

# *Anatomische und Funktionelle MR-Neurographie peripherer Nerven*

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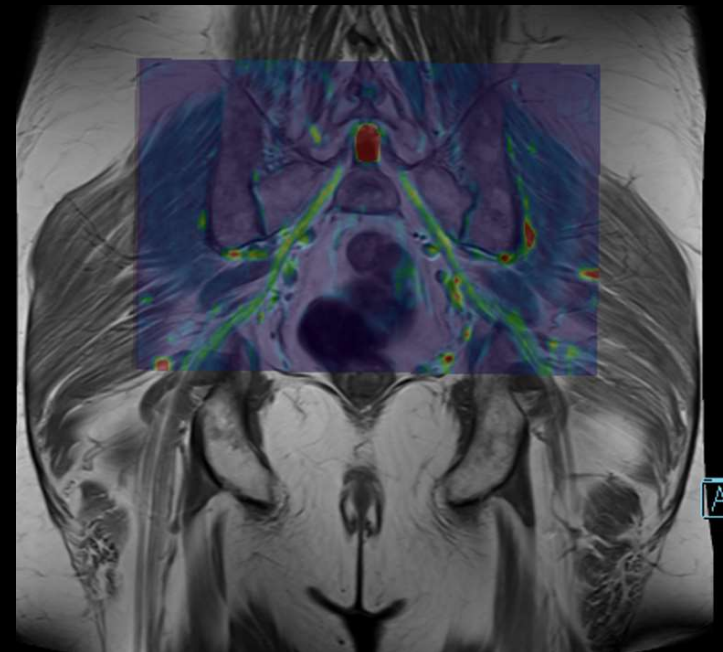
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Fortbildung Rheumatologie 01/2022

# Structure

Max. 20 min

- How to do it
- What it can reveal



# MR Neurography Technique

## ■ Protocol

- anatomy
  - T1, T2, MR-Angiography
- specific
  - T2fs, T1pCM, (functional imaging/DTI)

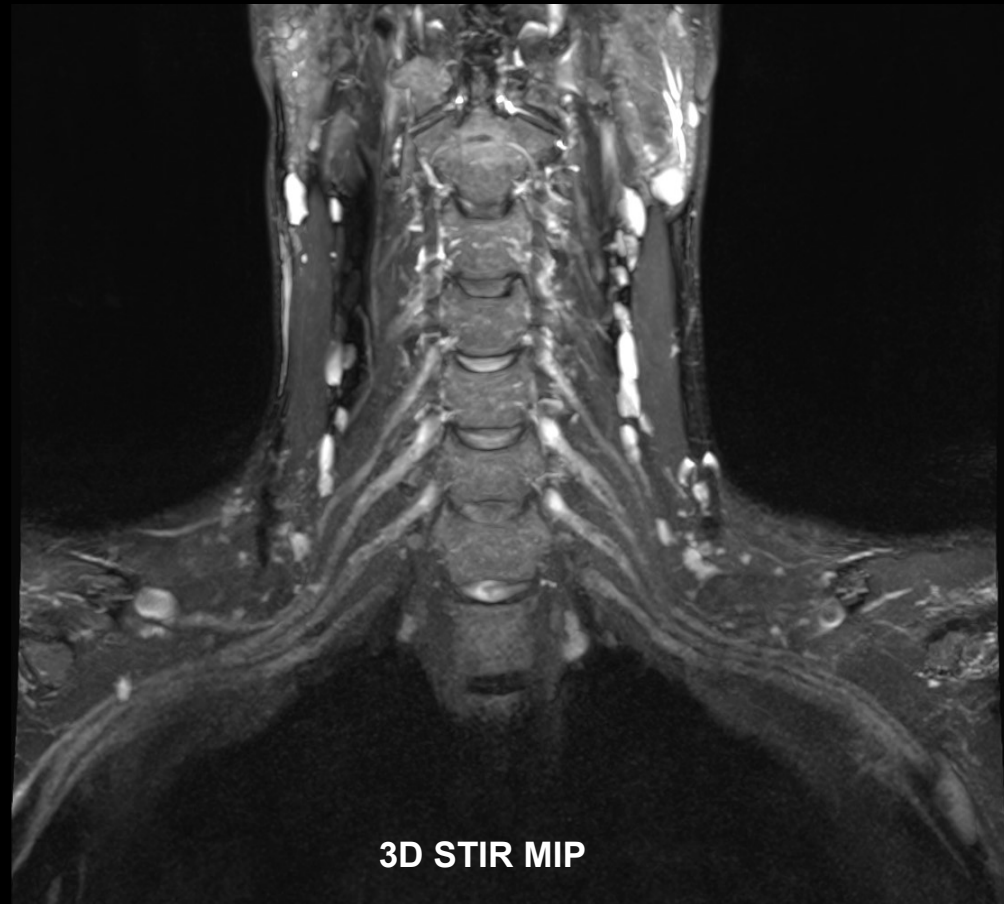
## ■ Duration

- ca. 20-45 min per region

# MR Neurography Technique

## Specific T2fs

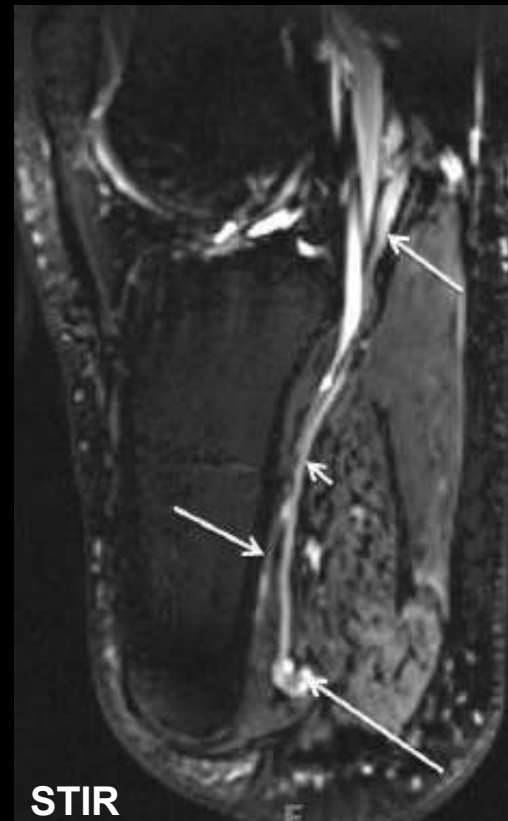
- 3D imaging
- high spatial resolution ( $\leq 1\text{mm}$ )
- isotropic voxels
- strong T2 weighting
- homogenous fat saturation



3D STIR MIP

## MR Neurography Technique

- 3D STIR → supression of fat only
- nerve specific → supression of fat **and** vessels
- Diffusion weighting
- 3D DW PSIF
  - b value  $\sim 80 \text{ s/mm}^2$
  - fat and vessel supression

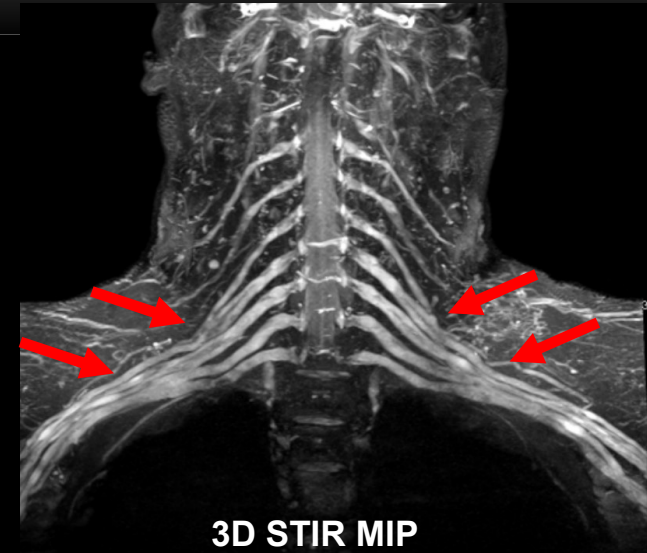
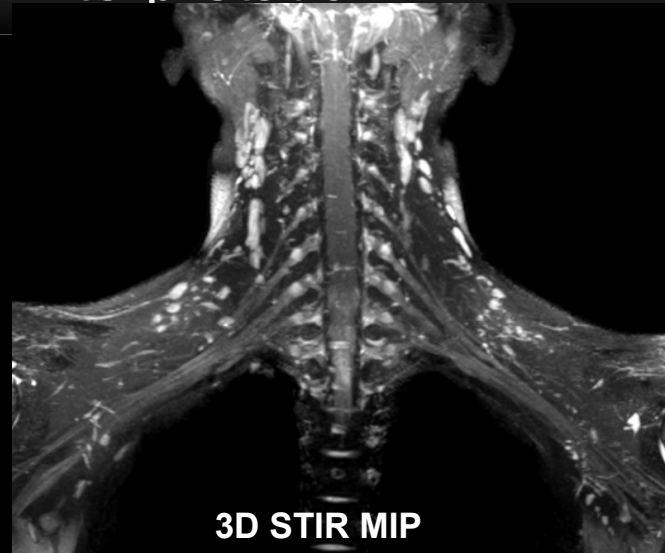


# MR Neurography Interpretation

- Caliper
- Signal Intensity

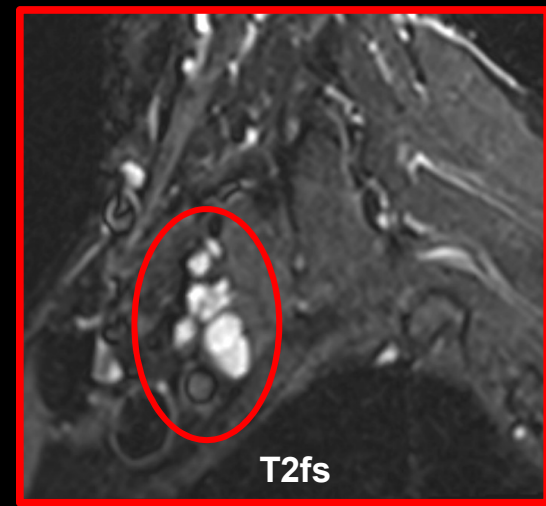
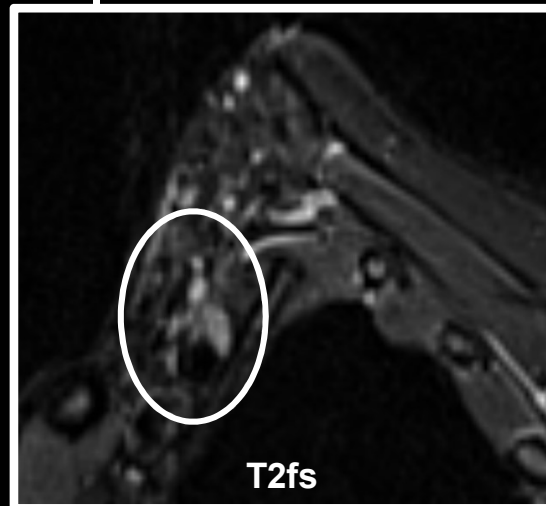
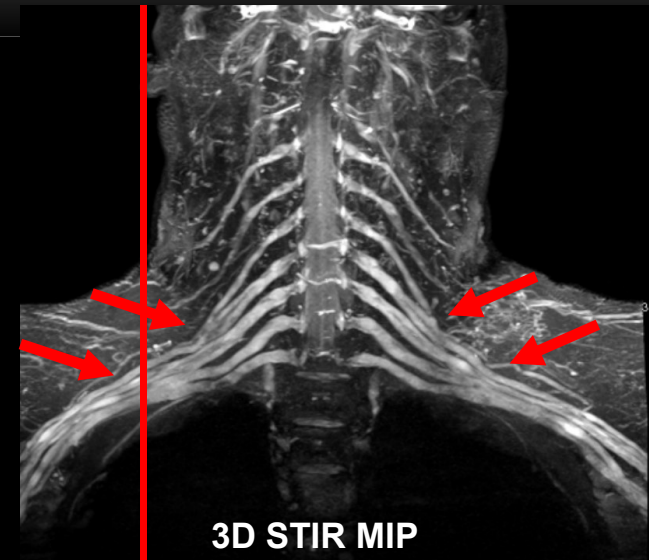
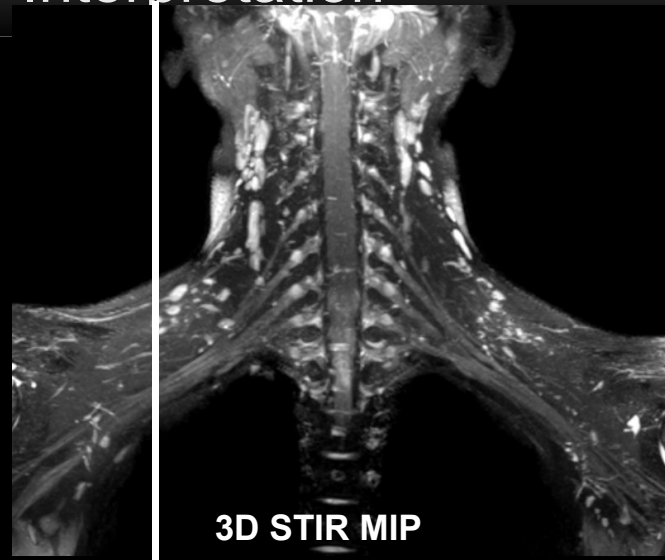
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- Caliper
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# MR Neurography Interpretation

- Caliper
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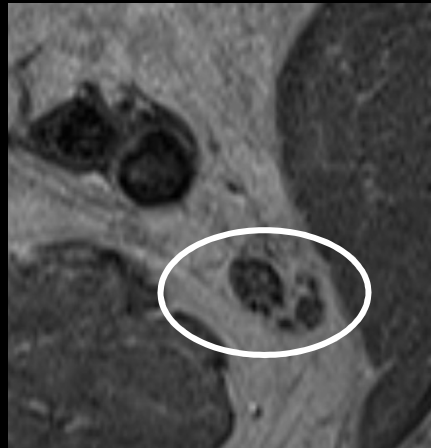
# MR Neurography Interpretation

- Caliper
- Signal Intensity
- Fascicular Pattern

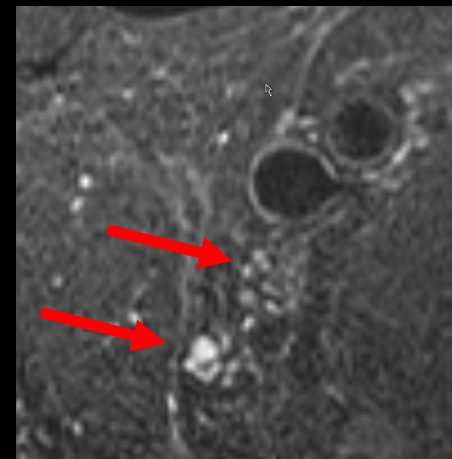
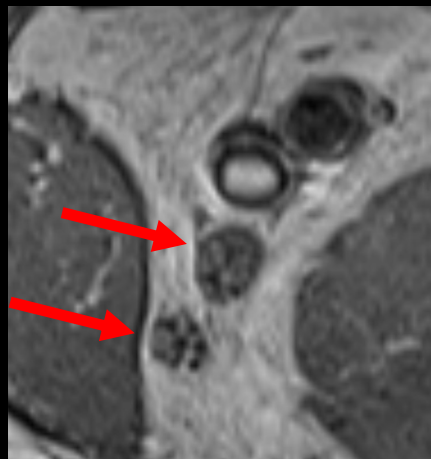
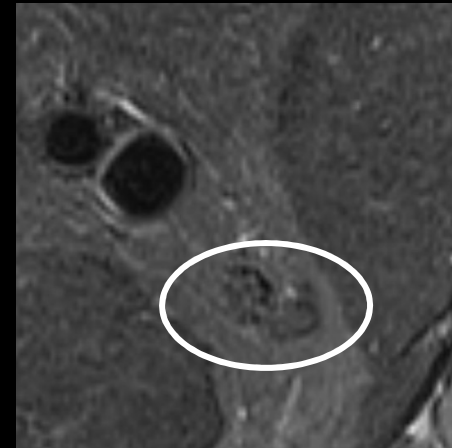
# MR Neurography Interpretation

- Caliper
- Signal Intensity
- Fascicular Pattern

T1



T2fs

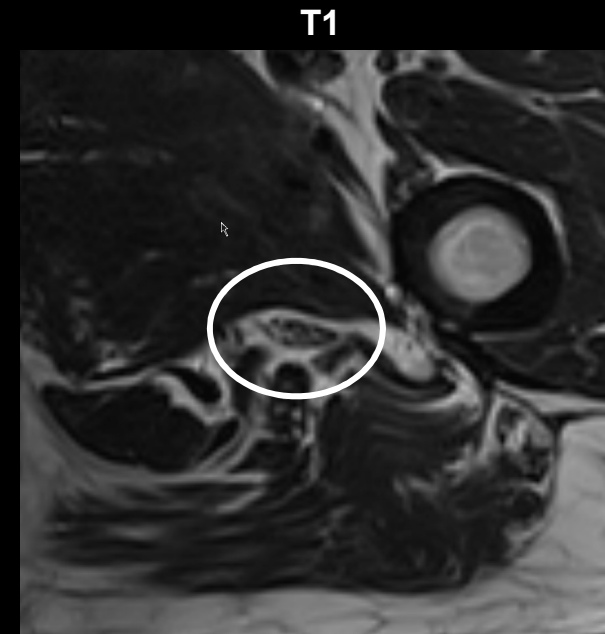
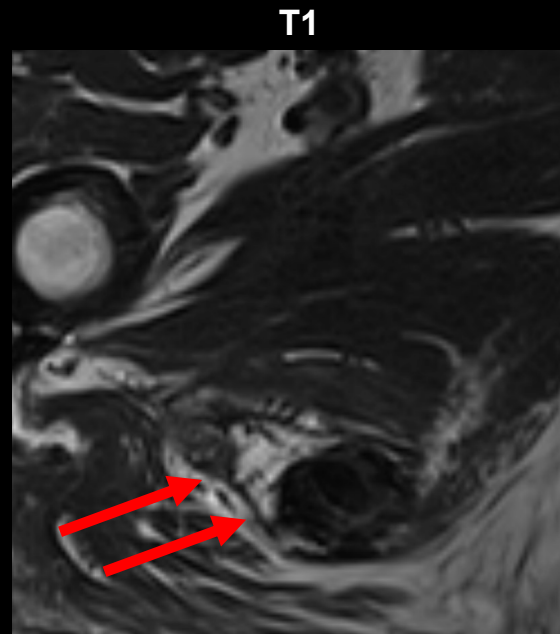


# MR Neurography Interpretation

- Caliper
- Signal Intensity
- Fascicular Pattern
- Perineural Fat

# MR Neurography Interpretation

- Caliper
- Signal Intensity
- Fascicular Pattern
- Perineural Fat



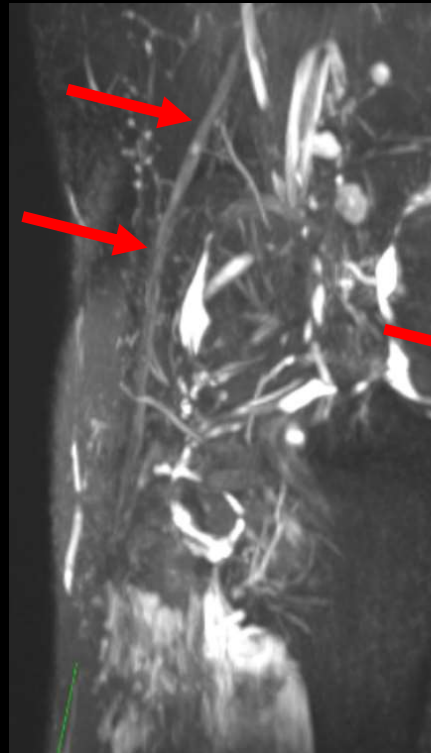
# MR Neurography Interpretation

- Caliper
- Signal Intensity
- Fascicular Pattern
- Perineural Fat
- Course

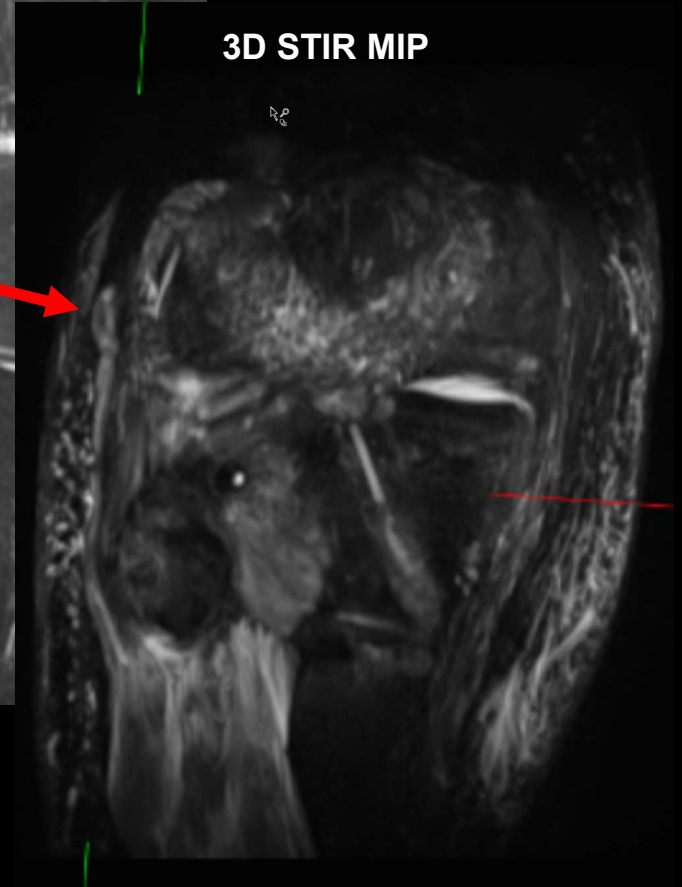
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3D STIR MIP



3D STIR MIP



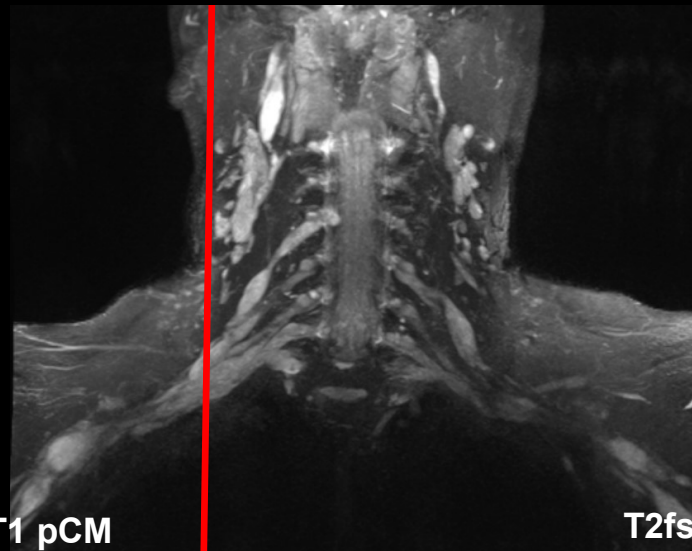
# MR Neurography Interpretation

- Caliper
- Signal Intensity
- Fascicular Pattern
- Perineural Fat
- Course
- CM Affinity

# MR Neurography Interpretation

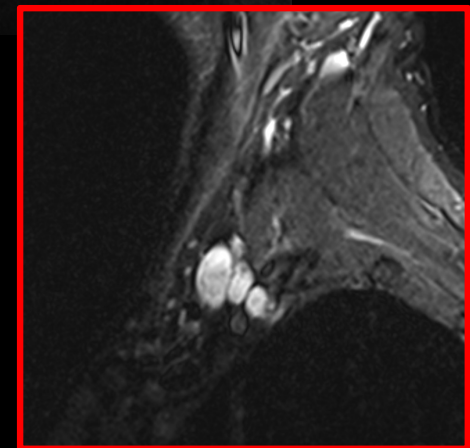
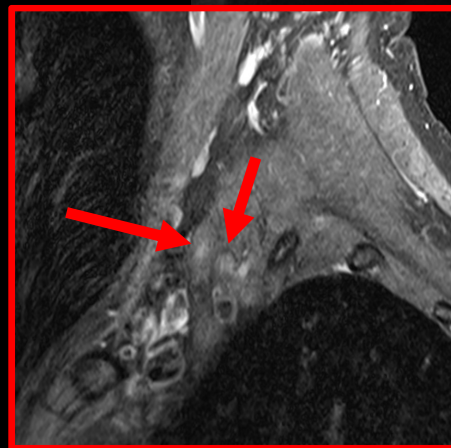
- Caliper
- Signal Intensity
- Fascicular Pattern
- Perineural Fat
- Course
- CM Affinity

3D STIR MIP



T1 pCM

T2fs



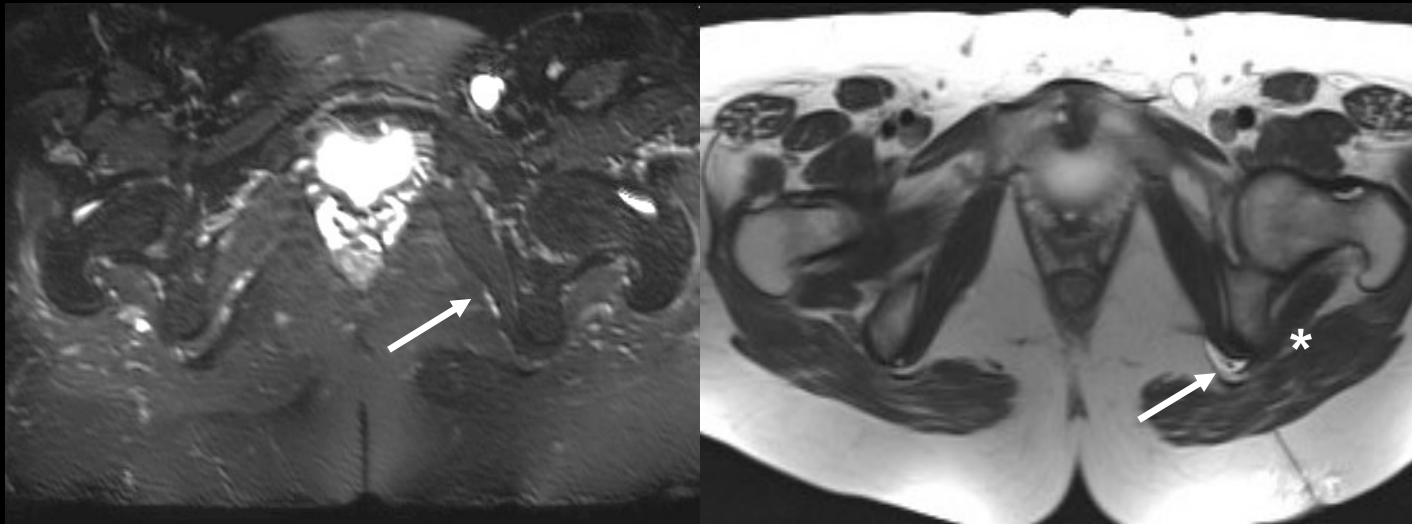


# MR Neurography applications

- Main indication weakness or pain
- possible aetiologies:
  - Neuritis (idiopathic, infectious, inflammatory)
  - Trauma
  - Compression
  - Tumor
  - hereditary

## Anatomic Non-Selective Imaging

- MR-guided Intervention



MR-guided Infiltration of Zoster-Neuropathy of left N. pudendus

# Functional Nerve-Selective Imaging

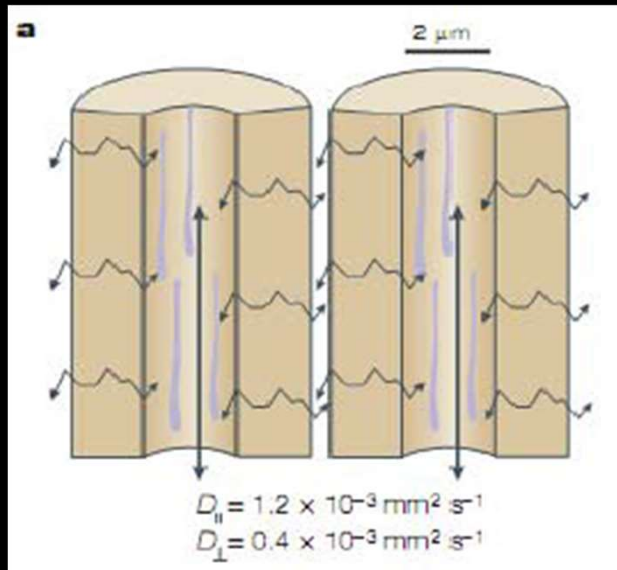
- Beyond anatomic imaging ...
- Functional information
  - e.g. axonal regeneration
  - new therapeutic agents and novel interventions



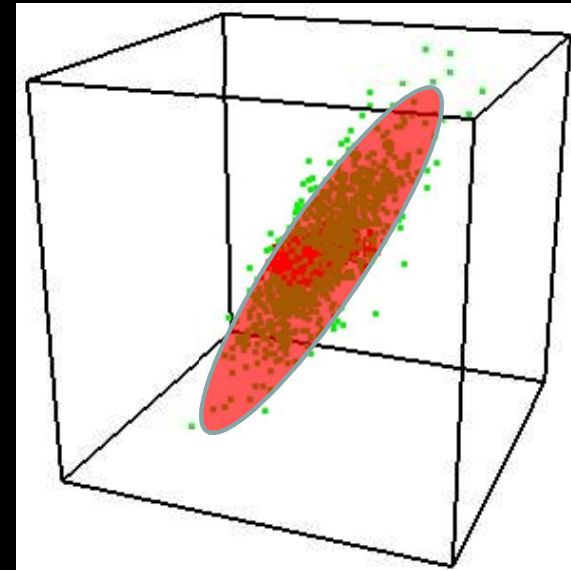
- Diffusion Tensor Imaging

# Diffusion in Peripheral Nerves

Proton Diffusion is directional.



**Nerve Fibers**



**Anisotropic Diffusion**

## Quantitative Parameters

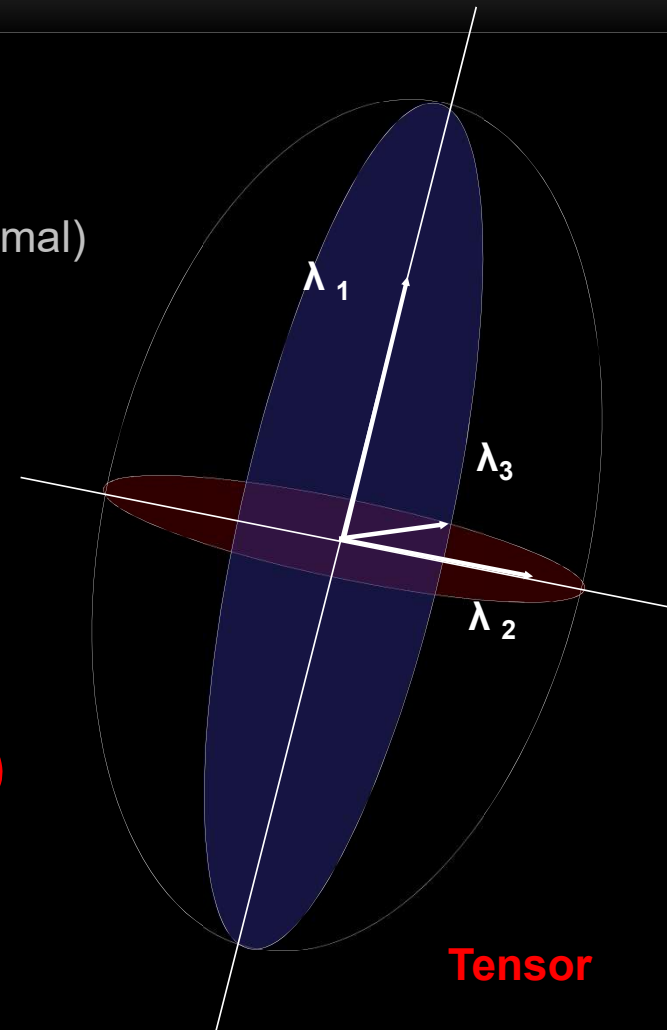
- FA (fractional anisotropy):

Scalar value between 0 (minimal) and 1 (maximal)

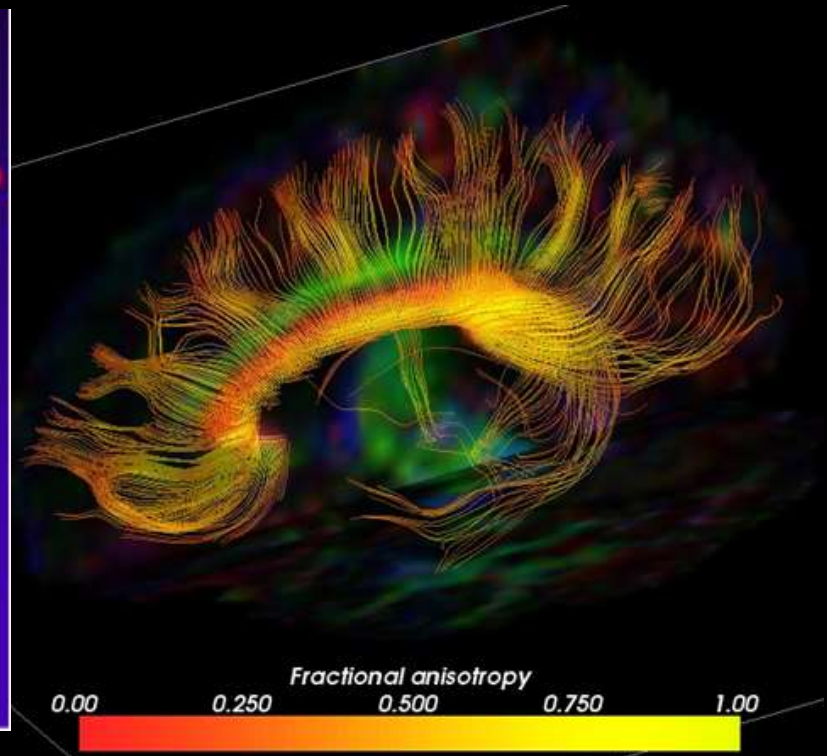
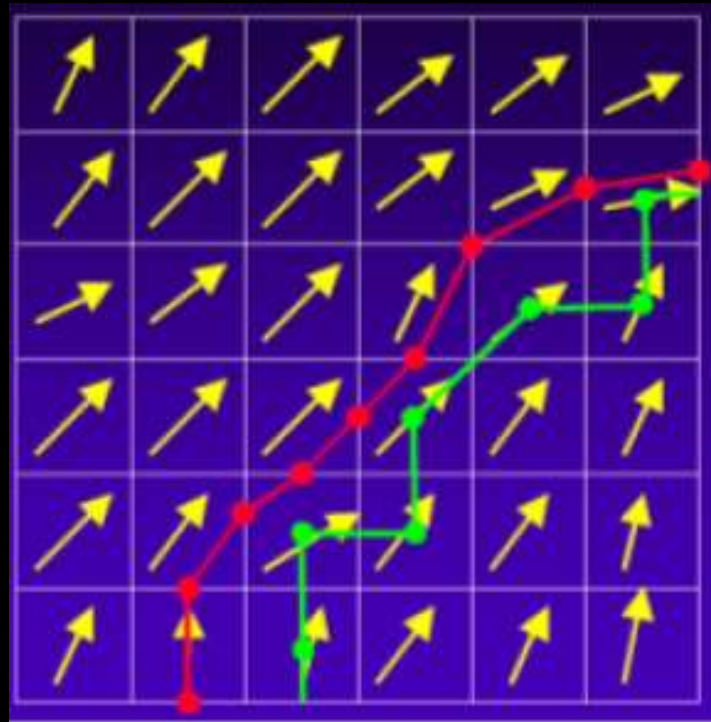
Relationship of vectors ( $\lambda_1$ -3)

- ADC ( apparent diffusion coefficient)

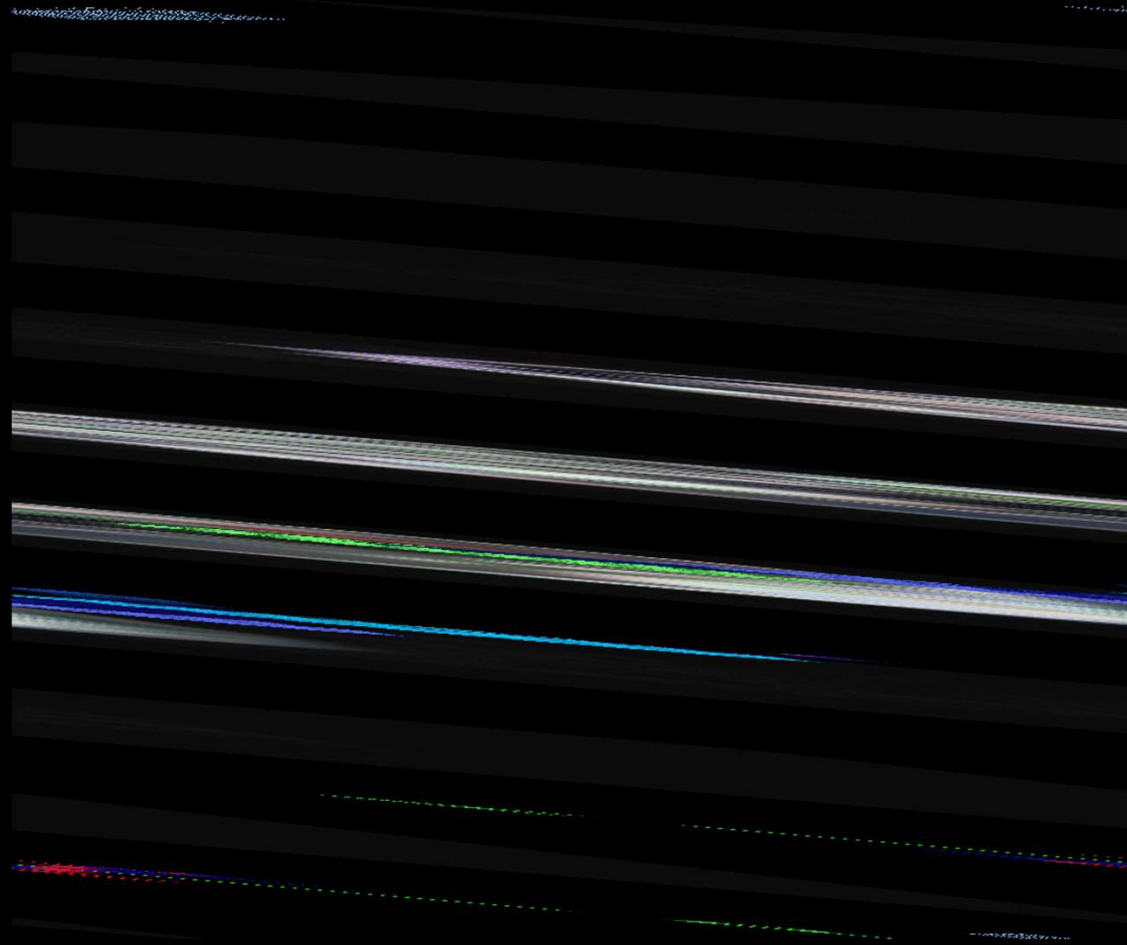
$$\text{signal}_{\text{attenuated}} = \text{signal}_0 * e^{-b * D}$$



# Visualization of DTI data

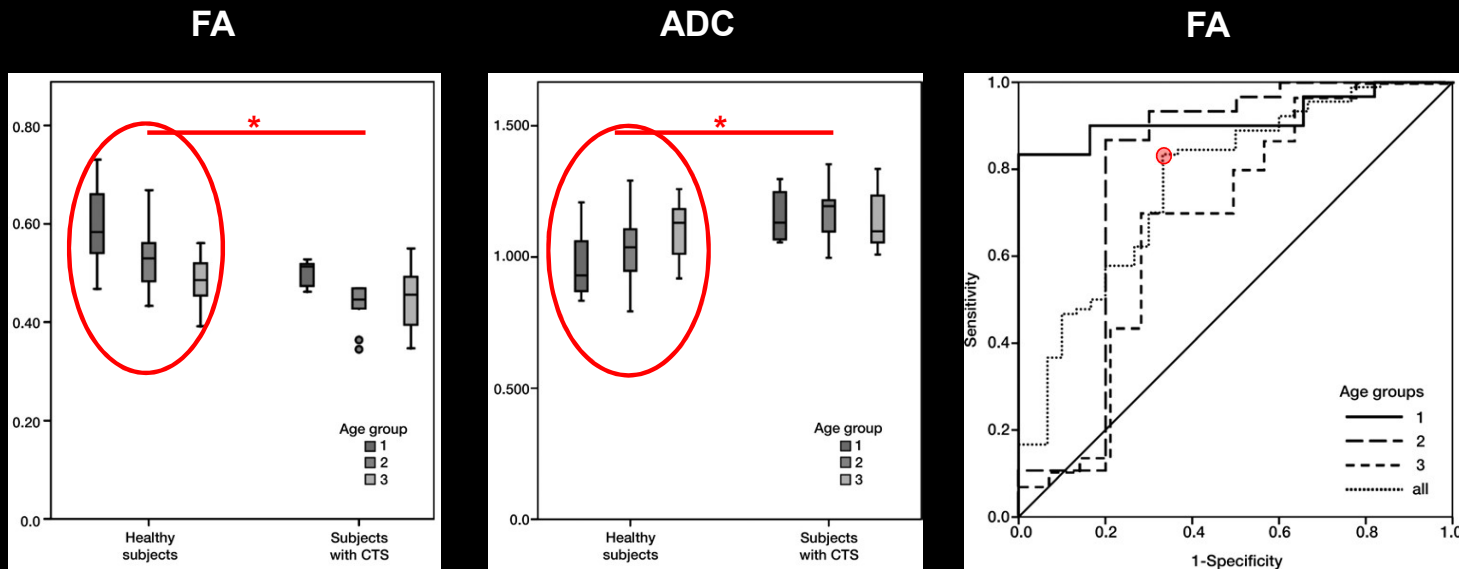


# Median Nerve Tracking



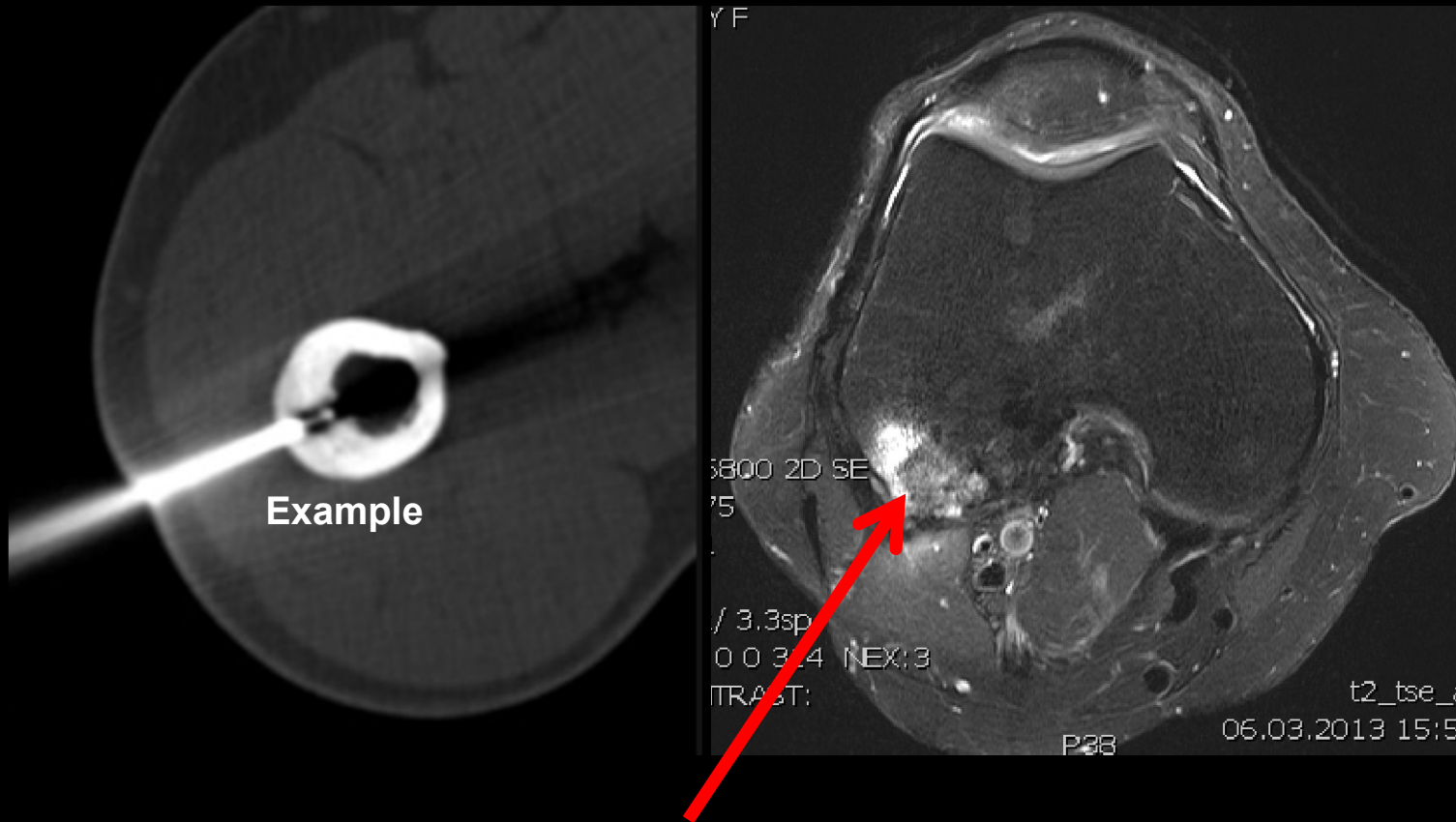
# FA ↓ and ADC ↑ in Peripheral Neuropathies

- FA and ADC are age-dependent
  - FA ↓ and ADC ↑ with age
- FA and ADC were different in controls versus CTS patients
  - FA 0.47: **Sens.: 83%, Spez.: 67%**

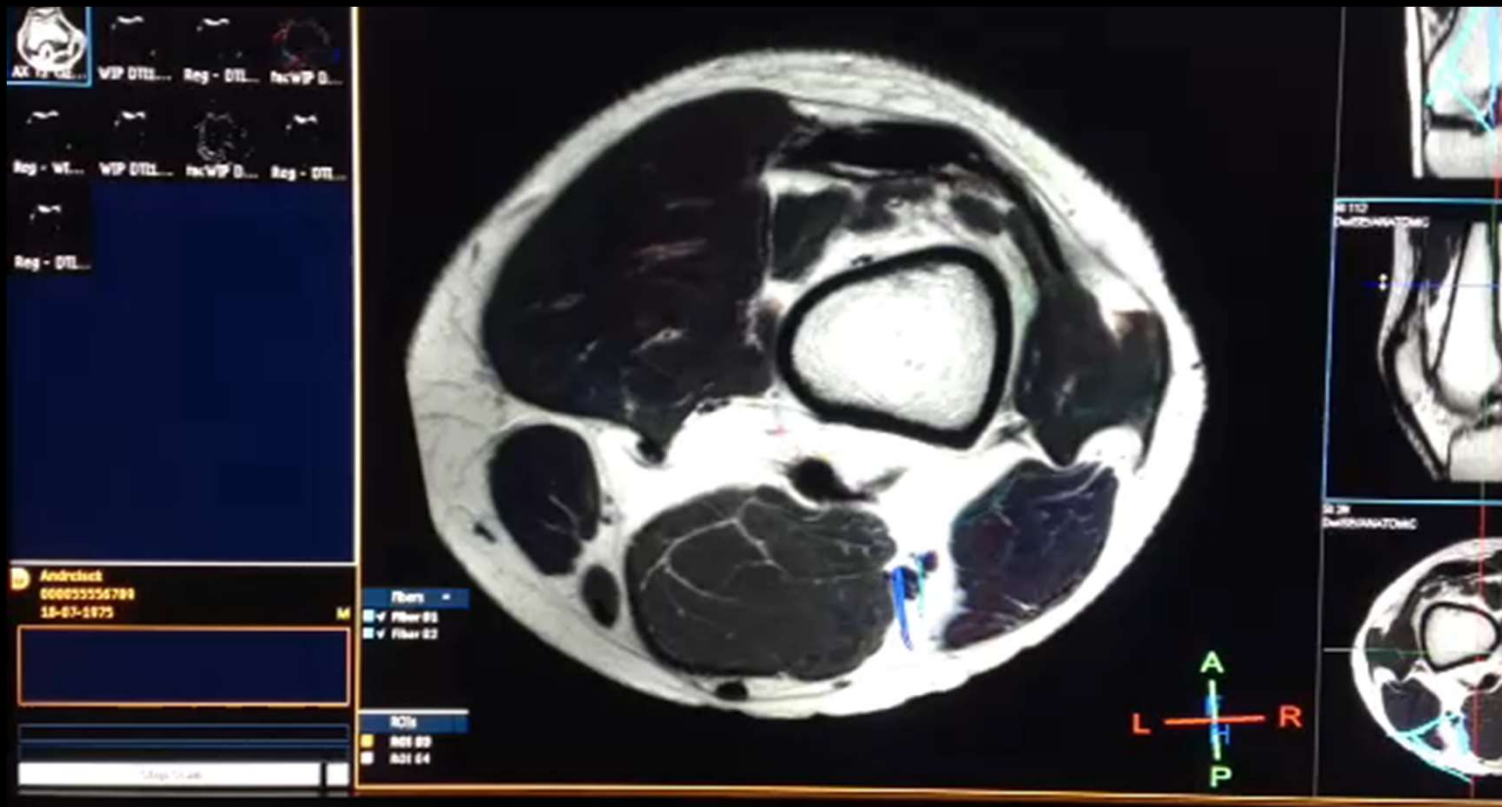




# 50 ys old female w kryoablation of osteoid osteoma



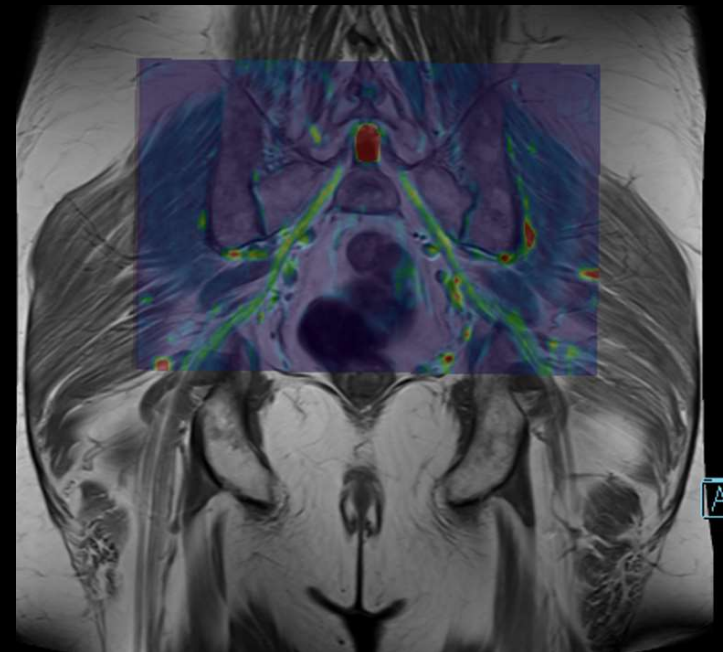
# Thermo-Lesion of the Peroneal Nerve



# Structure

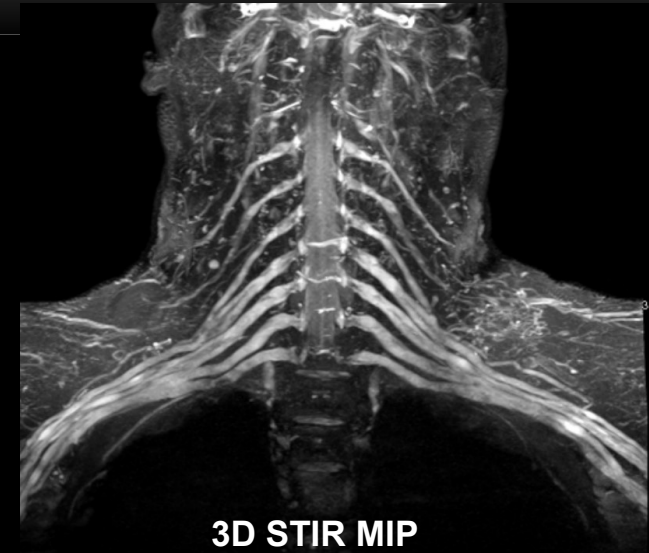
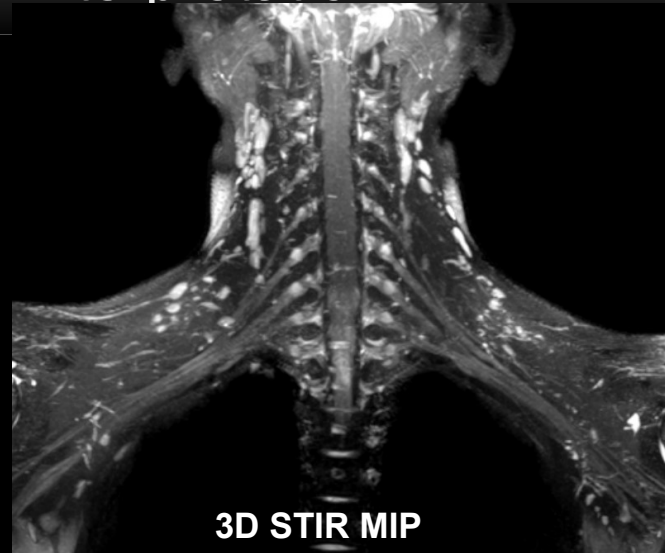
Max. 20 min

- How to do it
- What it can reveal



# MR Neurography Interpretation

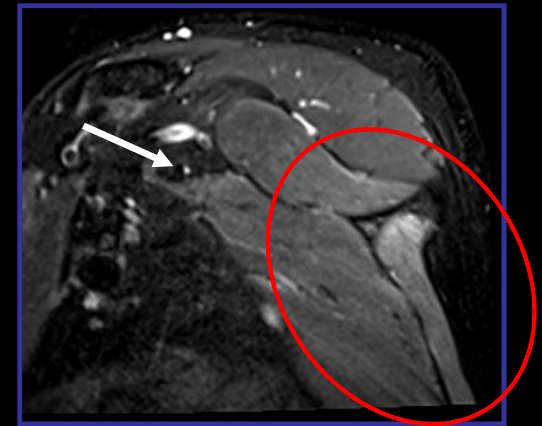
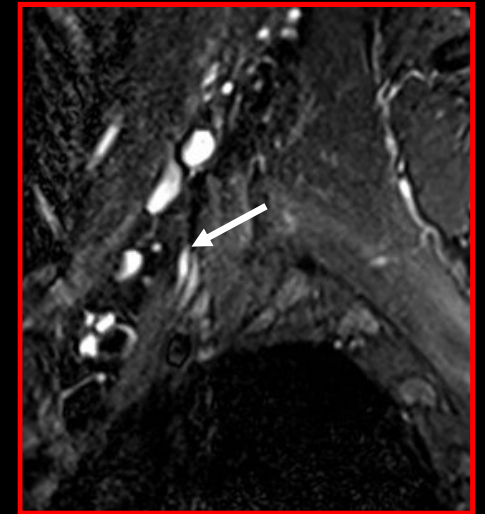
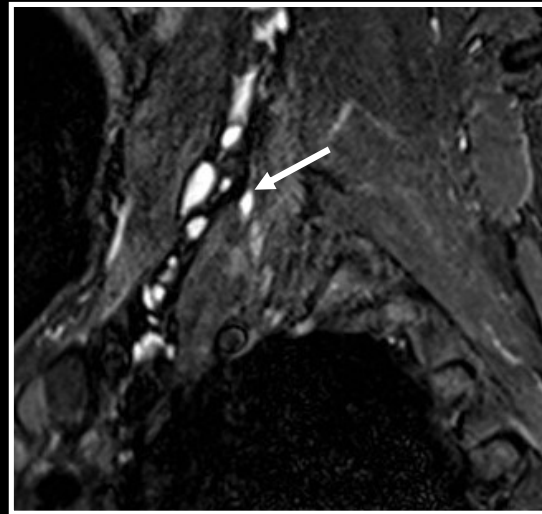
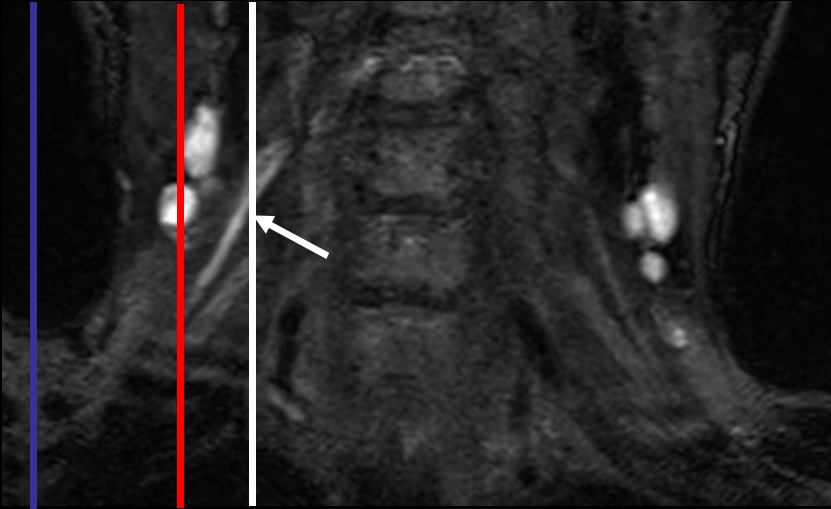
- Caliper
- Signal Intensity



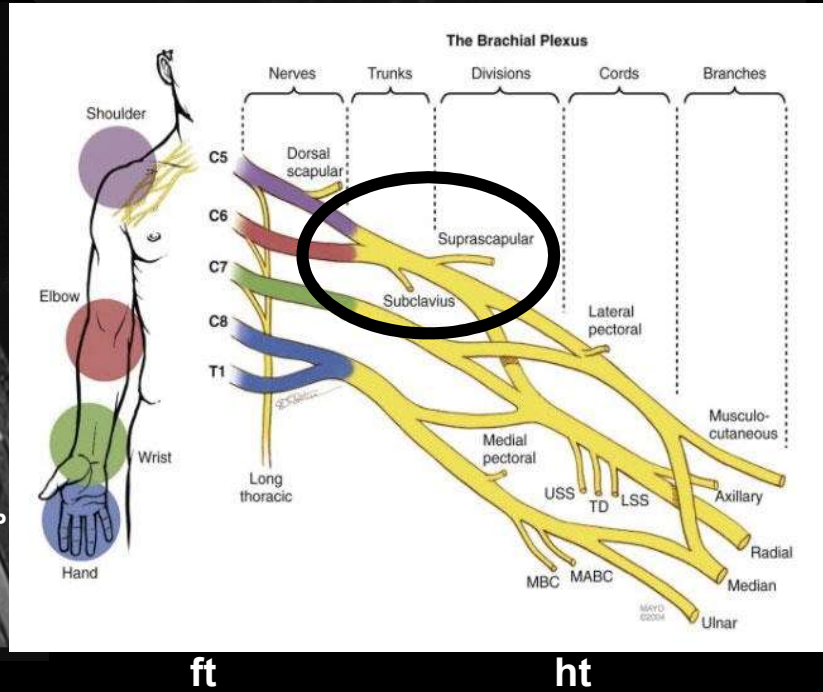
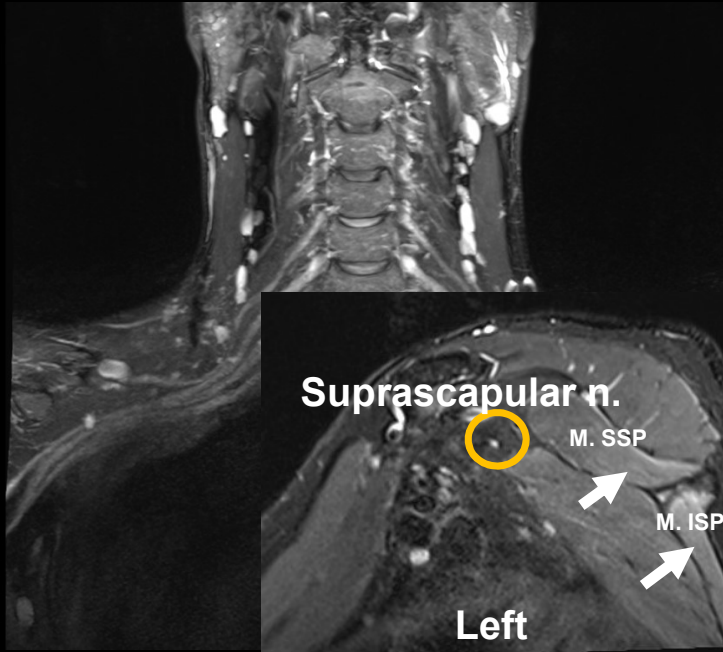
## Case 1

- 50y male
- Pain in right shoulder / arm
- Abduktion and outward rotation markedly reduced on right side

# Case 1

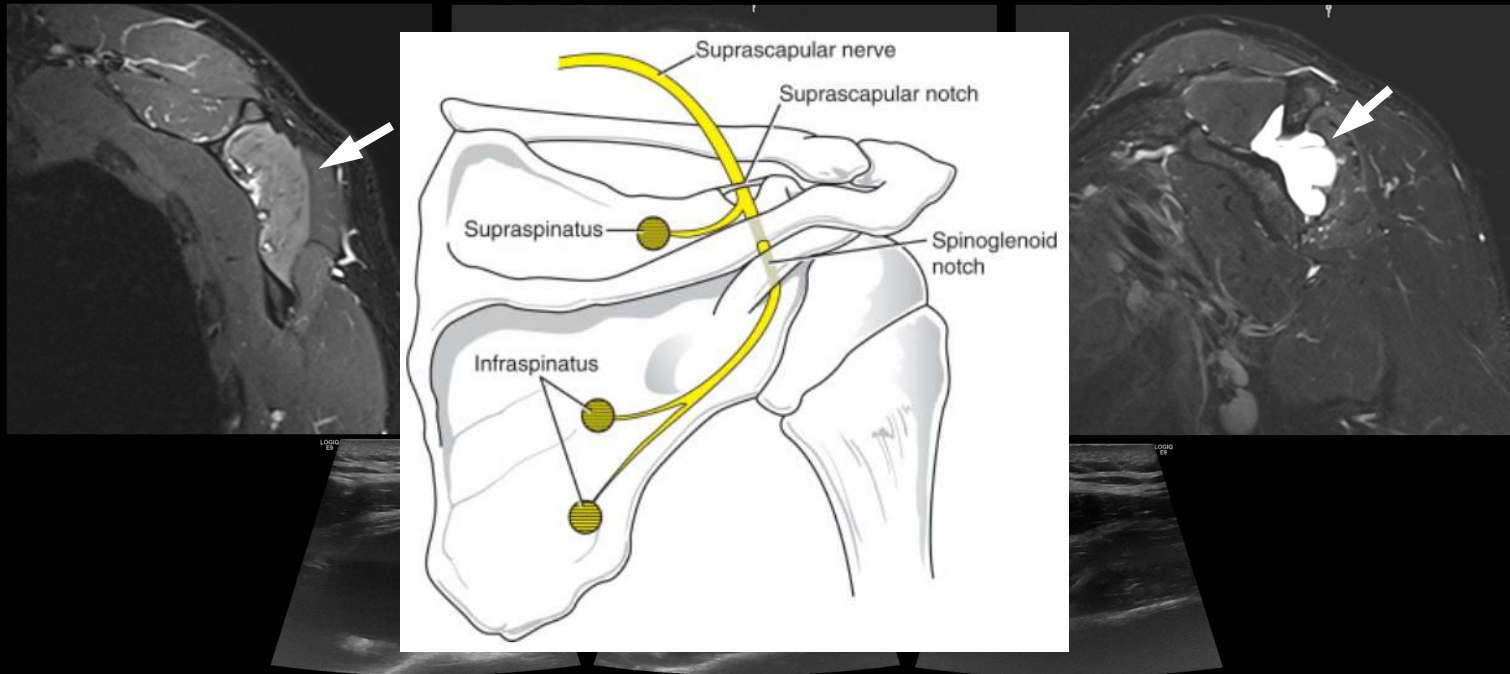


# Case 2



Parsonage Turner Syndrome

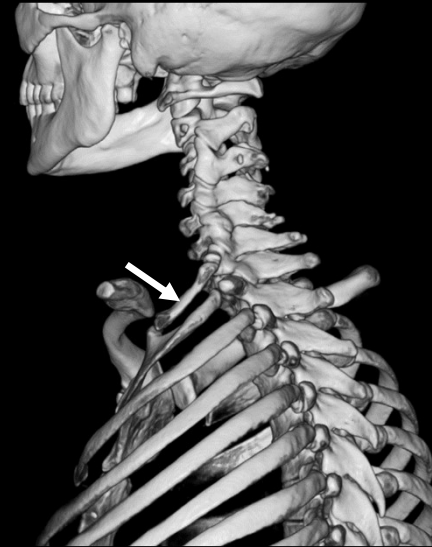
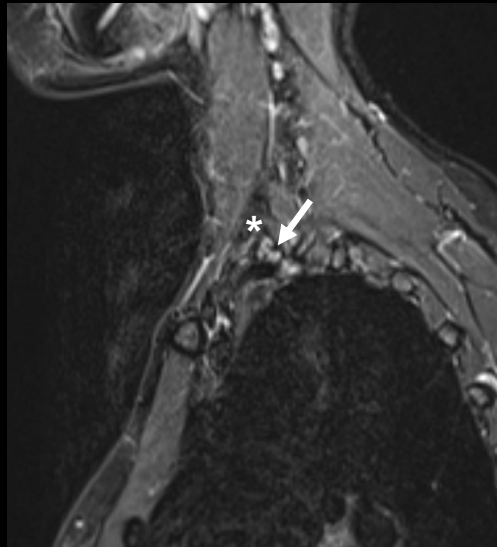
# Case 3



**Spinoglenoid notch ganglion with compression of suprascapular nerve**

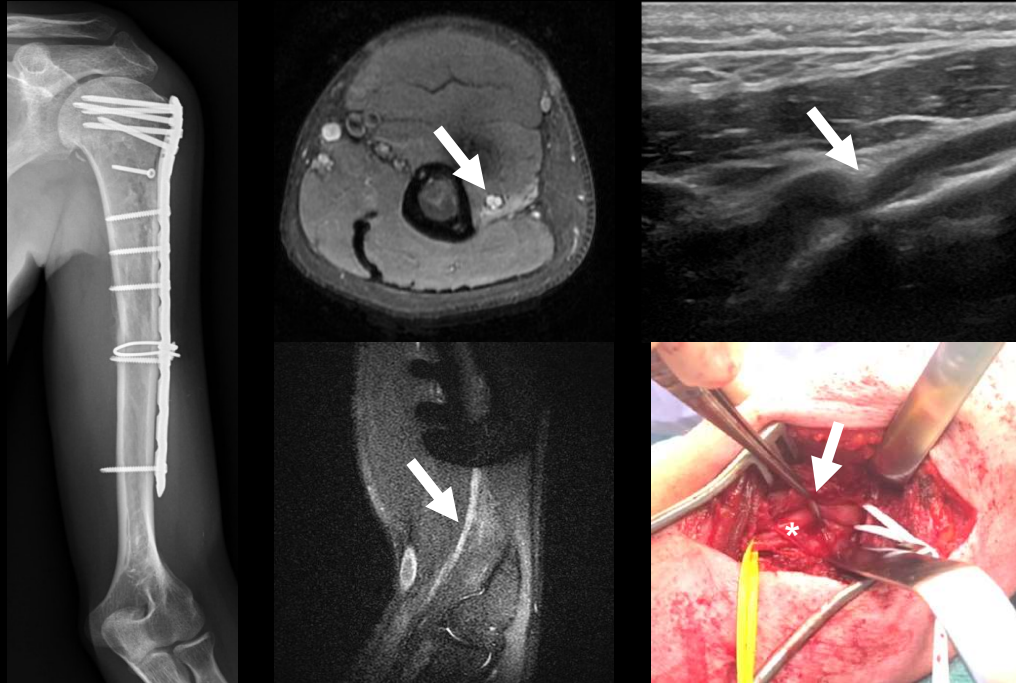


# Case 4



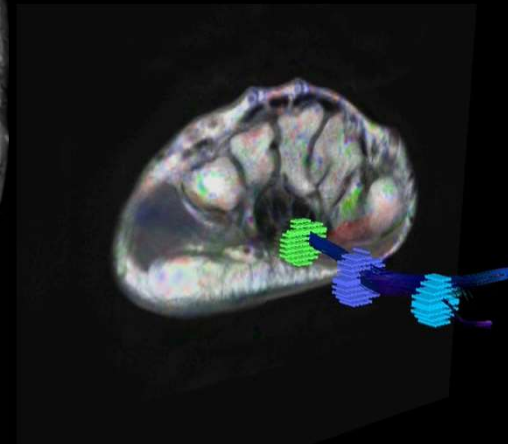
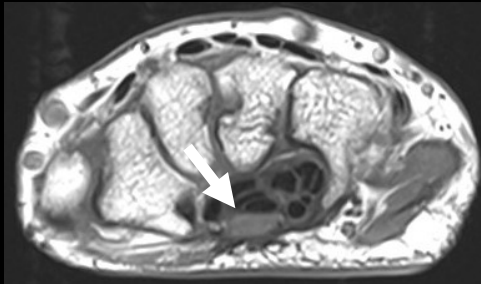
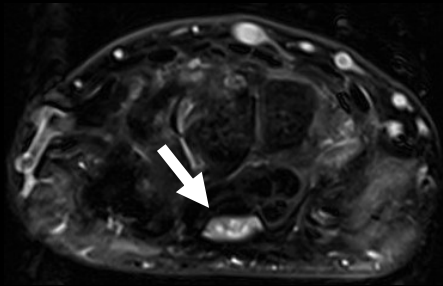
**Cervical Rib**

## Case 5



**Radial Nerve Strangulation**

## Case 6



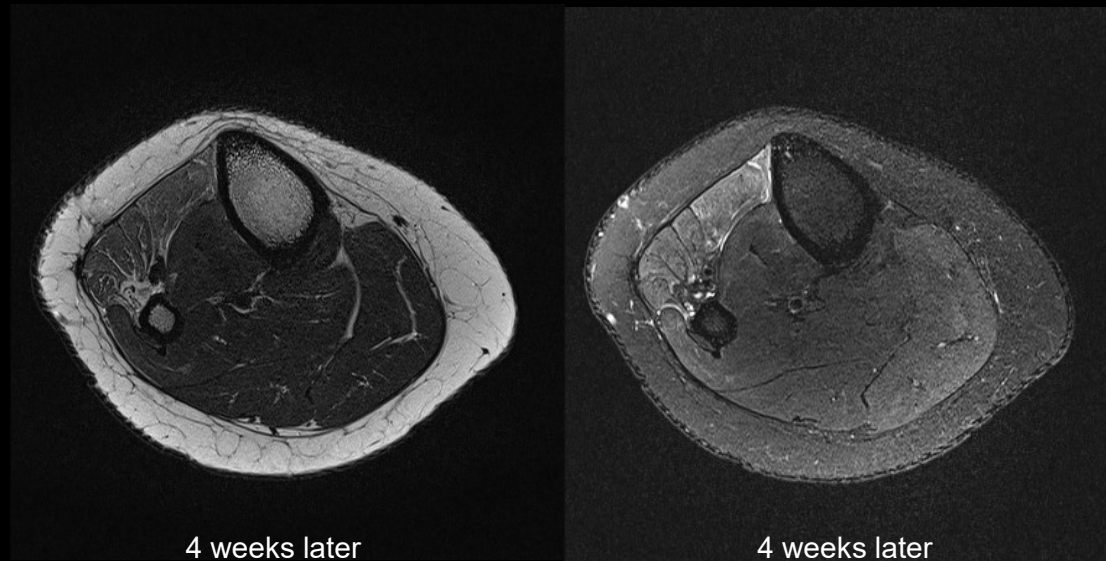
Tractography of median nerve

**Traumatic axonotmesis of median nerve**

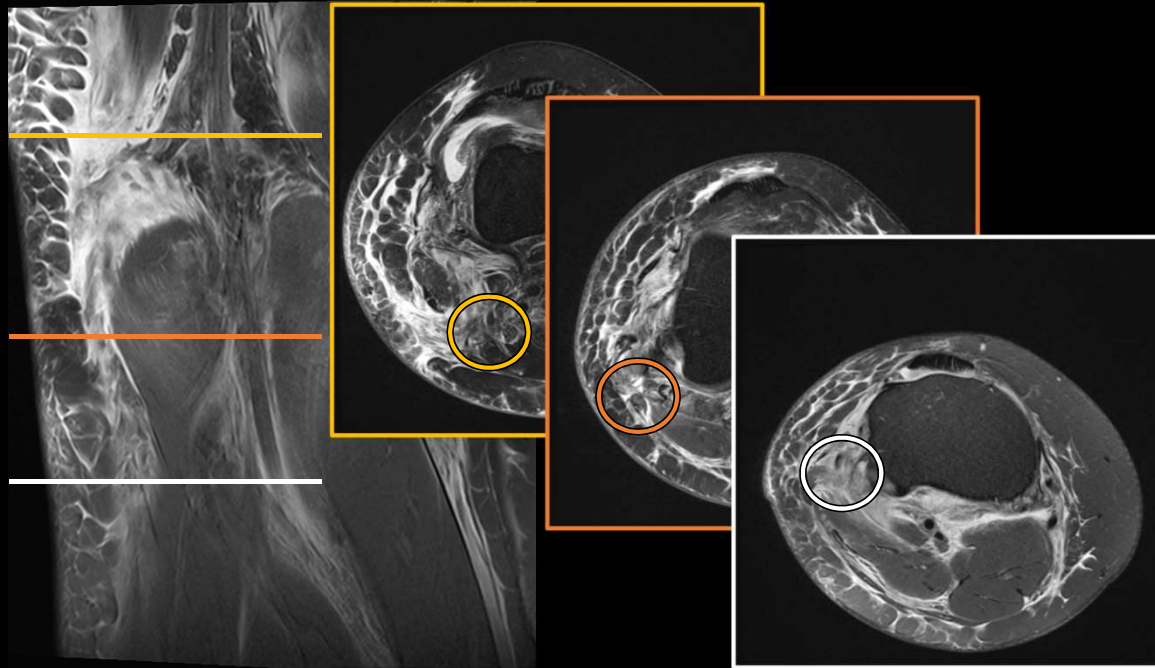
## Case 7



# Case 7

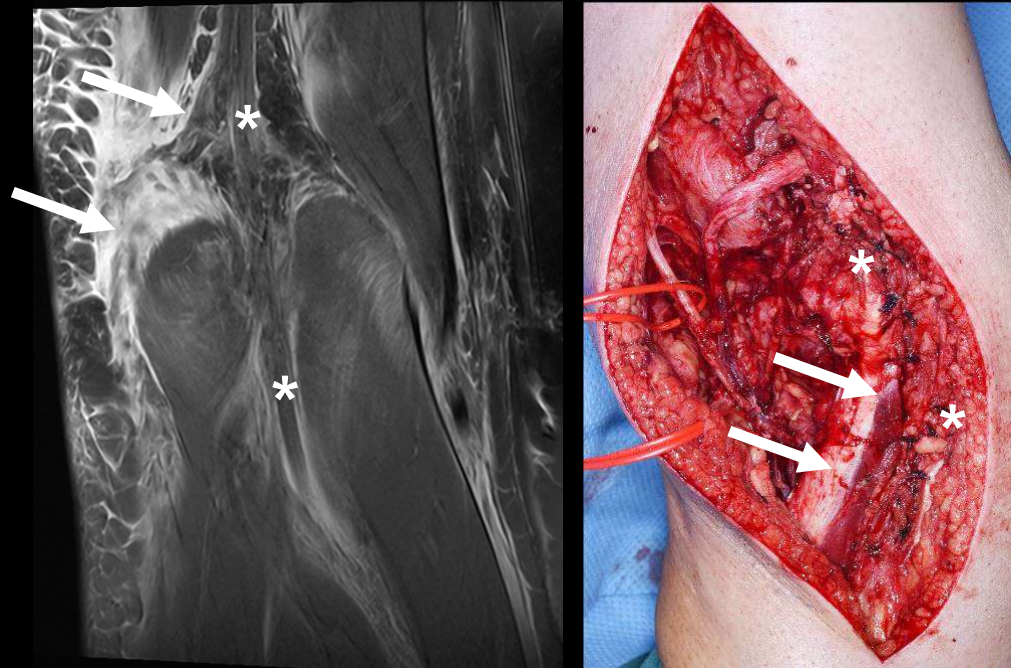


# Case 7



**Common peroneal nerve injury (neurotmesis)**

## Case 7



**Common peroneal nerve injury (neurotmesis)**

## Summary

You have learned about MRN ...

- **How to do it**
- **What it can reveal**

