

The Images of Cisterna Magna in Various Diseases on Cisternograms

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Enlargement of the cisterna magna on cisternogram can be detected in nearly half of the normal children. The difference between normal cases and other various cases on the cisternograms is that the uptake of the RI can be no more detected after 24 and/or 48 hrs in the former. The purpose of this report is to evaluate the cisternograms in the following four conditions.

1. Arachnoid cyst. In the early phase the RI flows into the cyst and shows the characteristic pattern. But 24 and/or 48 hrs later the RI activity is cleared out from the cyst and no distinction can be made from the normal cases.
2. Dandy-Walker malformation. Most of the RI flows into the basal cistern and cisterna magna is poorly figured out. On RI-ventriculography,

RI-accumulation in the IV ventricle occurs early and remains as a semispherical uptake 24 and/or 48 hrs later.

3. Arnold-Chiari malformation. RI enters into the basal cistern but no reflux into the cisterna magna can be detected in early phase, 24-48 hrs later, however, the RI remains in the cisterna magna making a semispherical pattern.
4. Aqueductal stenosis with severe hydrocephalus. No significant difference is detectable in the early phase between this and normal case. And if shunt operation has been already done, it is quite difficult to find out the difference. 24 and/or 48 hrs later, in the cisterna magna remains spherical uptake which is also observed in the shunted case.

Prognostic Correlation between C.S.F. Dynamics by R.I. Cisternography and Other Examinations in Case of Subarachnoid Haemorrhage.

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We observed the C.S.F. dynamics in 47 out of 115 cases showing spontaneous subarachnoid haemorrhage (SAH). Those were examined by R.I. cisternography.

The cases consist of intracranial aneurysm 30, AVM 7, hypertension 6, and unknown origin 4 cases.

We discussed the relation between the findings