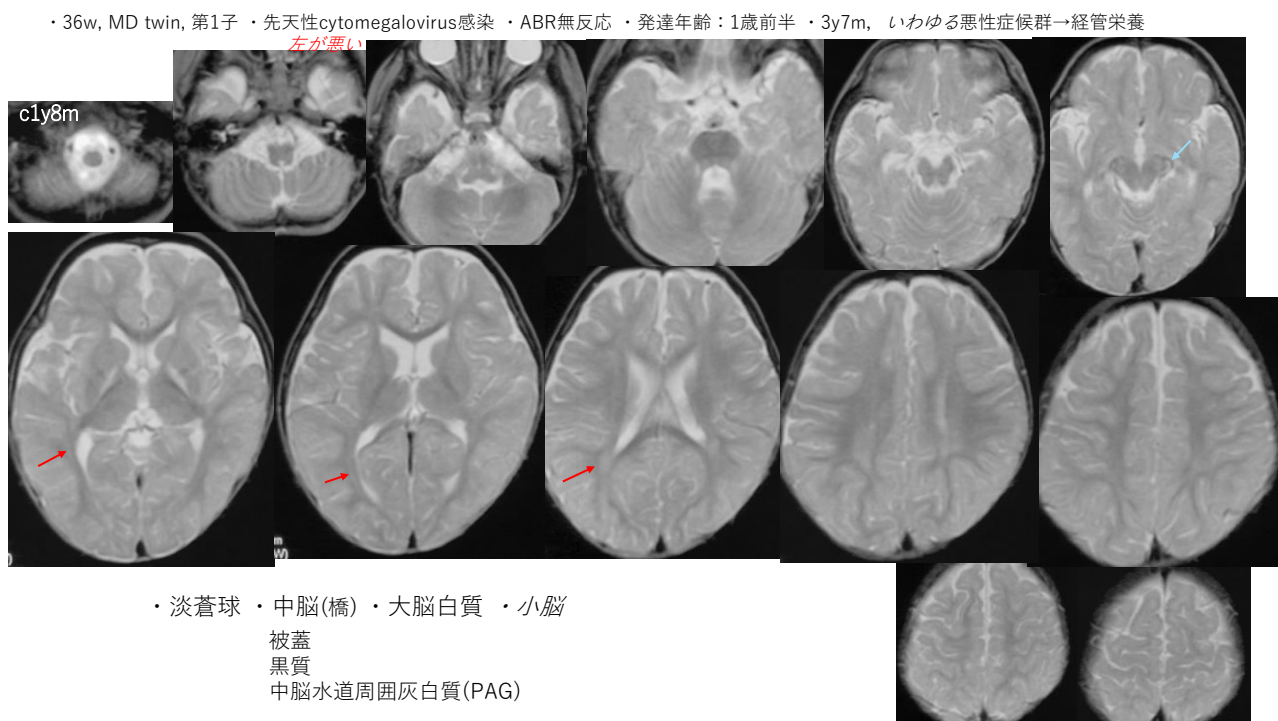
47



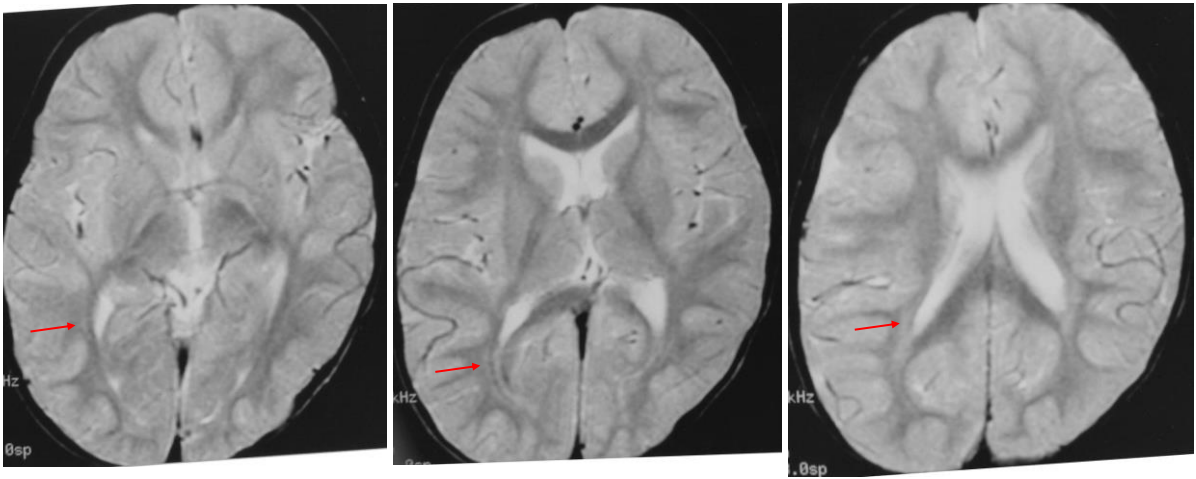
48



49



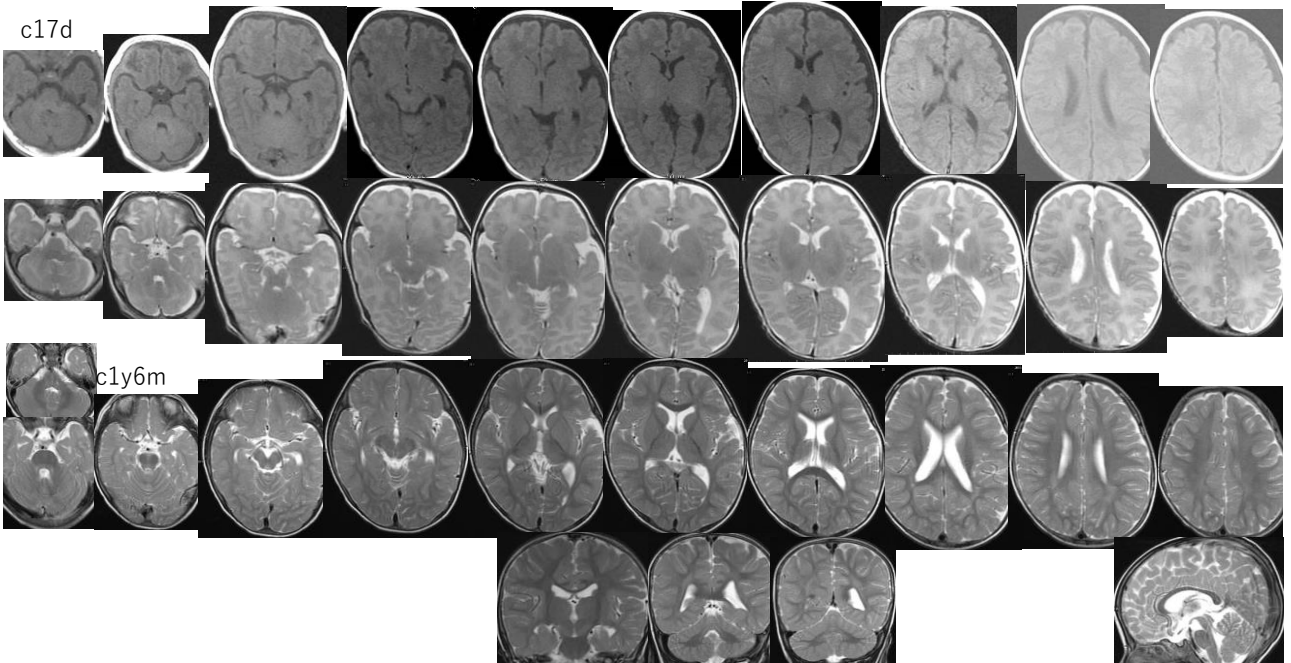
50



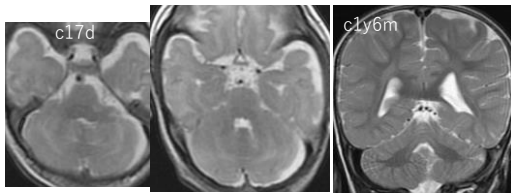
27w

51

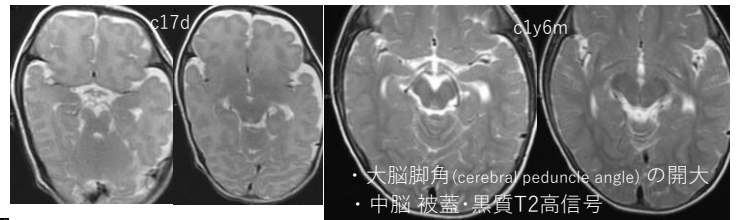
・ 26w, DD twin 第1子 ・ 溶血性貧血で交換輸血施行 ・ ABR: V 波域値上昇(40~70dB) ・ 聴性行動は良 ・ 独歩 c1y8m ・ IDなし



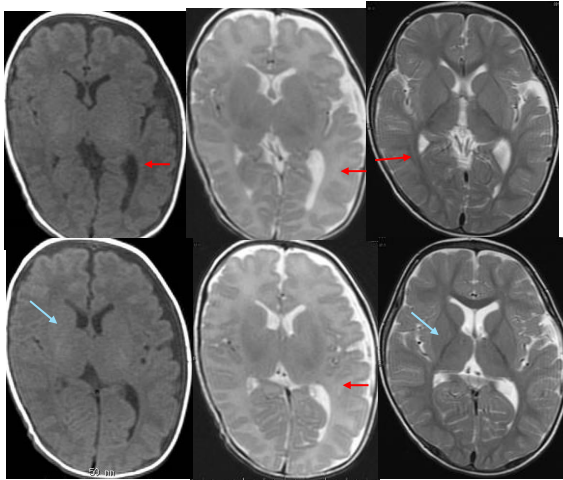
52



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

