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Celebrating 35 Years of the AJNR

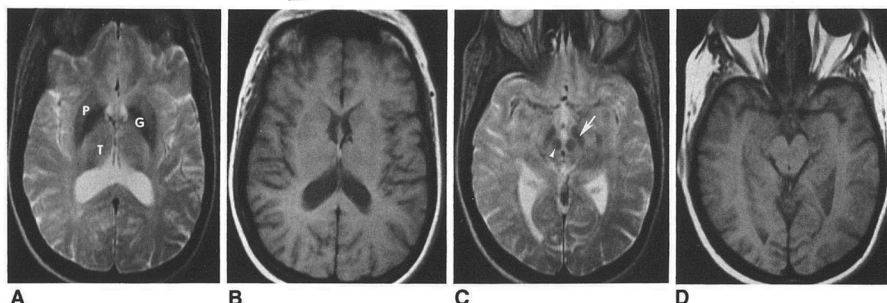
May 1986 edition

Magnetic Resonance Imaging of Brain Iron

Burton Drayer^{1,2}
 Peter Burger³
 Robert Darwin¹
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 G. Allan Johnson¹

A prominently decreased signal in the globus pallidum, red nucleus, and dentate nuclei on T2-weighted images (SE). This MR finding correlated closely with the sites of preferential accumulation of iron in normal postmortem brains. T2 thus provides an accurate in vivo and MR studies in normal brain; the striatum, and still lower level matter, iron concentration is (a) capsule and optic radiations, (b) prominent in the subcortical "ring" in the brain at birth; it increases of brain iron should assist in elucidating neurodegenerative, demyelinating, and other processes.

It has been suggested that exquisite anatomic images, magnetic resonance imaging (MRI), may be promising but time-consuming. When using a high field strength in every patient studied on a finding consisted of decreased specific brain locales, including the globus pallidum, reticular substantia nigra, red nucleus, dentate nucleus, and putamen [1]. This paper gives an account of our studies to determine the origin of this biochemical effect.



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Magnetic Resonance Imaging of the Chronically Injured Cervical Spinal Cord

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Thirteen patients evaluated with magnetic resonance imaging (MRI) were compared with the results of myelography. It was found that MRI was more accurate in the injured spinal cord than myelography, frequently difficult to perform with long lesions.

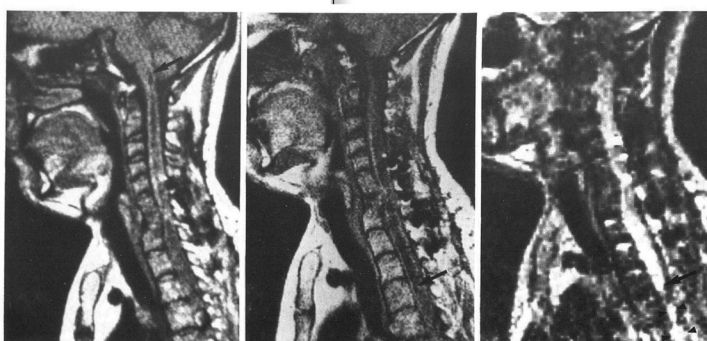
Over the years, spinal cord has been imaged by percutaneous computed tomography (CT), myelography, and magnetic resonance imaging (MRI). Each modality has its own advantages and disadvantages. Myelography, because of its accuracy, has been the standard for the evaluation of the spinal cord. However, it is associated with a high risk of complications, especially in patients with chronic spinal cord injury.

Although a number of studies have shown that MRI is a safe and accurate method of evaluating the chronically injured spinal cord, it is not, to our knowledge, the most accurate method of preoperatively evaluating the chronically damaged spinal cord.

Further, we correlate these imaging modalities with the patients' clinical presentations and the findings at surgery as determined by intraoperative spinal sonography.

Materials and Methods

Thirteen patients who had suffered severe cervical spinal cord trauma six months to 11 years prior to their present hospitalization were evaluated clinically and examined radiographically.



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