

NEURORADIOLOGY

STROKE

D.HANA QUDSIEH

STROKE

- COULD BE
1-ISCHEMIC STROKE.
2-HEMORRHAGIC STROKE.

COULD BE :
HYPERACUTE
ACUTE
SUBACUTE
CHRONIC

ISCHEMIC STROKE

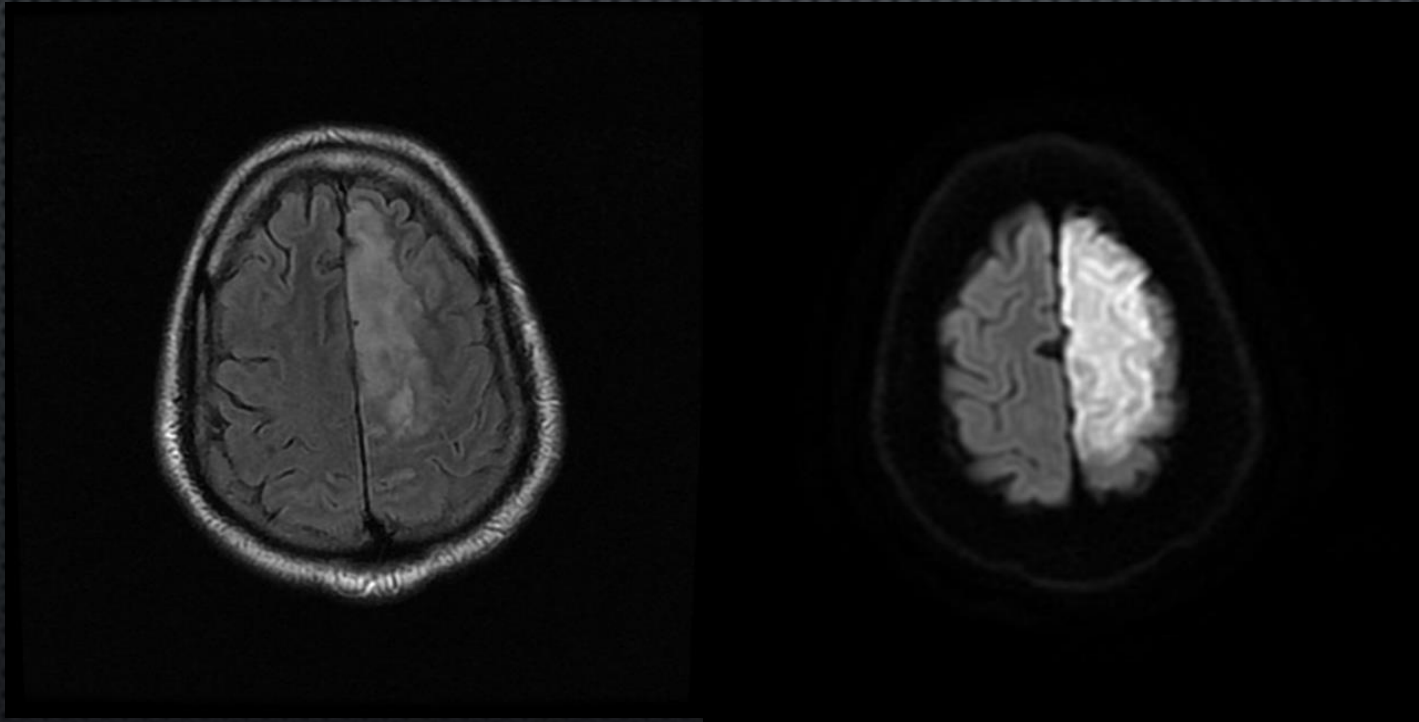
- **ISCHEMIC STROKE** RESULTS FROM A SUDDEN CESSATION OF ADEQUATE AMOUNTS OF BLOOD REACHING PARTS OF THE BRAIN. ISCHEMIC STROKES CAN BE DIVIDED ACCORDING TO TERRITORY AFFECTED OR MECHANISM.
- AN ISCHEMIC STROKE TYPICALLY PRESENTS WITH RAPID ONSET NEUROLOGICAL DEFICIT, WHICH IS DETERMINED BY THE AREA OF THE BRAIN THAT IS INVOLVED. THE SYMPTOMS OFTEN EVOLVE OVER HOURS AND MAY WORSEN OR IMPROVE, DEPENDING ON THE FATE OF THE ISCHEMIC PENUMBRA.

ACA INFARCTION

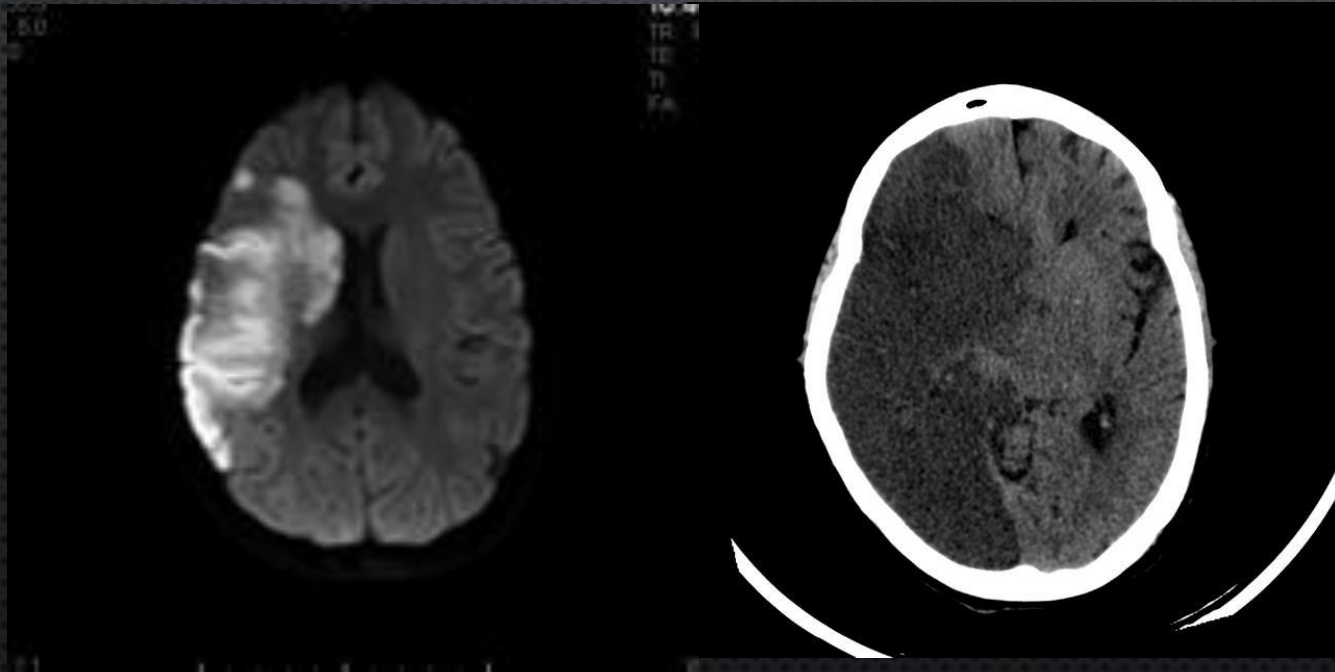
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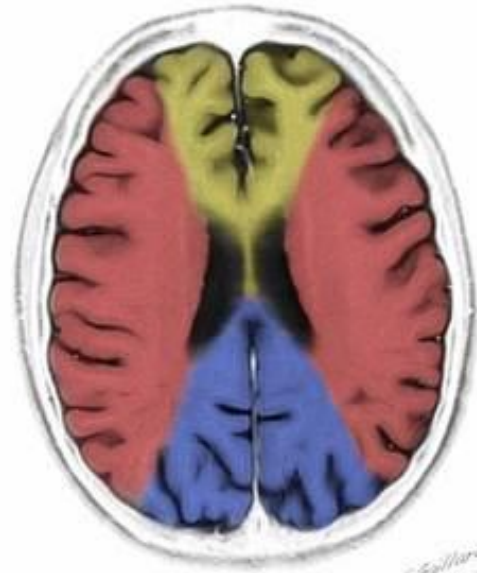
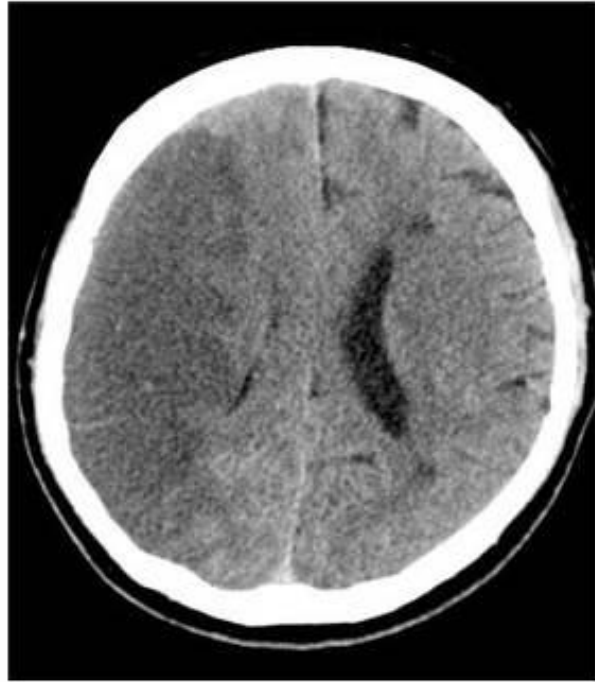


FLAIR AND DIFFUSION



MCA INFARCTION





F. Ballard
200

HYPERDENSE MIDDLE CEREBRAL ARTERY SIGN SEEN IMMEDIATELY AND REPRESENTS DIRECT VISUALIZATION OF THE THROMBOEMBOLISM.



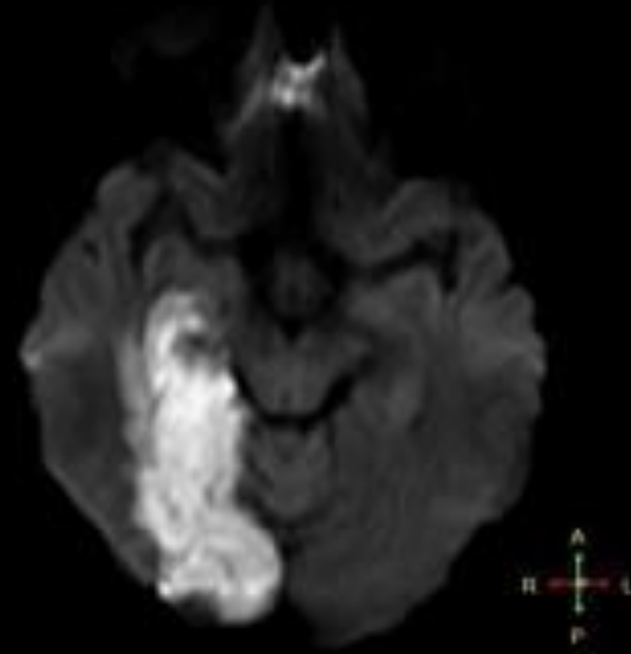
INSULAR RIBBON

ALTHOUGH CORTICAL IT IS THE FURTHEST CORTEX FROM COLLATERAL CIRCULATION AND IS THEREFORE ALSO AFFECTED EARLY ⁴

THE INSULAR RIBBON SIGN DESCRIBES LOSS OF NORMAL GREY-WHITE DIFFERENTIATION



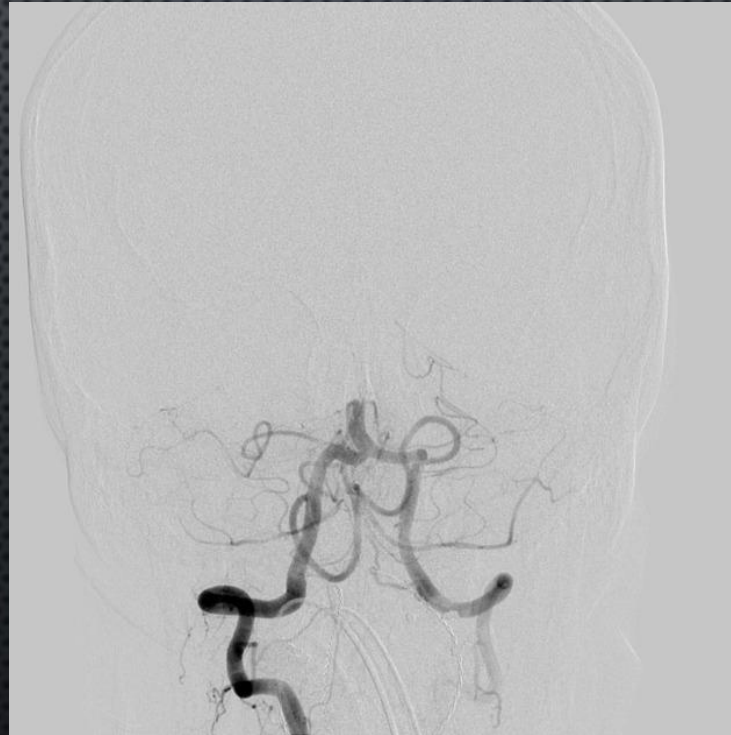
PCA :CT AND DIFFUSION:



CT SHOWS HYPERDENSE BASILAR ARTERY
(THROMBOSIS)



DSA BASILR TIP THROMBOSIS



ENCEPHALALACIA: DUE TO ANY OLD INSULT



HEMORRHAGIC INFARCTION: VENOUS IS ONE OF THE COMMONOEST CAUSE



LACUNAR INFARCTION: SMALL INFARCTION LESS THAN 1.5 CM USUALLY
AROUND BASOTHALAMUS OCCURE MAINLY IN DM AND HYPERTENSIVE PATIENTS

