Case 1

- AVM

- CTA: central nidus and supplying vessels

- Management options:
  - CTA, Conventional 3D angio + embolisation
  - RFA and neurosurgical intervention
Case 2

Cerebral Venous Sinus Thrombosis

- NCCT: cord sign
- CECT: delta sign

- Causes and how do you treat?
  
  - IV thrombolysis, In specialist centre – interventional neuroradiologist do direct thrombolysis
Case 3

Left Eyeball injury with decompression

- Eyes—look into the eyes in every brain scan
- DDx: Melanoma ... with relevant history!
- Mx: enucleation

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Case 4

Herpes Encephalitis: Gyrus rectus

- Limbic system: anatomy
- Typical and atypical features
- How do you confirm Dx – do a biopsy!
- Rx: antivirals
Case 5

Ischaemic Colitis with IMA occlusion

- In any colitis look for
  - atheromatous vessels (ischemic)
  - SIJ, gall/renal stones (Inflm bowel ds)
  - pancolitis (recent antibiotic rx)

- Management: interventional rd (stent if feasible) direct thrombolysis, surgical

- Establish Cause and Effect phenomenon in VIVA
Case 6

Lipoma

- Anatomy is important in MSK
- Sequence analysis: fat saturation
- Role of MRI: anatomical plane, neurovascular mass effect, planning for surgical approach
Case 7

Neurofibromatosis II

- Left acostic neuroma
- Multiple meningioma
- Know NF 1 and 2 associations
Case 8

- PE with infarct

- Look for PE: can be easily missed in practice and exam!

- Treatment?
Case 9

Pitutary Macroadenoma

- Anatomy

- Mass effect on: optic chisma, cavernous sinus

- Complications

- Management
Case 10

- Make up your mind now and give a Dx

- Look back if you want to....do all your R/V areas

- Then go to next two slides:

- In exam you earn your next film !!!
Case 10

- Intra-spinal Meningioma

- Did you get the lesion on MR Brain and asked to do MR spine?

- Anatomic localisation of spinal lesions (intra/extra – dural/medullary)

- Management

  Its your case and you will have to take it further, so be meticulous in your search !!!

Best wishes
Thank You

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