

HEAD AND NECK IMAGING



James Chen (MS IV)

Anatomy Course

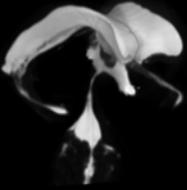
Johns Hopkins School of Medicine

Sept. 27, 2011

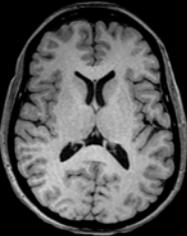
OBJECTIVES



- Introduce cross sectional imaging of head and neck
 - Computed tomography (CT)



- Review head and neck anatomy
 - Major anatomical landmarks on imaging



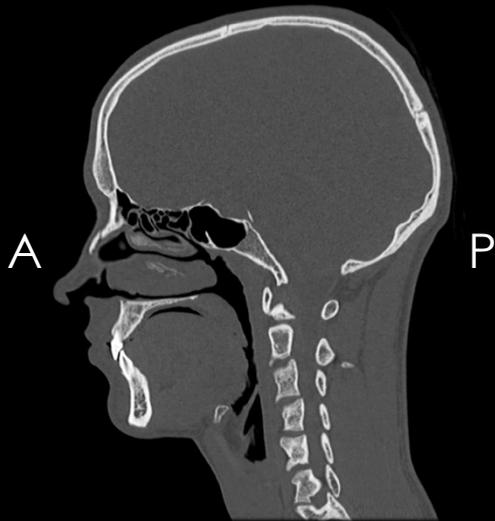
- Bone
- Ventricles
- Brain
- Vessels



CROSS SECTIONAL VIEWS

Sagittal

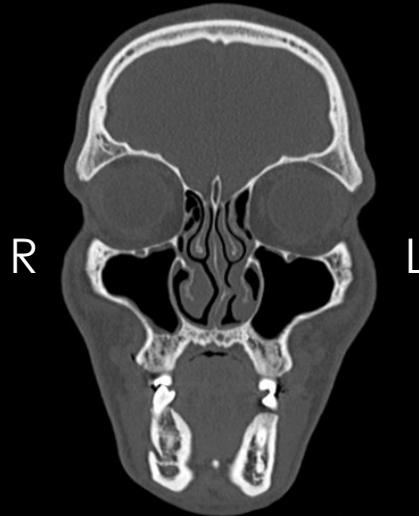
Superior



Inferior

Coronal

Superior



Inferior

Axial

Anterior



Posterior

INTRODUCTION TO CT:

RULES OF LIGHT AND DARK

- **Bright** = high density
 - Bone

Axial



INTRODUCTION TO CT:

RULES OF LIGHT AND DARK

- **Bright** = high density
 - Bone

Axial



Calvarium appears bright (Bone)

INTRODUCTION TO CT:

RULES OF LIGHT AND DARK

- **Bright** = high density
 - Bone
 - Blood

Axial

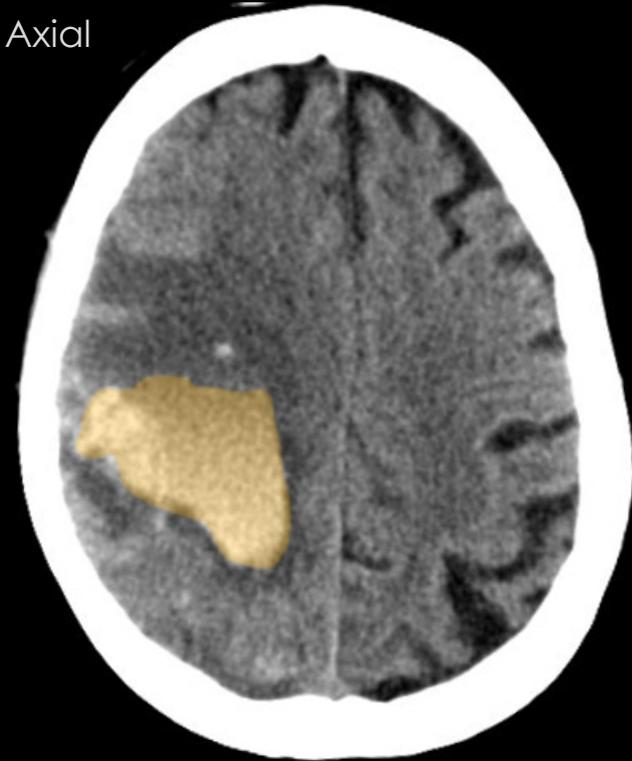


INTRODUCTION TO CT:

RULES OF LIGHT AND DARK

- **Bright** = high density
 - Bone
 - Blood

Axial



Parenchymal Hemorrhage (Blood)

INTRODUCTION TO CT:

RULES OF LIGHT AND DARK

- **Bright** = high density
 - Bone
 - Blood
 - Bullets (hardware)

Axial



INTRODUCTION TO CT:

RULES OF LIGHT AND DARK

- **Bright** = high density
 - Bone
 - Blood
 - Bullets (hardware)
- **Dark** = low density
 - Air
 - Water (fluids)
- **Gray** = in between
 - Soft tissue

Axial

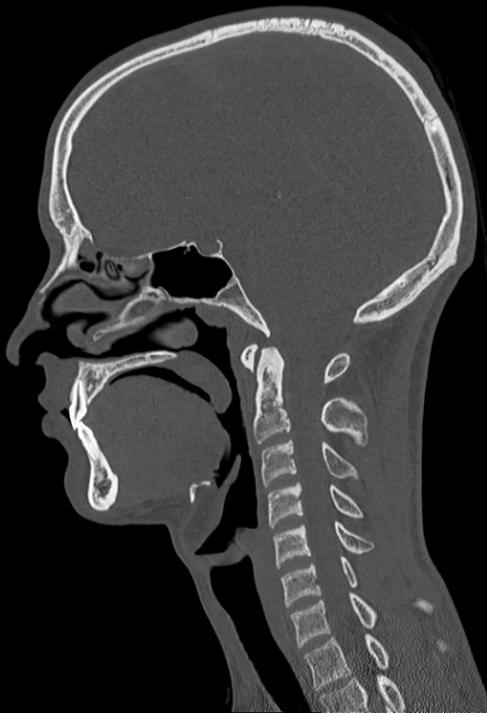


Bullet – note artifact from metal

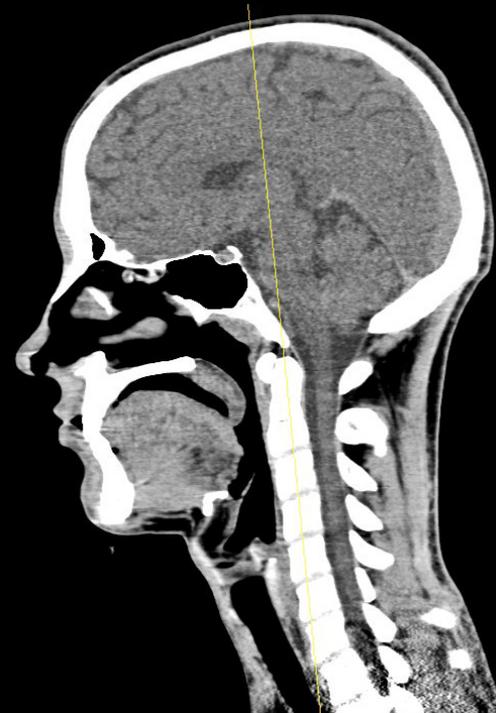
INTRODUCTION TO CT:

WINDOWING

- Image brightness/contrast adjusted to accentuate particular structures



Bone Window

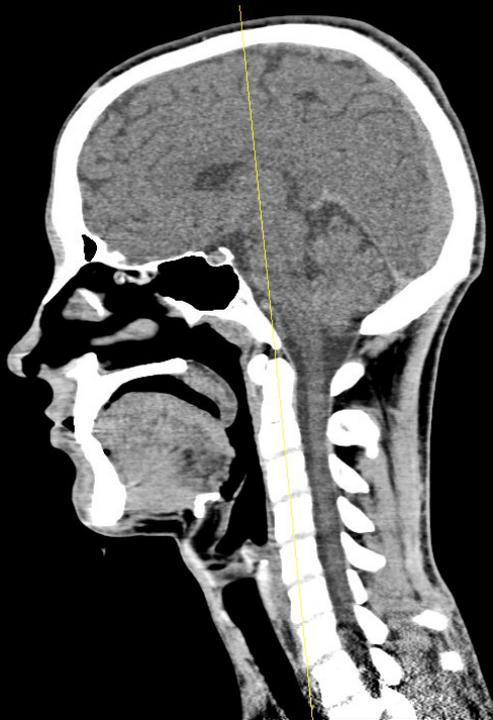


Brain Window

INTRODUCTION TO CT:

CONTRAST

- ▣ Intravenous contrast makes vessels bright



Non-contrast



Contrast

NECK IMAGING

- ▣ Cervical vertebrae
 - ▣ Cross sectional anatomy
- ▣ Vasculature
 - ▣ Carotid arteries
 - ▣ Vertebral arteries

CERVICAL VERTEBRAE



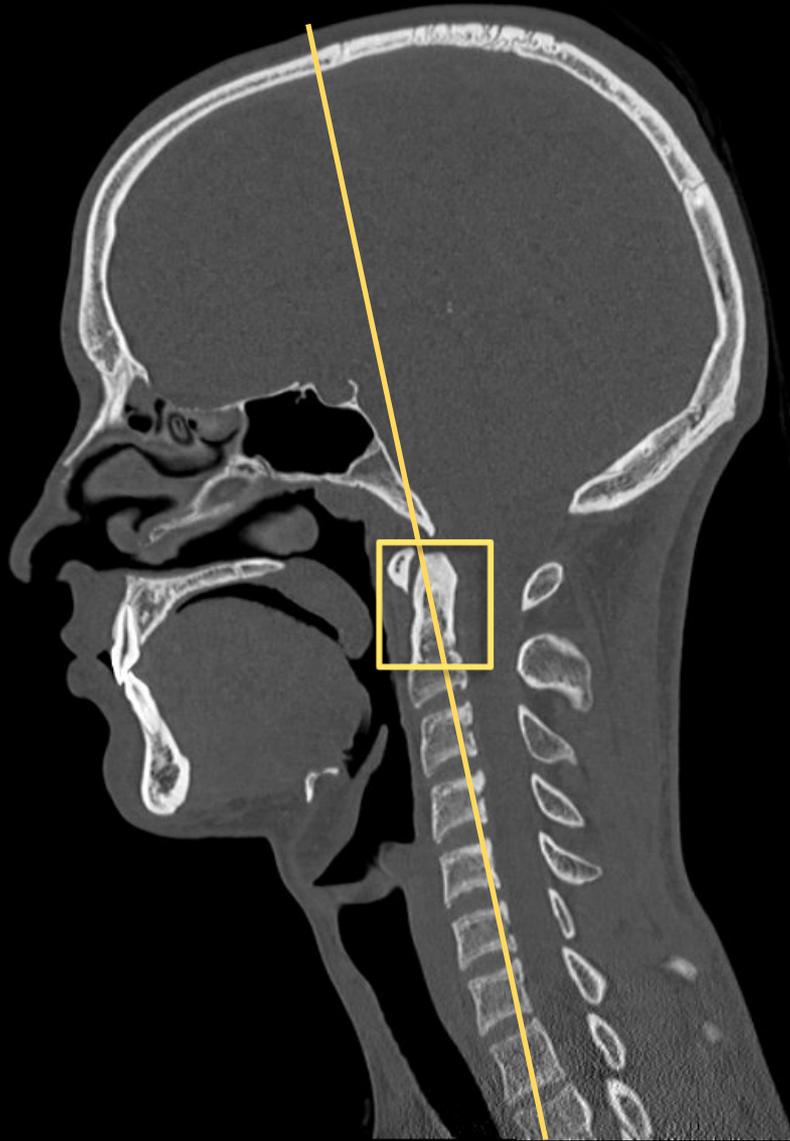
Sagittal (bone window)

CERVICAL VERTEBRAE



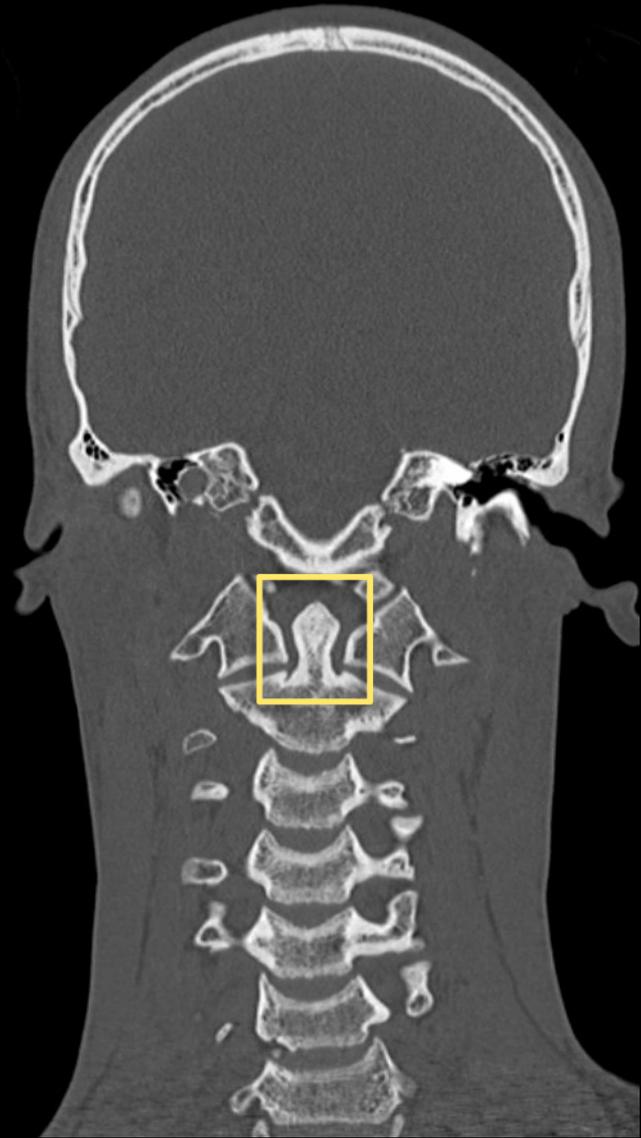
Sagittal (bone window)

- Articulation allows head movement
 - C1 - atlas
 - C2 – axis
- Protects vital neural and vascular structures
 - Cervical spinal cord
 - Vertebral arteries
- Damage can result in significant morbidity



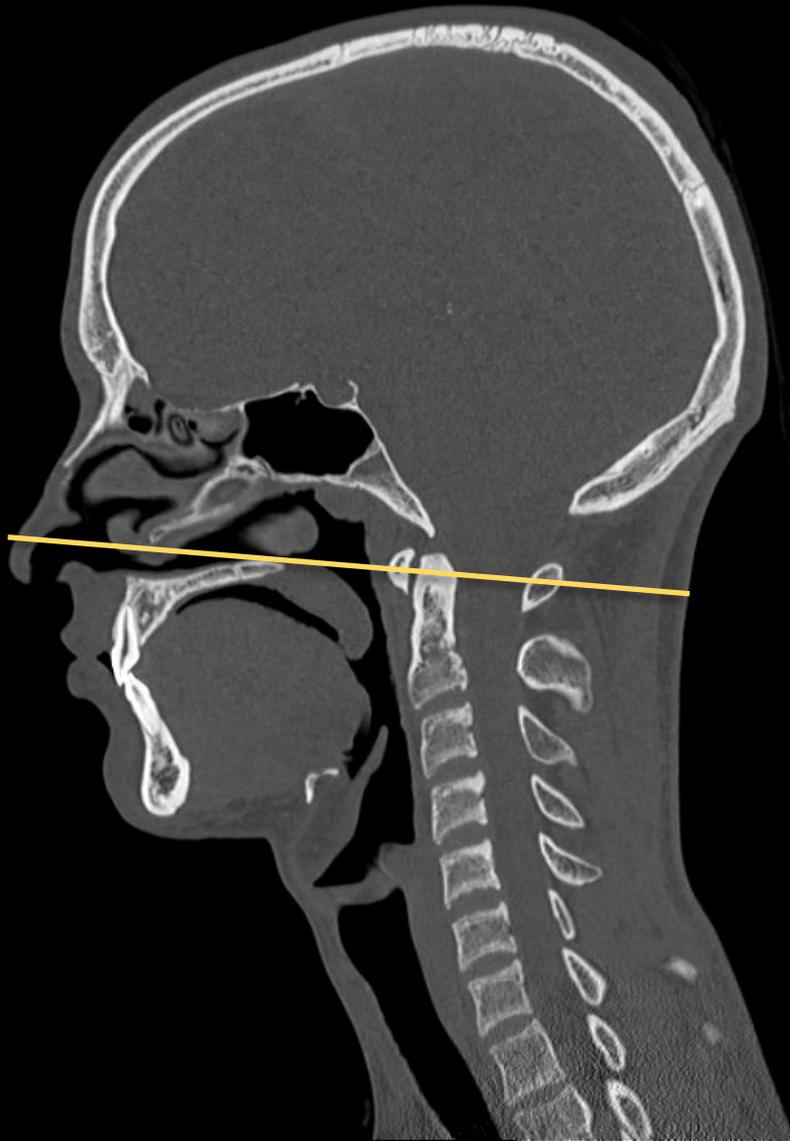
Sagittal

Dens



Coronal

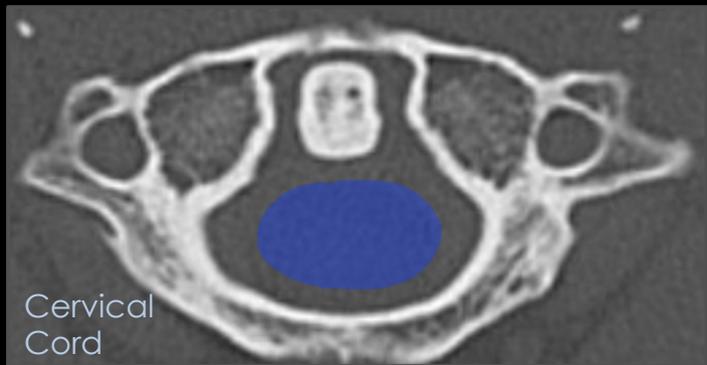
Which cervical vertebral level is this axial section?



Sagittal



Axial



Axial



Level of Atlas

NECK IMAGING

- ▣ Cervical vertebrae
 - ▣ Cross sectional anatomy

- ▣ Vasculature
 - ▣ Carotid arteries
 - ▣ Vertebral arteries

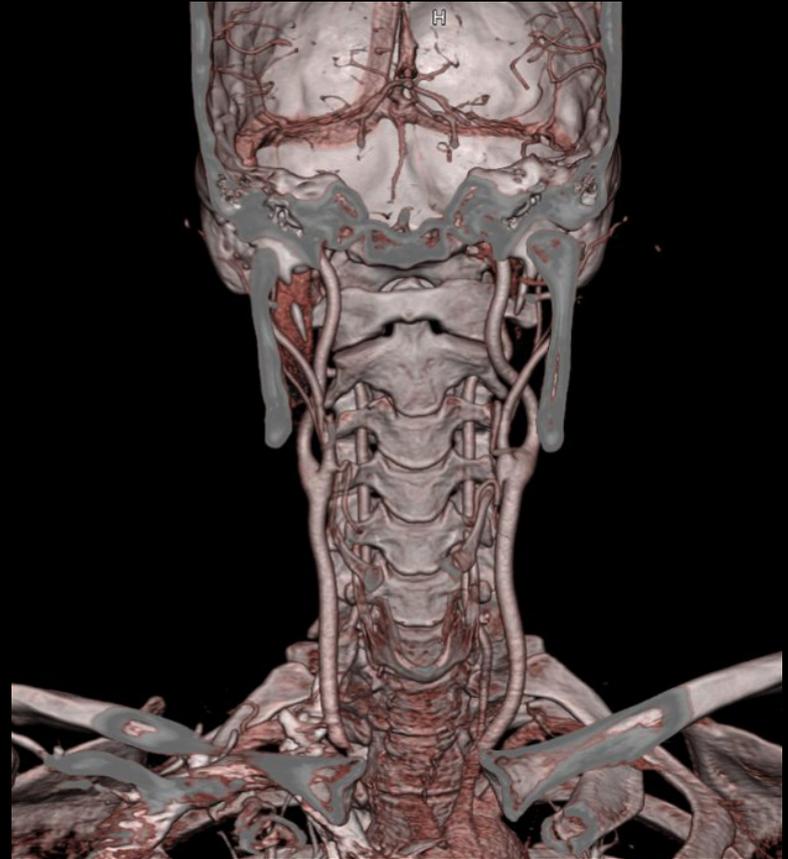
CERVICAL VESSELS

- Large vessels of the neck deliver blood supply to the brain
- Anterior and posterior circulations
 - **Anterior:** Carotid arteries
 - **Posterior:** Vertebral arteries
- Disrupted flow can result in significant morbidity

VASCULATURE: CAROTID ARTERIES

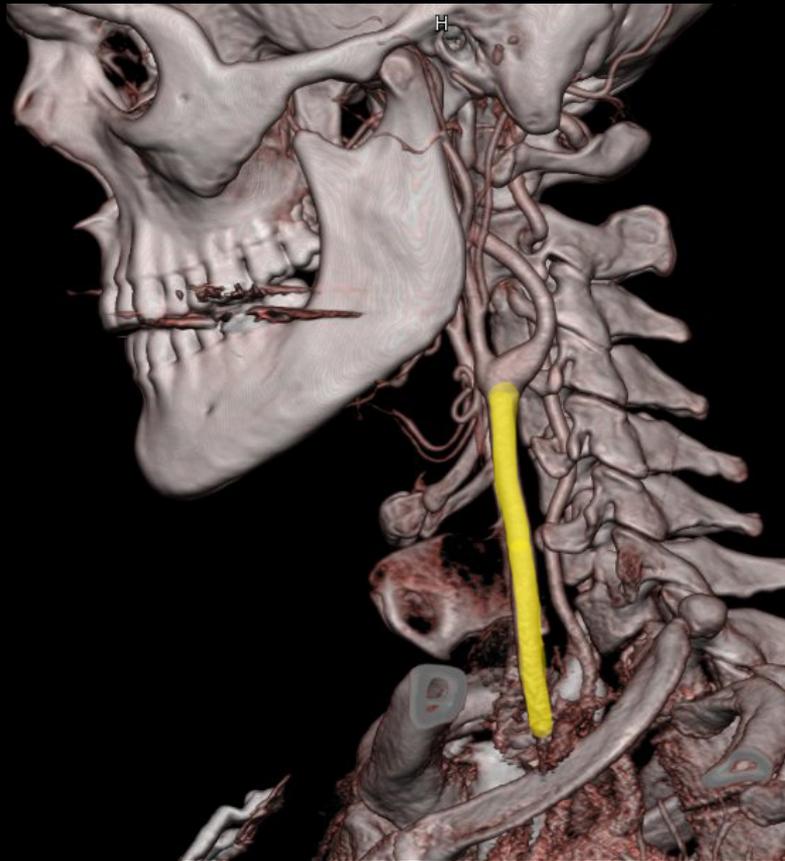


Sagittal

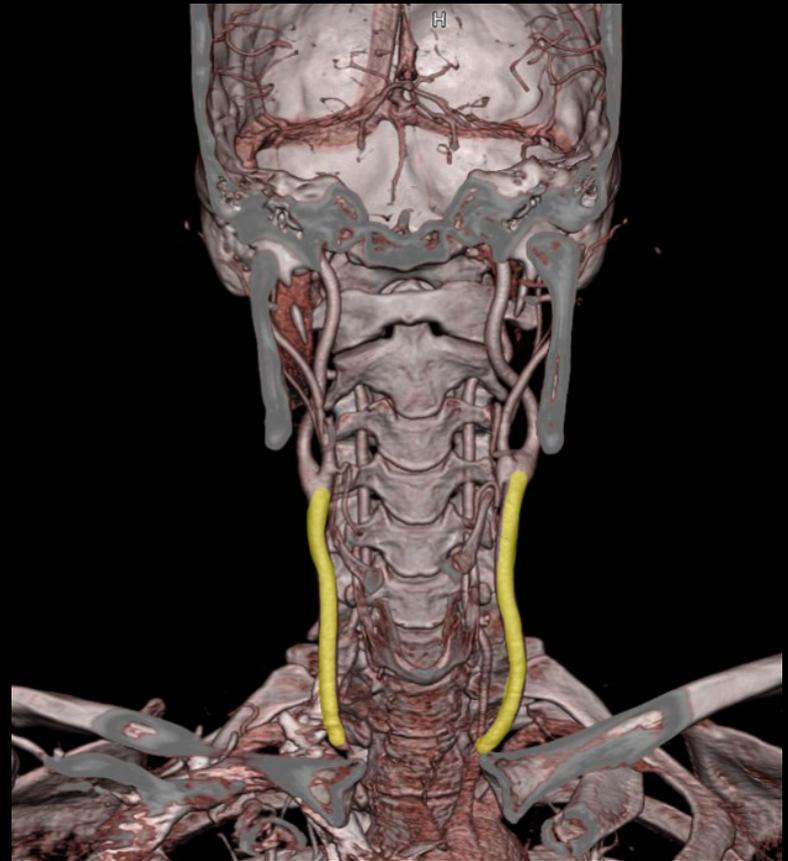


Coronal

VASCULATURE: COMMON CAROTID ARTERIES

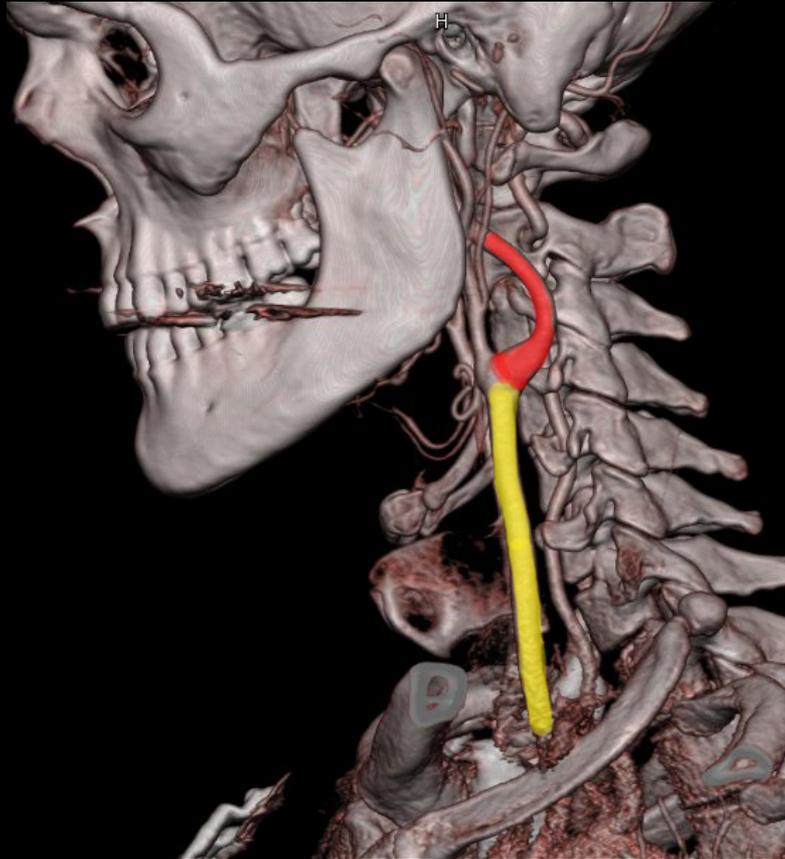


Sagittal

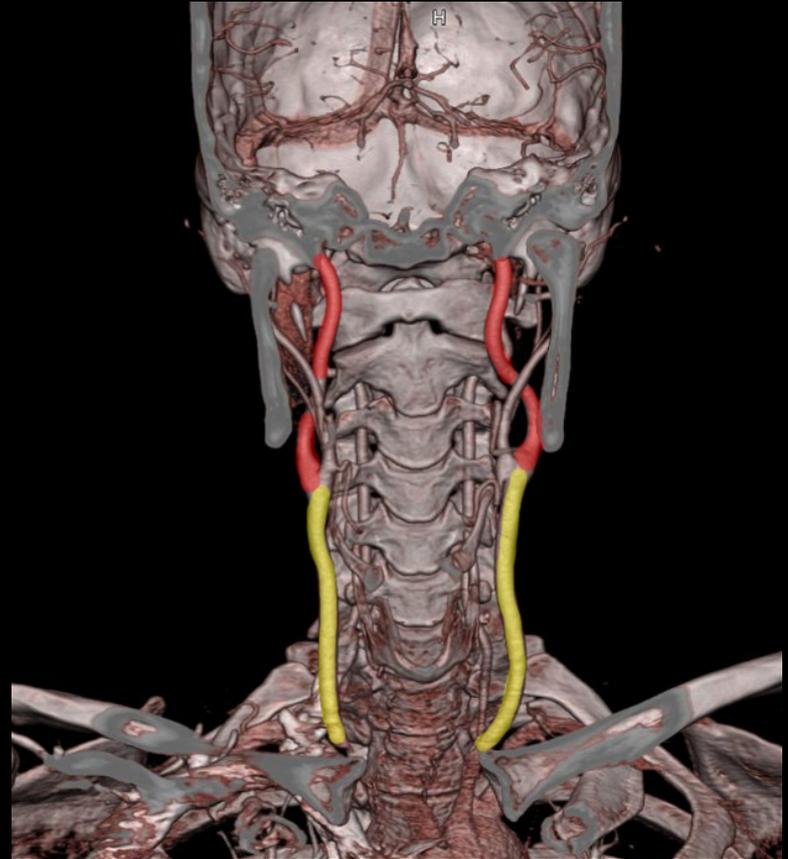


Coronal

VASCULATURE: INTERNAL CAROTID ARTERIES

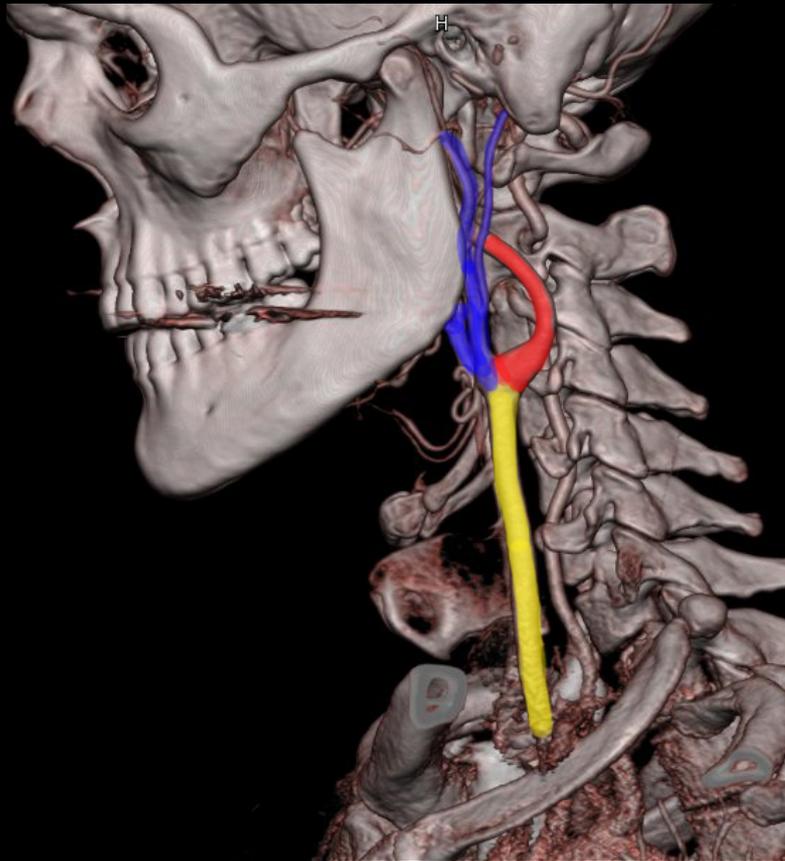


Sagittal

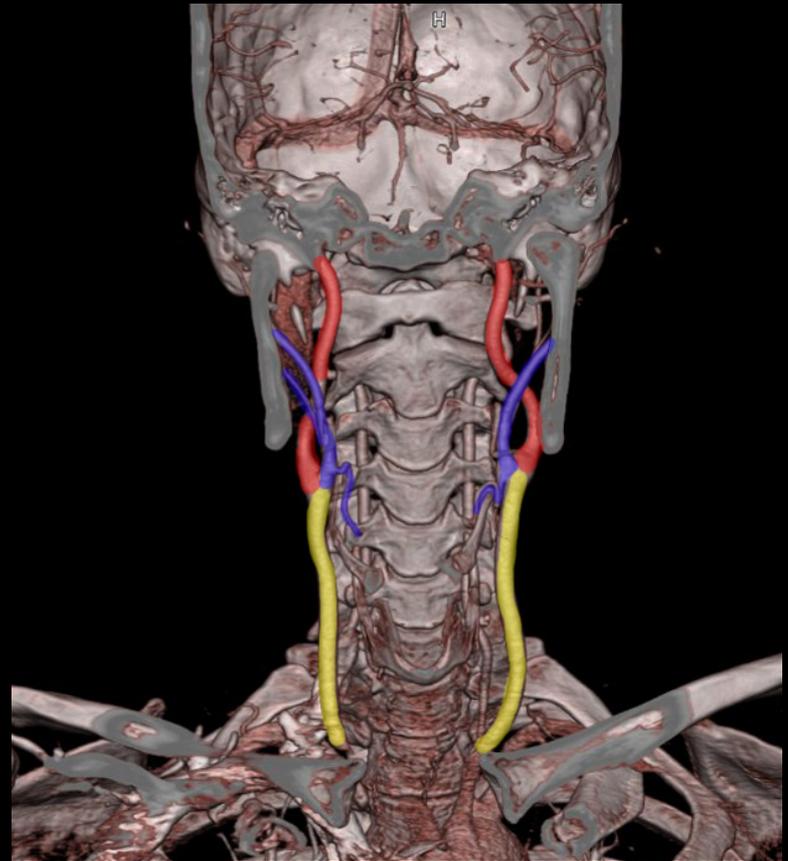


Coronal

VASCULATURE: EXTERNAL CAROTID ARTERIES



Sagittal

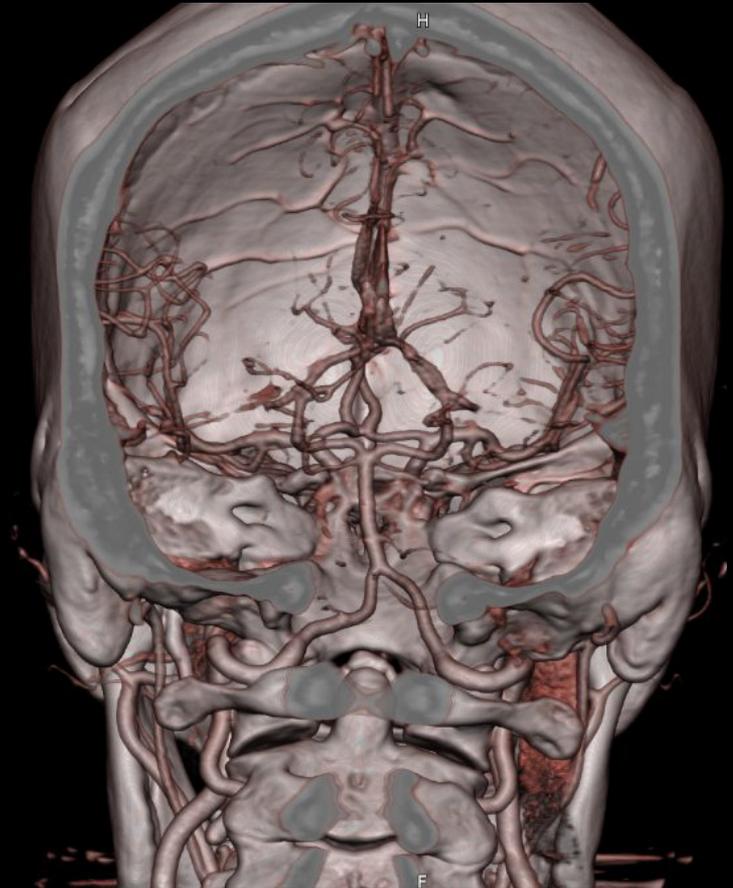


Coronal

VASCULATURE: VERTEBRAL ARTERIES

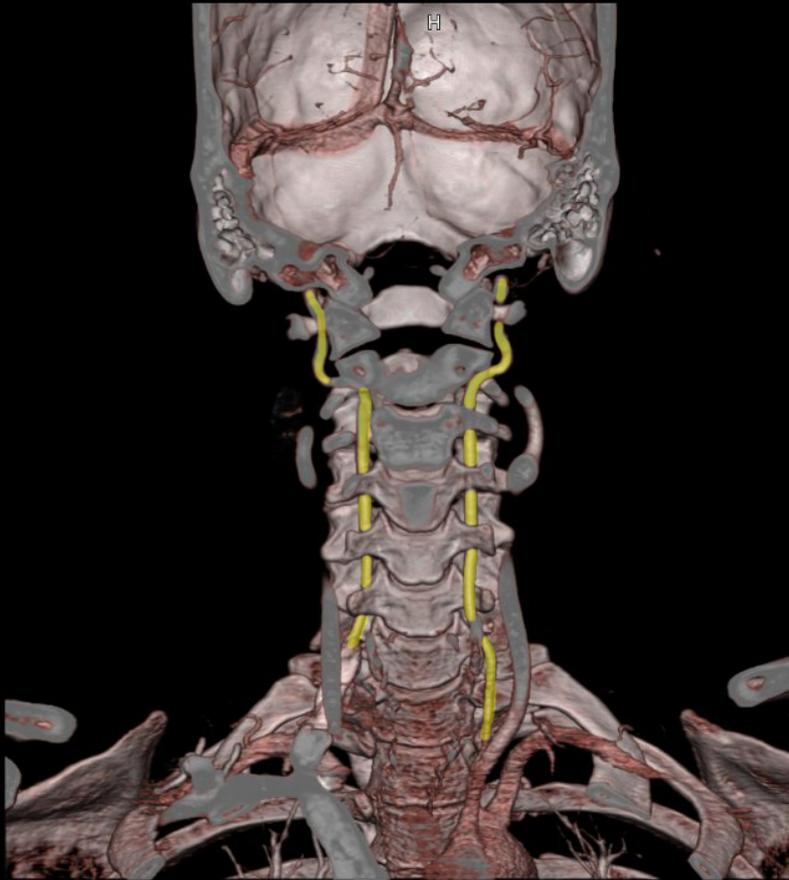


Vertebral Arteries (coronal)

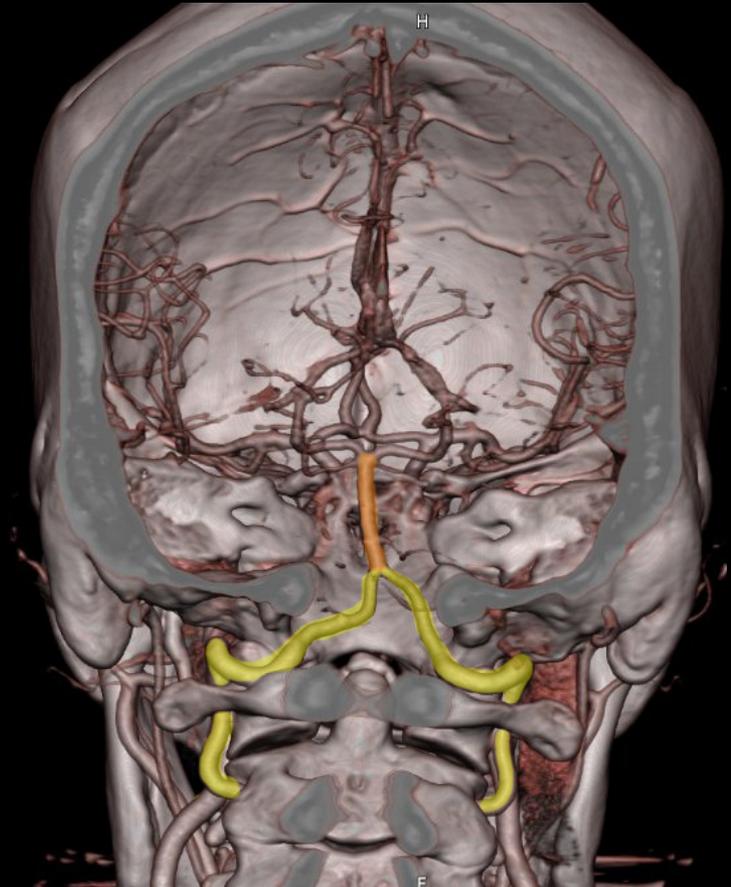


Vertebrobasilar arteries (coronal)

VASCULATURE: VERTEBRAL ARTERIES



Vertebral Arteries (coronal)

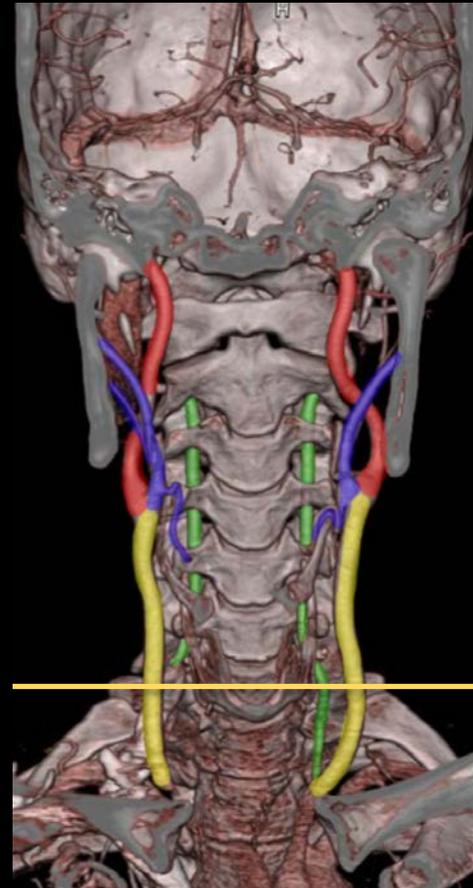


Vertebrobasilar arteries (coronal)

VASCULATURE: AXIAL IMAGES

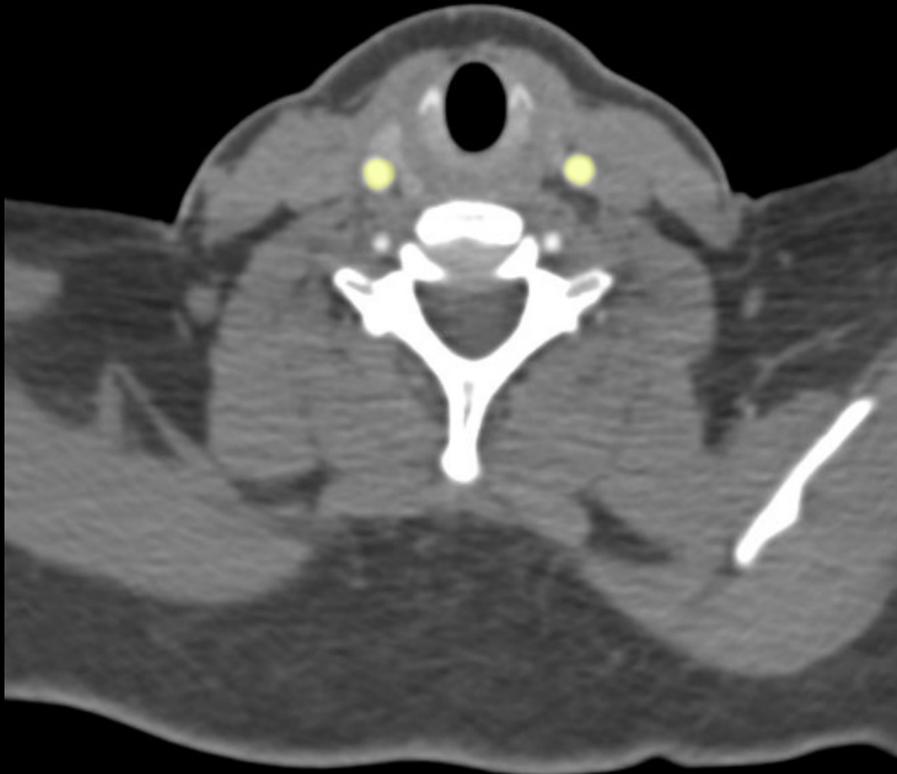


Axial

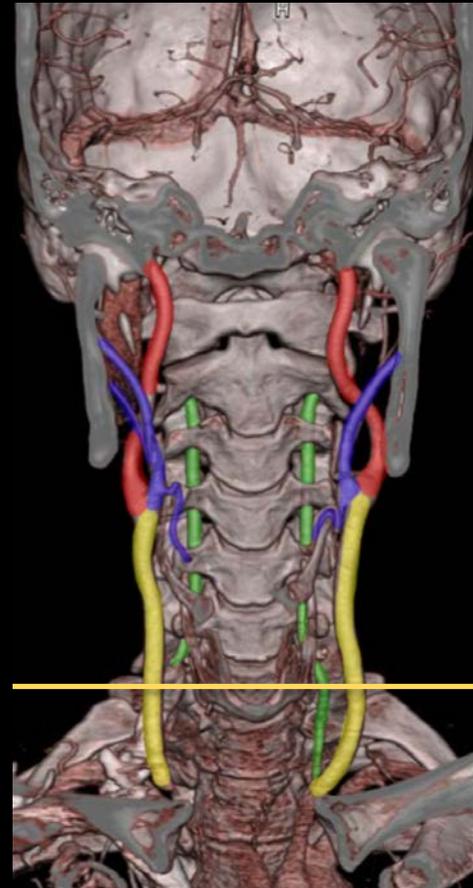


Coronal

VASCULATURE: AXIAL IMAGES

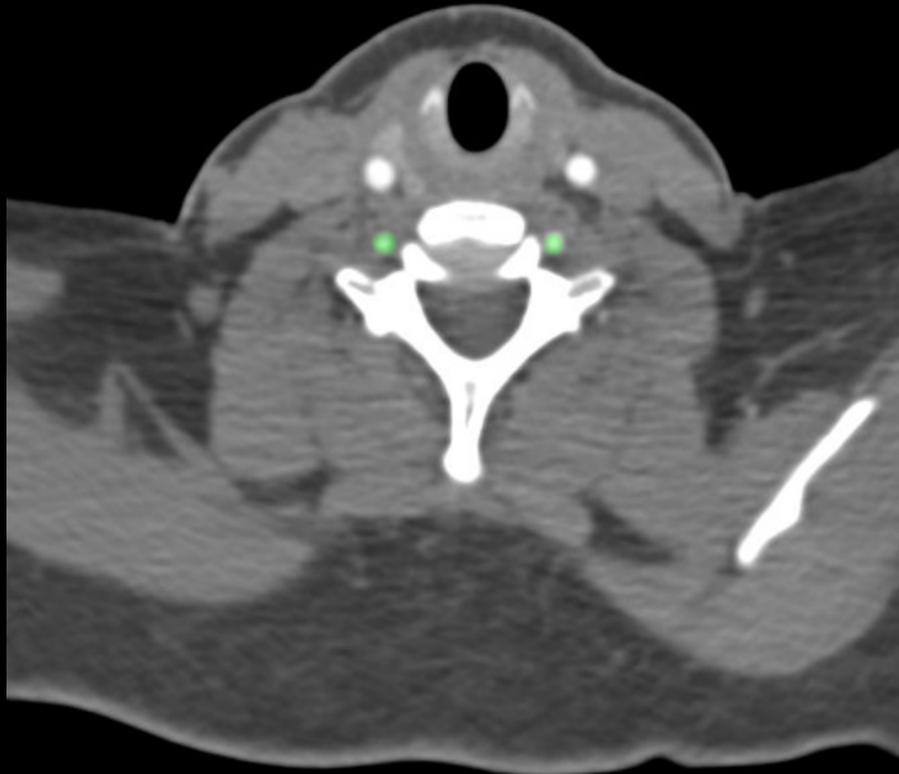


Common Carotid Arteries

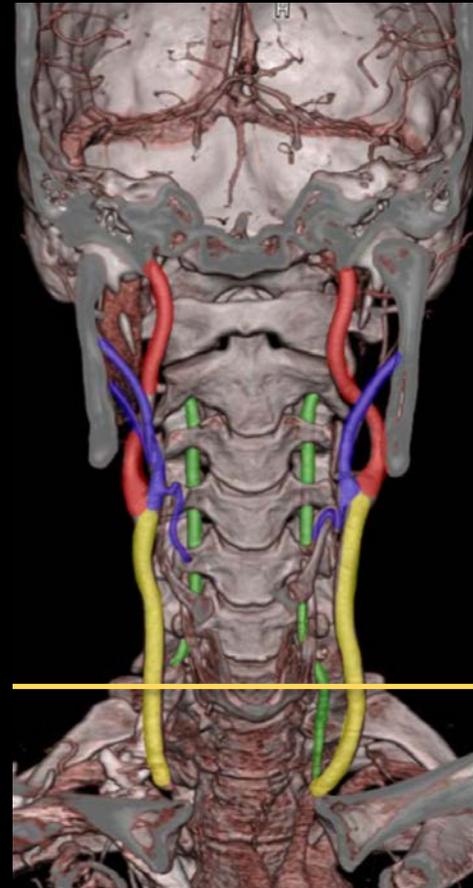


Below carotid bifurcation

VASCULATURE: AXIAL IMAGES

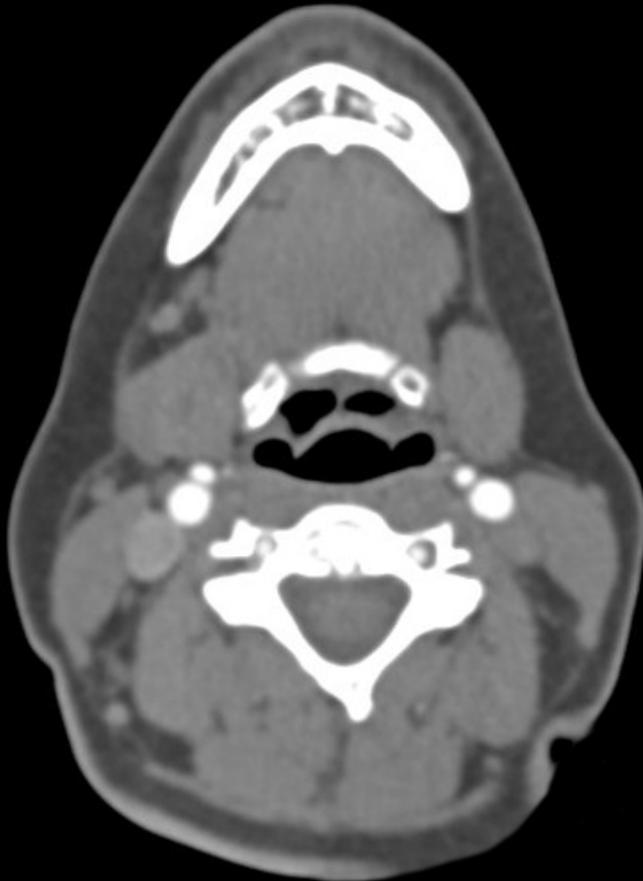


Vertebral Arteries

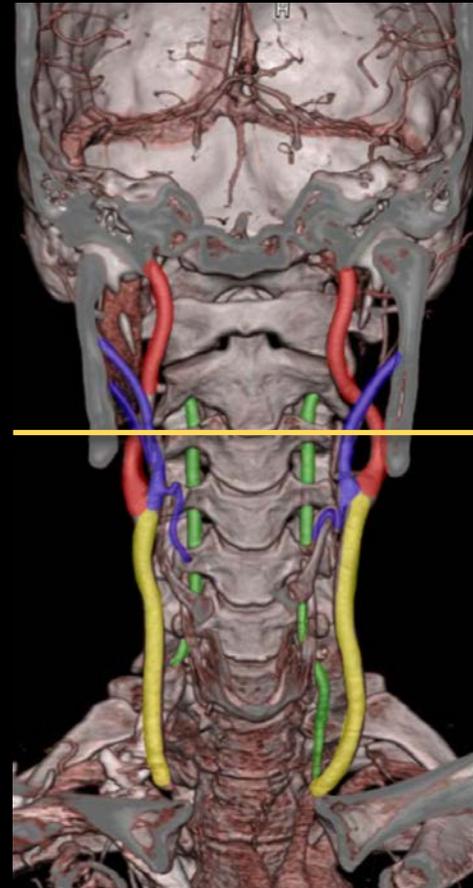


Below carotid bifurcation

VASCULATURE: AXIAL IMAGES

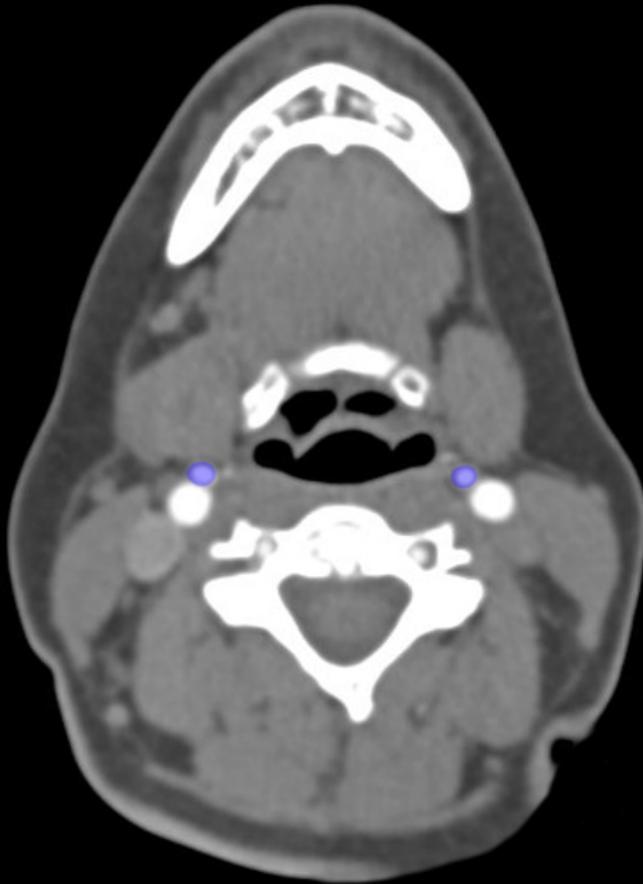


Axial

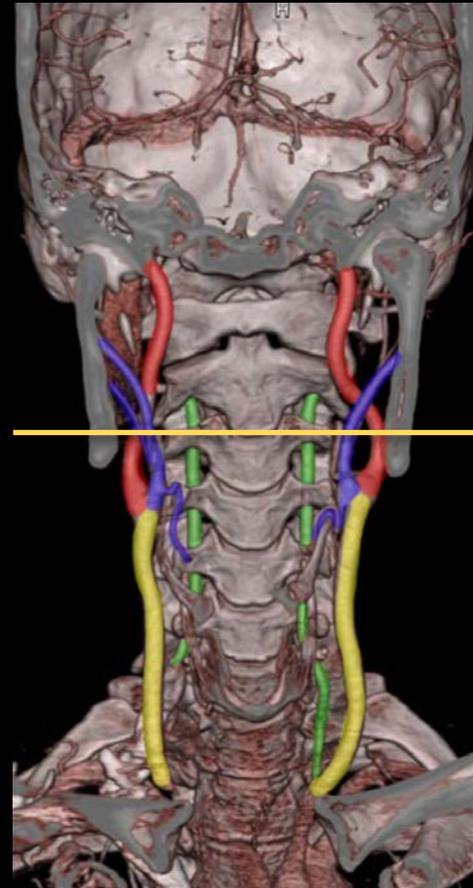


Above carotid bifurcation

VASCULATURE: AXIAL IMAGES

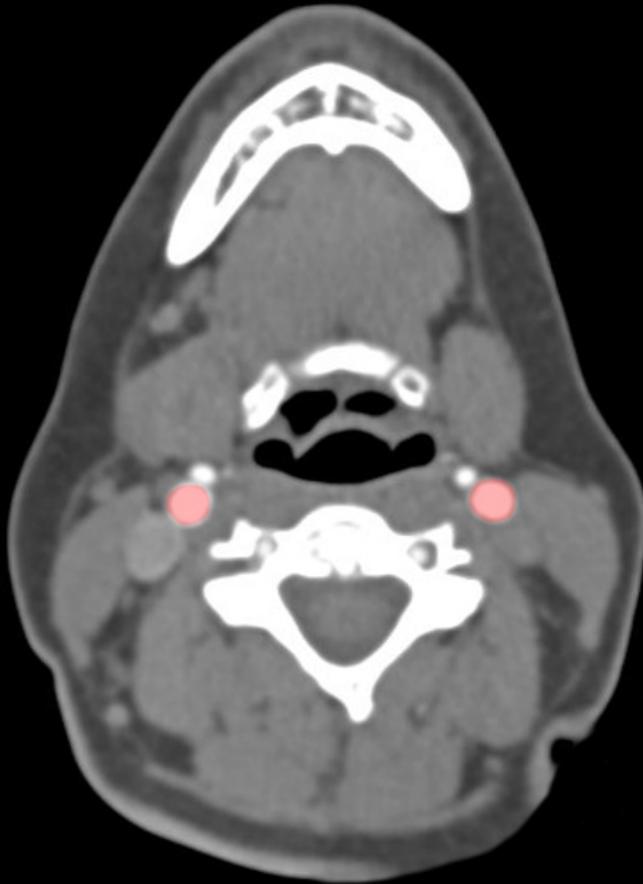


External carotid arteries

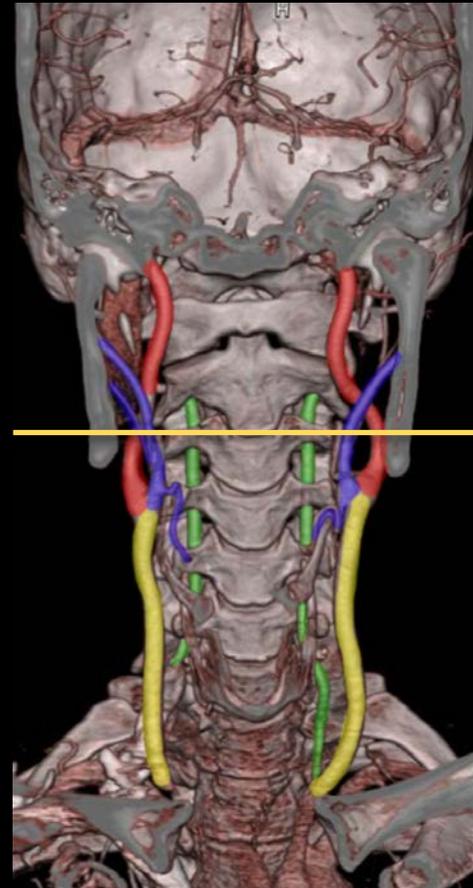


Above carotid bifurcation

VASCULATURE: AXIAL IMAGES

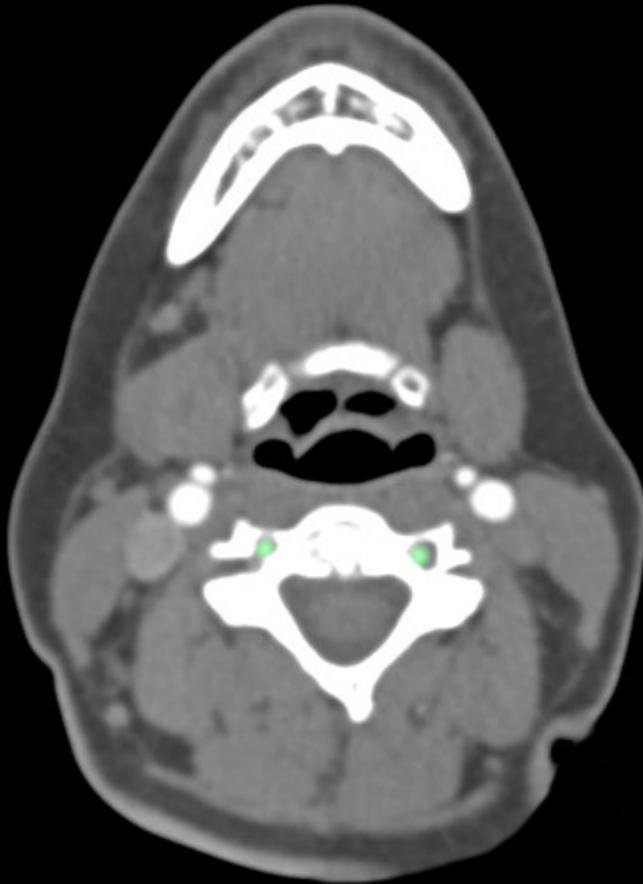


Internal carotid arteries

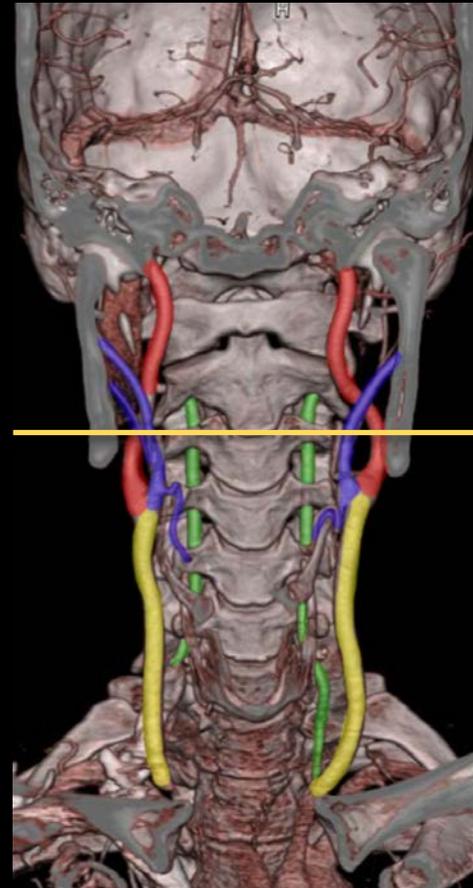


Above carotid bifurcation

VASCULATURE: AXIAL IMAGES



Vertebral arteries



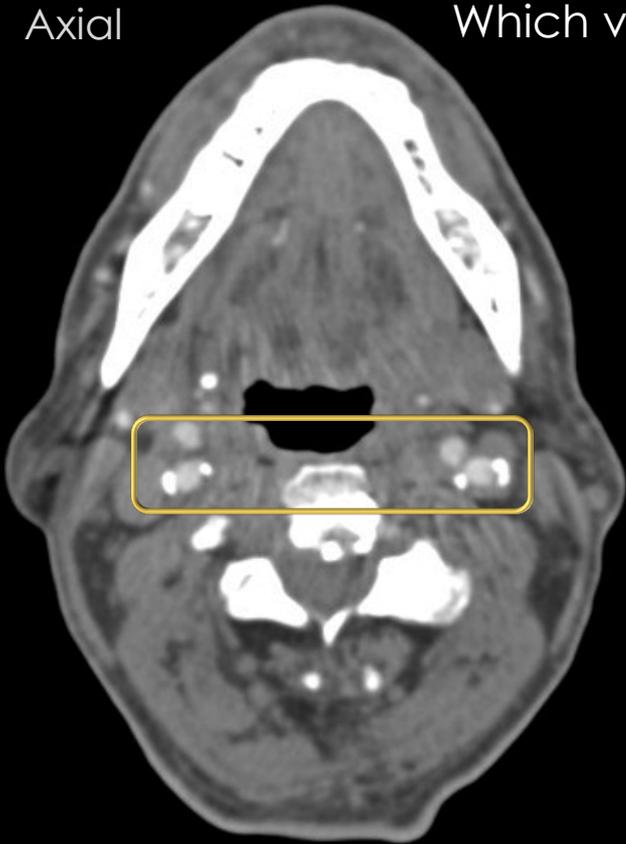
Above carotid bifurcation

CASE:

ARTERIAL ABNORMALITY

Axial

Which vessels are these?



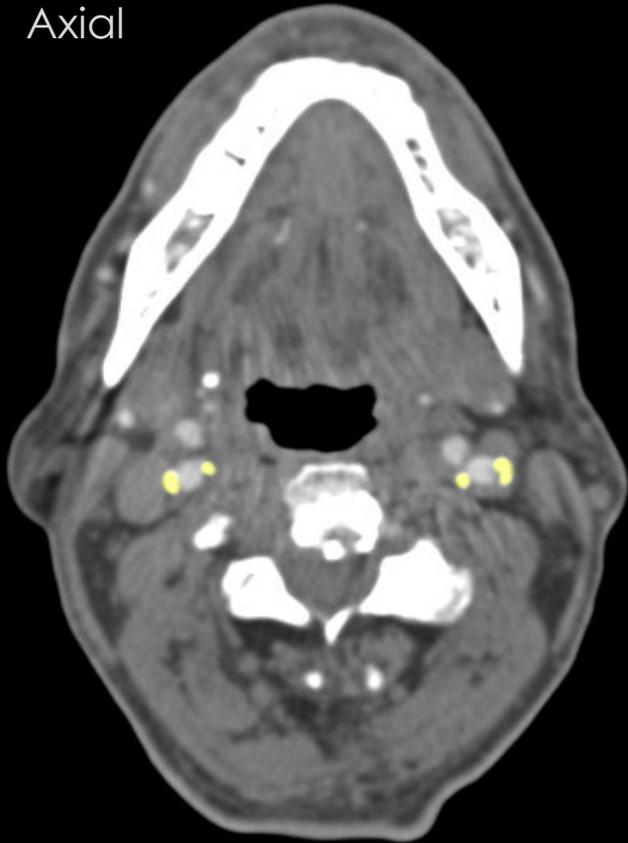
Abnormal



Normal

CASE: CAROTID ARTERIES

Axial

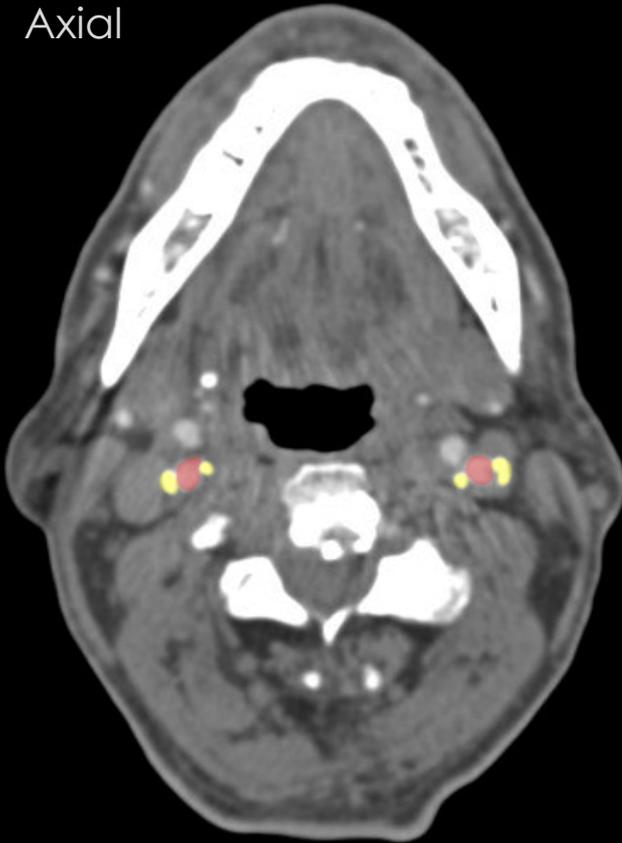


Calcifications in
atherosclerotic plaques

CASE:

CAROTID ARTERIES

Axial



- Which vessels are affected by atherosclerosis
 - A. Vertebral arteries
 - B. Common carotid arteries
 - C. External carotid arteries
 - D. Internal carotid arteries
- Internal POSTERIOR to external carotid artery above bifurcation

HEAD IMAGING

- ▣ Paranasal Sinuses

- ▣ Bony walls and contents

- ▣ Ventricles

- ▣ Normal vs. Enlarged

- ▣ Parenchyma

- ▣ Basic anatomy and midline shift

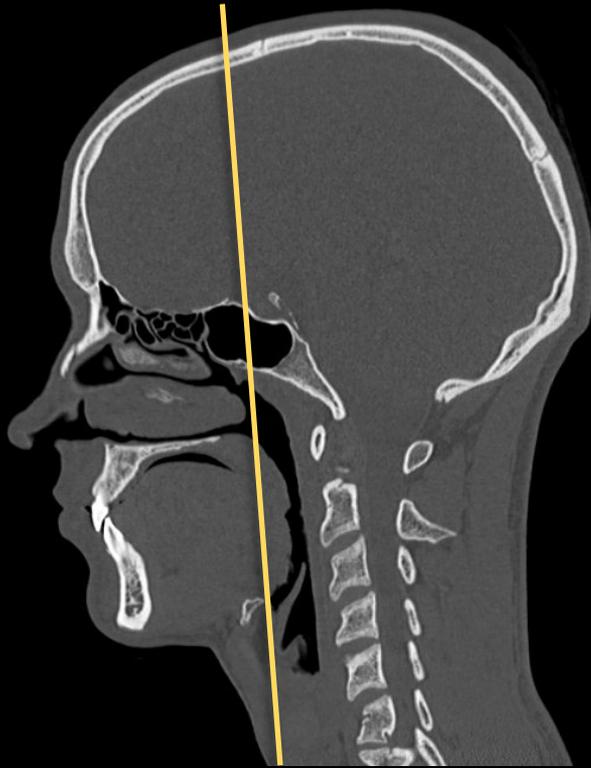
- ▣ Vasculature

- ▣ Hemorrhage types

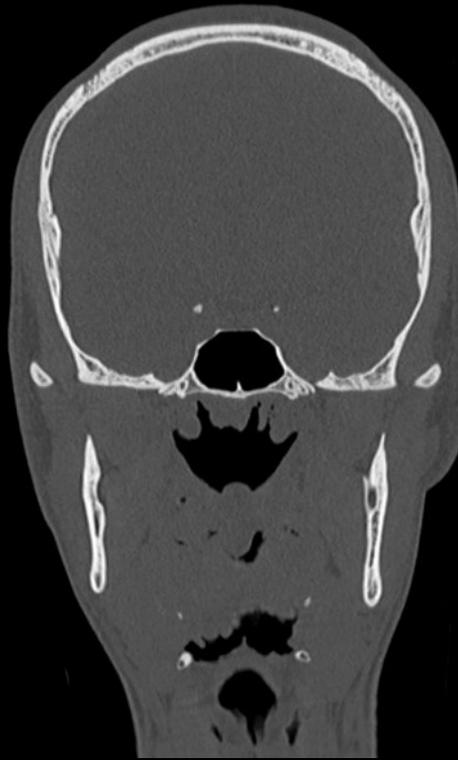
PARANASAL SINUSES

- ▣ Paired air-filled spaces around nasal cavity
 - ▣ Frontal, ethmoid, sphenoid, maxillary
- ▣ “Normal” varies
 - ▣ Development occurs prenatally and after birth
 - ▣ Shape and size of sinuses can differ between people
- ▣ Things to look for:
 - ▣ Are the bony walls intact?
 - ▣ Is there anything in the sinus (air will appear black)?

SINUSES: SPHENOID

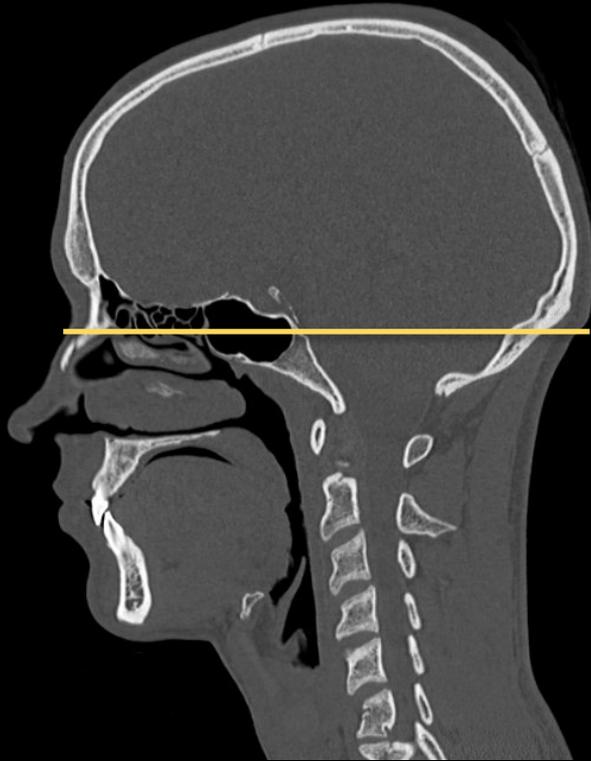


Sagittal

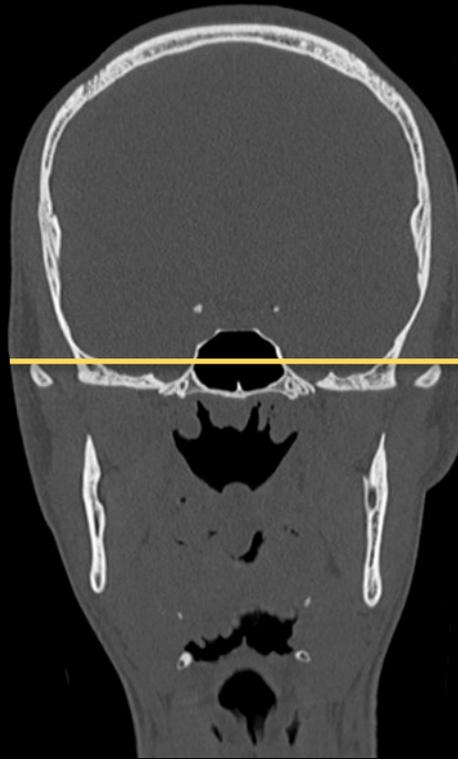


Coronal

SINUSES: SPHENOID



Sagittal

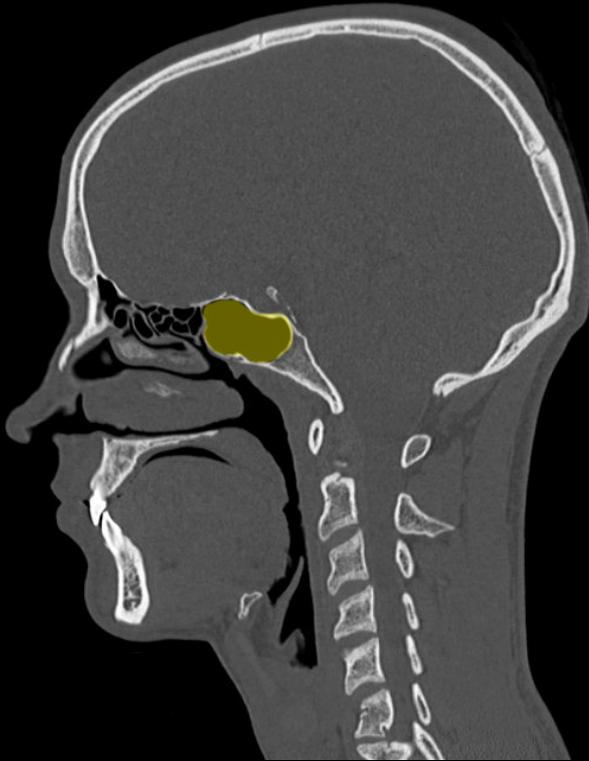


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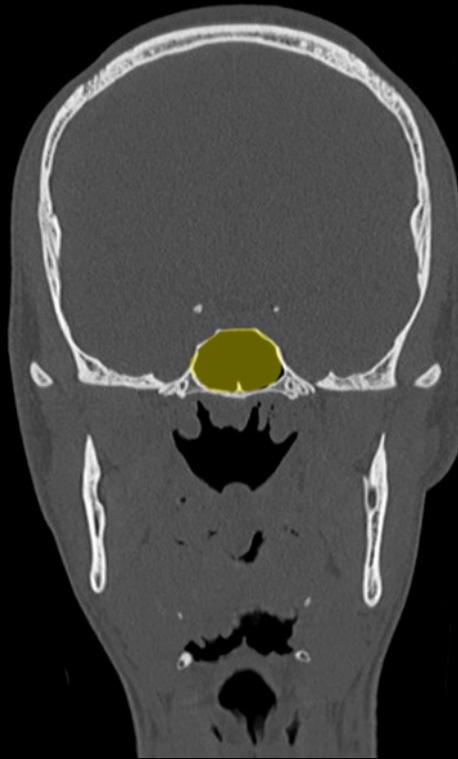


Axial

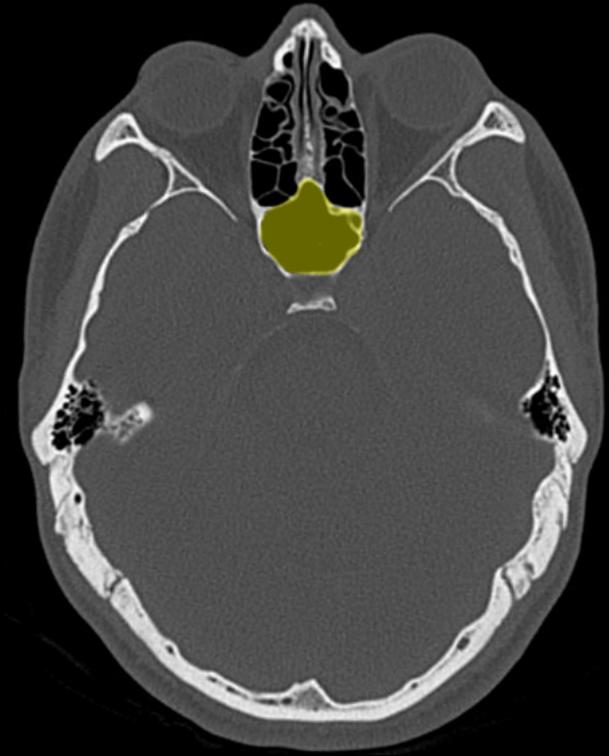
SINUSES:
SPHENOID



Sagittal

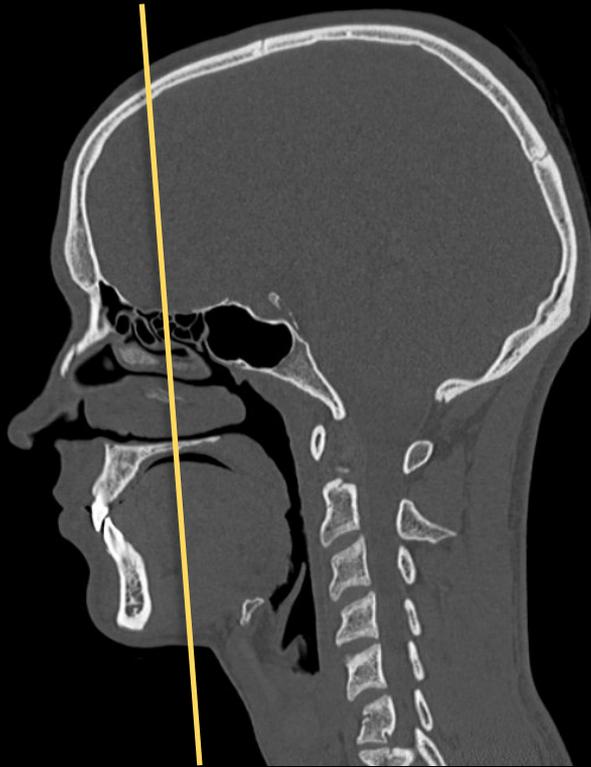


Coronal



Axial

SINUSES: ETHMOID

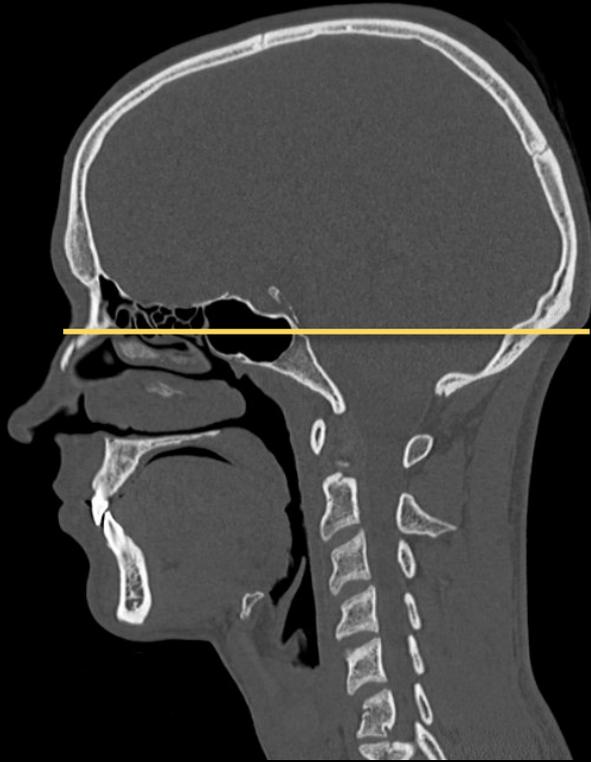


Sagittal

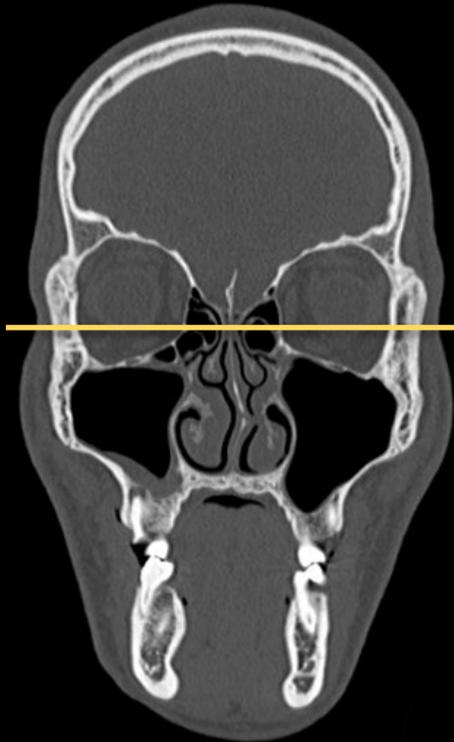


Coronal

SINUSES: ETHMOID



Sagittal

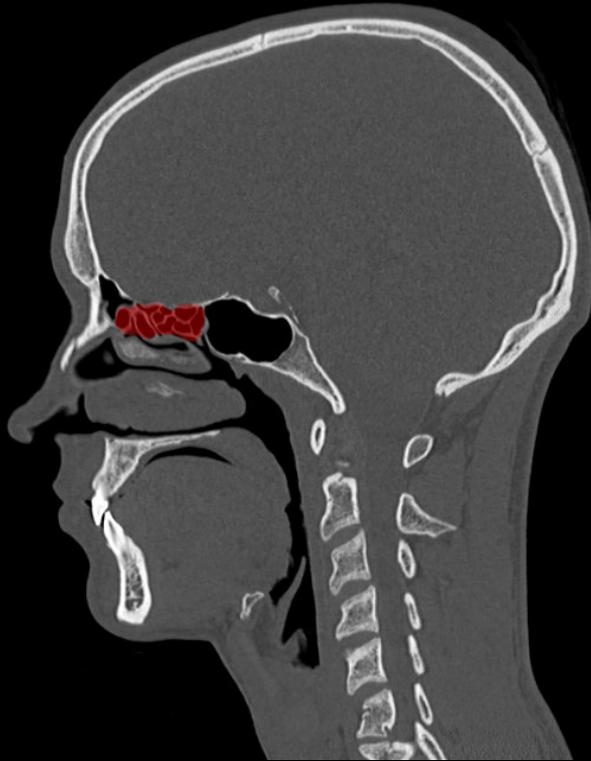


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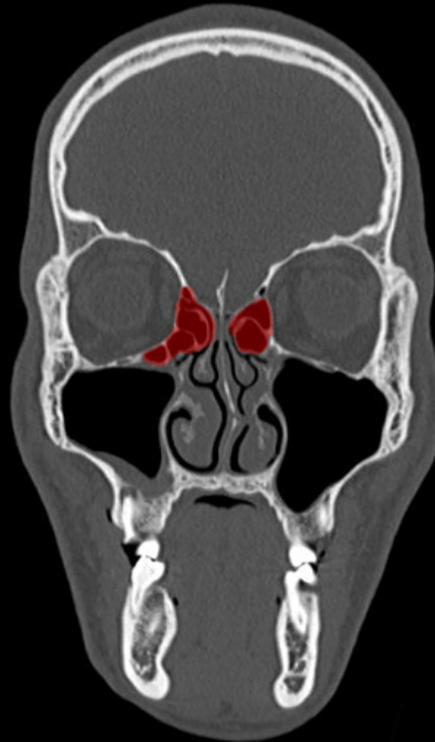


Axial

SINUSES: ETHMOID



Sagittal

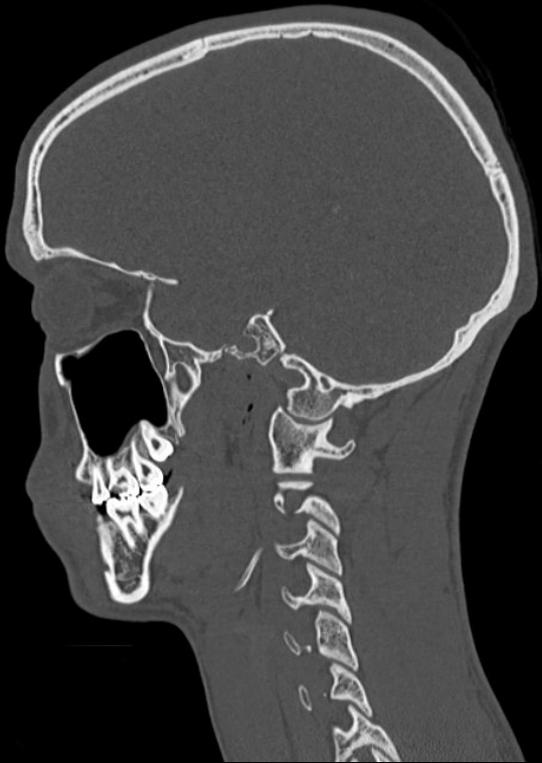


Coronal

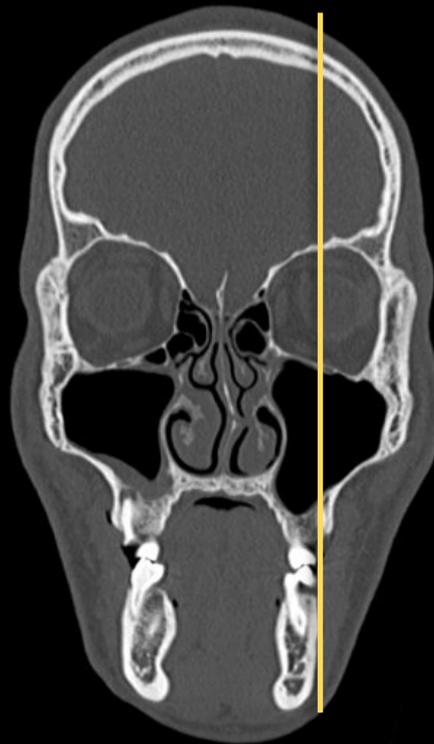


Axial

SINUSES: MAXILLARY

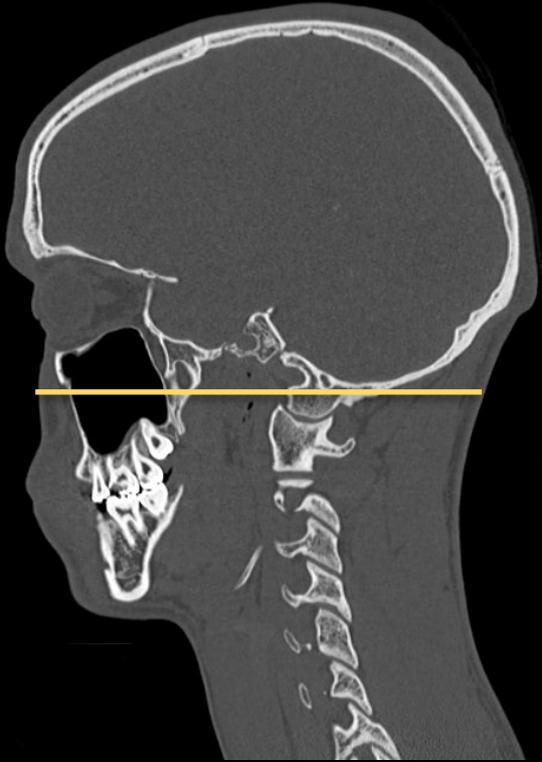


Sagittal

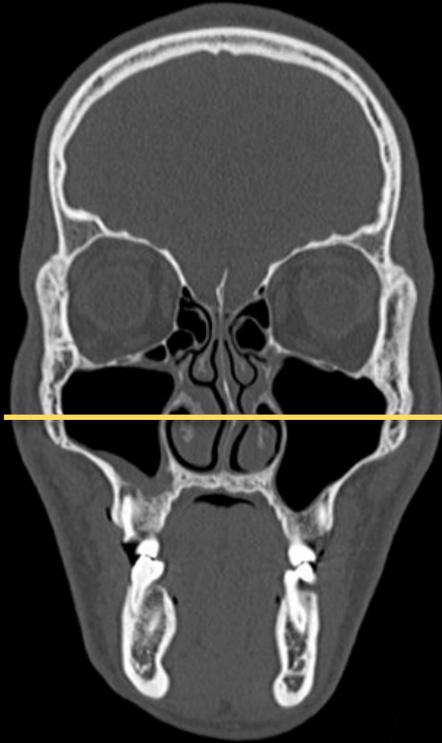


Coronal

SINUSES: MAXILLARY



Sagittal

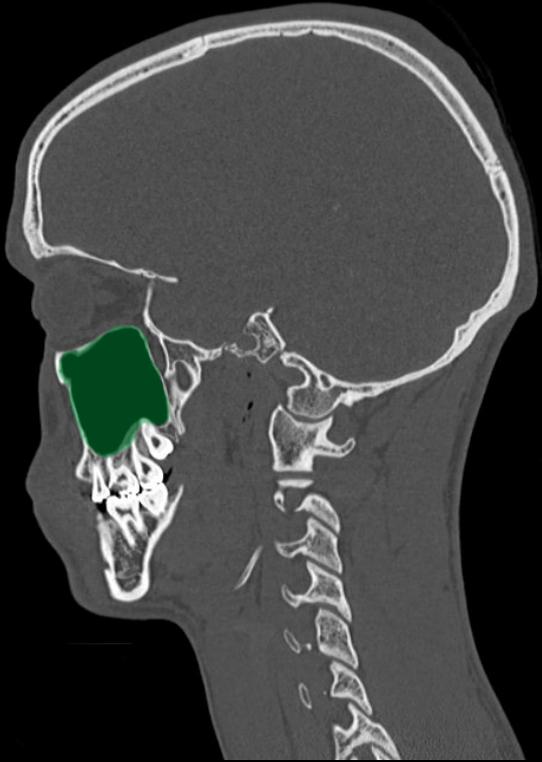


Coronal

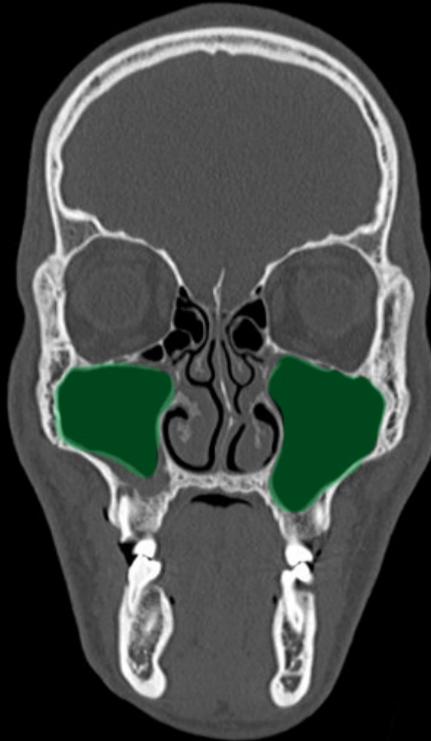


Axial

SINUSES: MAXILLARY



Sagittal

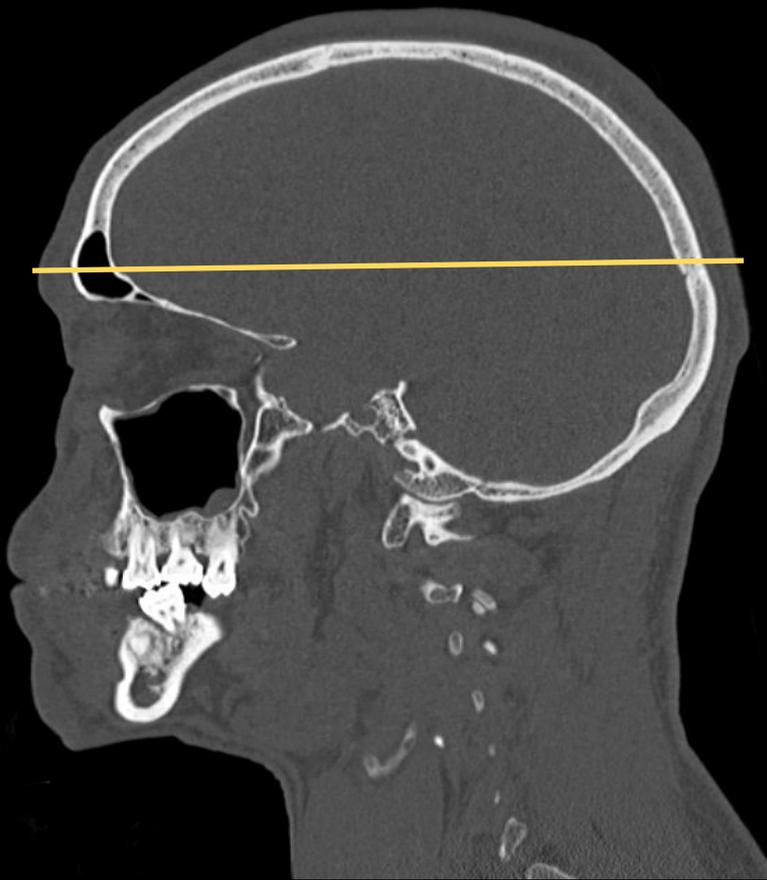


Coronal



Axial

SINUSES: FRONTAL

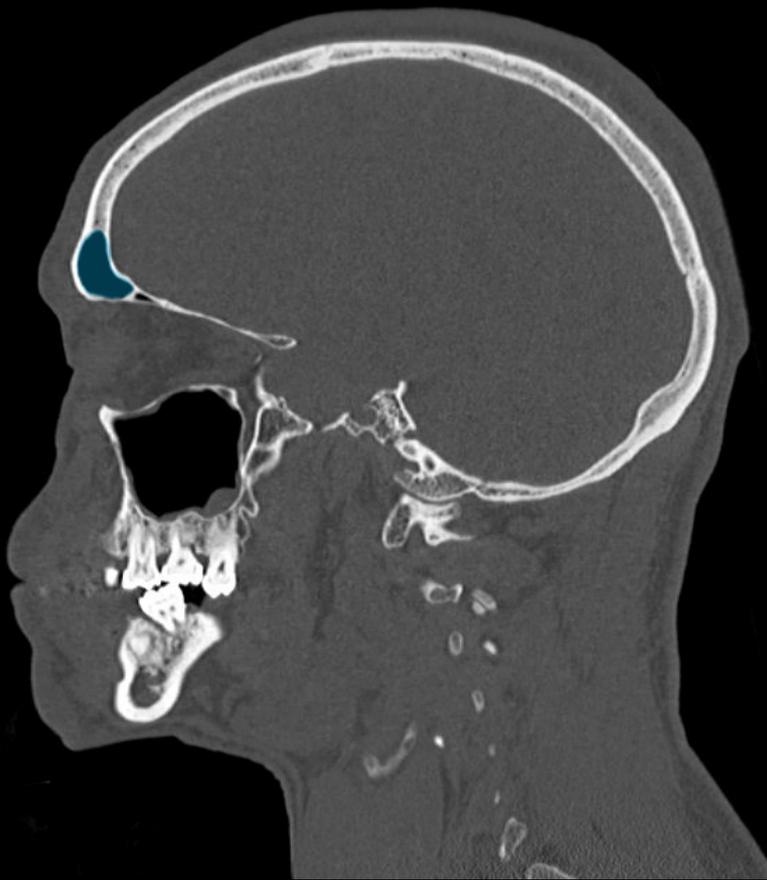


Sagittal

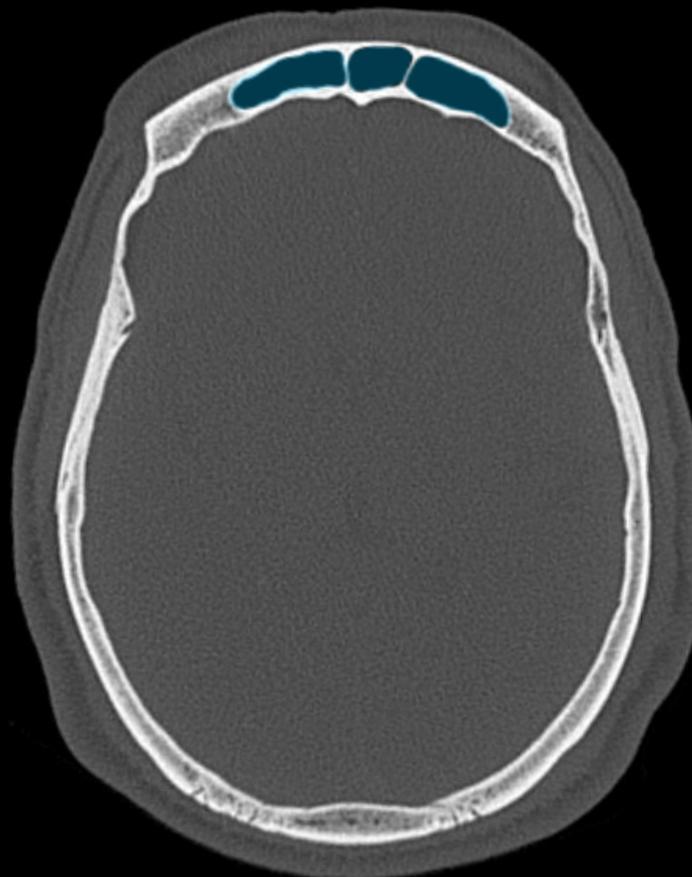


Axial

SINUSES:
FRONTAL



Sagittal



Axial

CASE:

SINUS ABNORMALITY

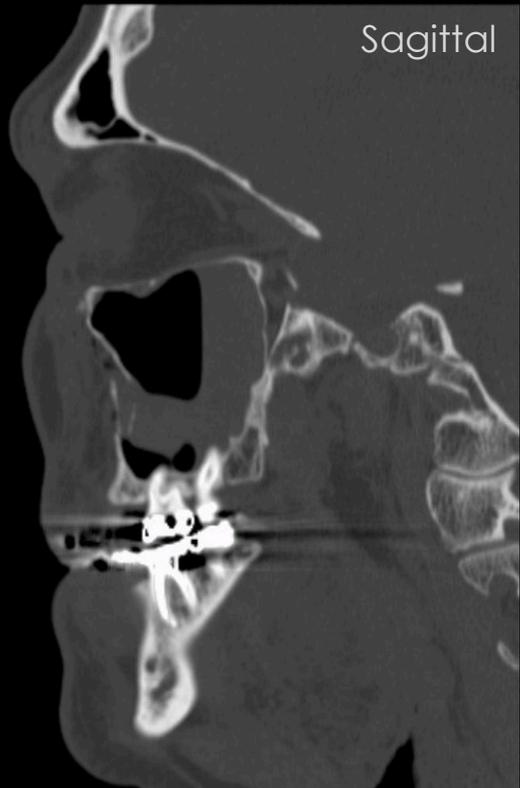
Axial



- Which sinuses do we see on this axial image?
 - A. Frontal
 - B. Ethmoid
 - C. Maxillary
 - D. Sphenoid

CASE:

SINUS ABNORMALITY



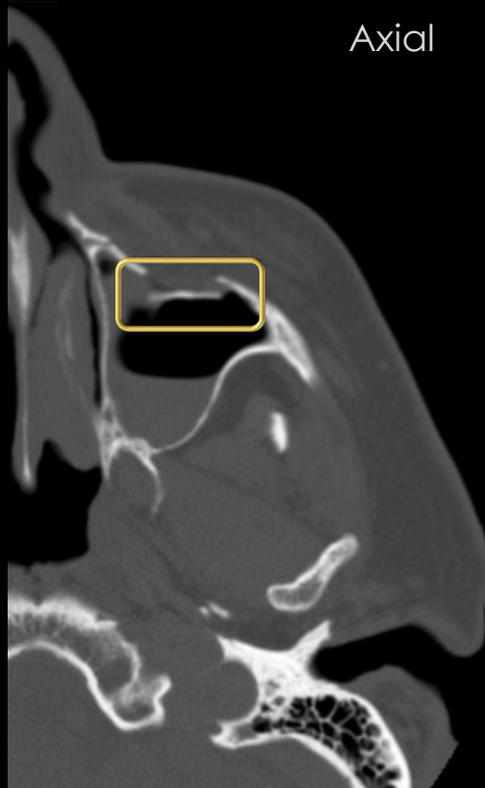
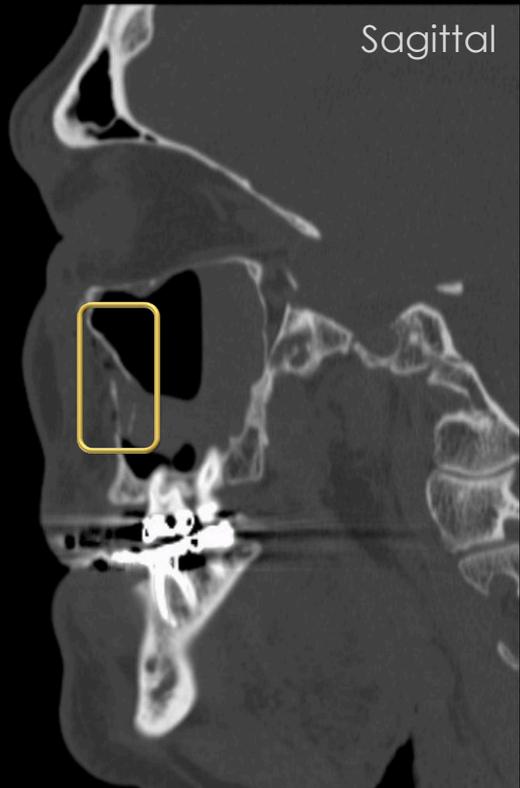
Left Maxillary Sinus



Right Maxillary Sinus
(Normal)

CASE:

FACIAL FRACTURE



- What is the likely cause of the abnormality?
 - A. Neoplastic
 - B. Trauma
 - C. Infection
 - D. Endocrine

Fracture in anterior wall of left maxillary sinus

HEAD IMAGING

- ▣ Paranasal Sinuses

- ▣ Bony walls and contents

- ▣ Ventricles

- ▣ Normal vs. Enlarged

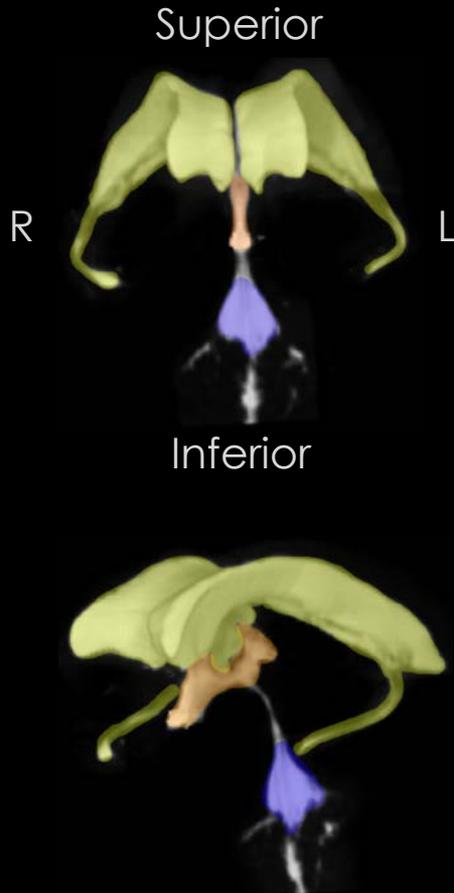
- ▣ Parenchyma

- ▣ Basic anatomy and midline shift

- ▣ Vasculature

- ▣ Hemorrhage types

CEREBRAL VENTRICLES



■ Anatomy

- Lateral ventricles (paired)
- Third ventricle
- Fourth ventricle

■ Cerebrospinal fluid

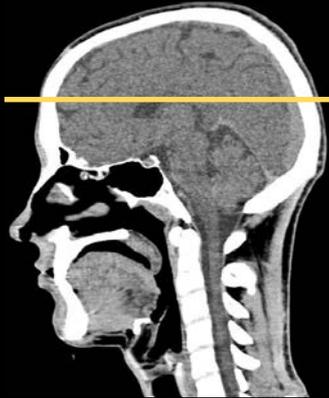
- Produced in choroid plexus (lateral + third ventricles)

■ Approach on axial images

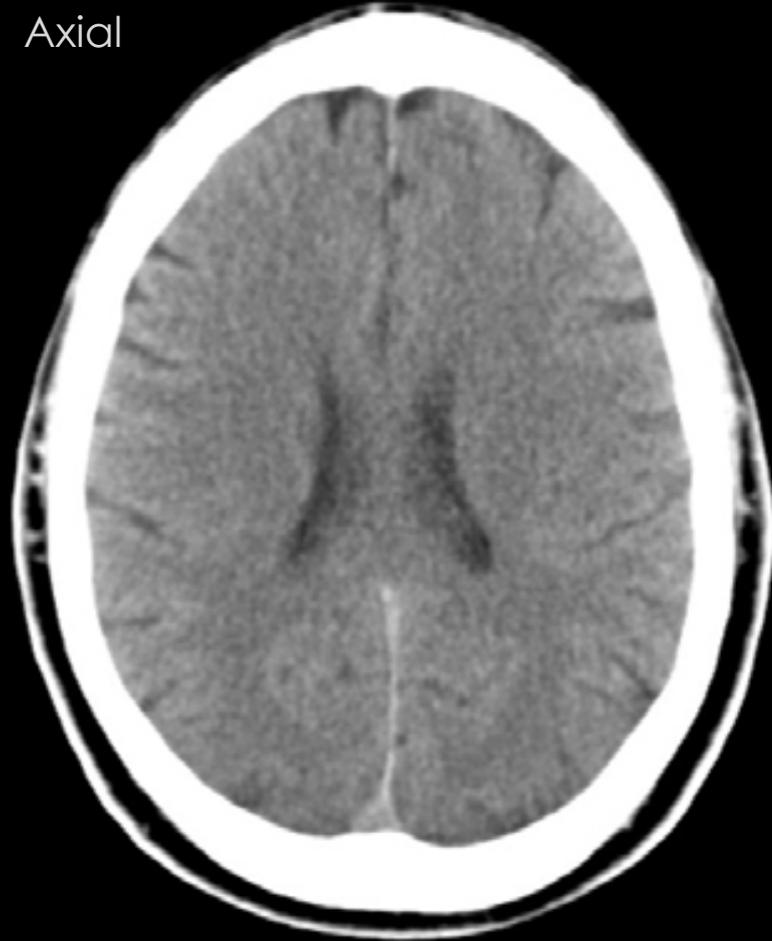
- Ventricles midline and symmetric?
- Ventricles normal size?
- Abnormal ventricle contents?

VENTRICLES SYMMETRIC?

Sagittal

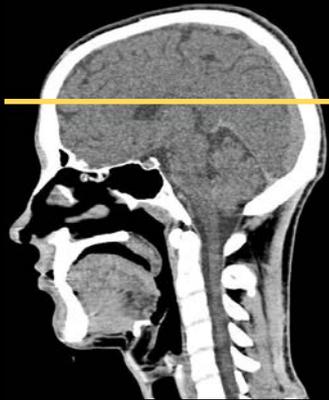


Axial



VENTRICLES SYMMETRIC?

Sagittal



Axial



Lateral ventricles symmetric

VENTRICLES IN MIDLINE?

Sagittal

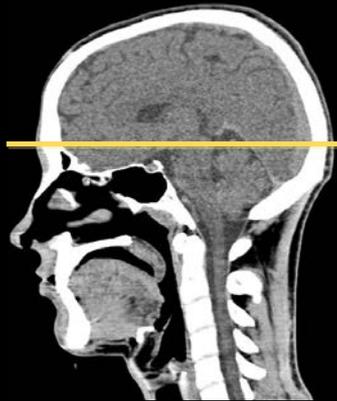


Axial

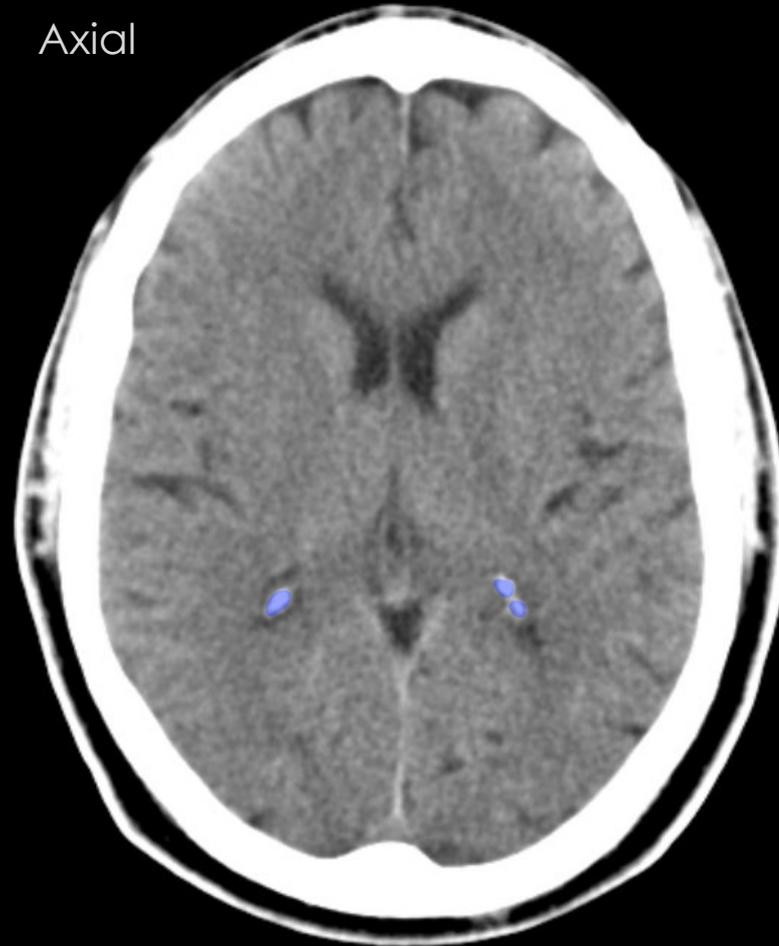


VENTRICLES IN MIDLINE?

Sagittal



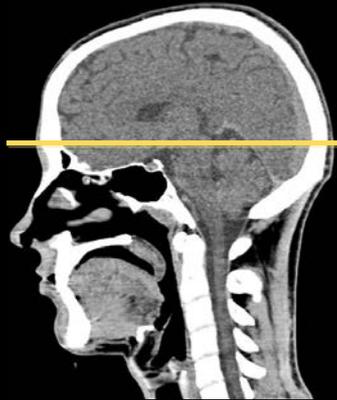
Axial



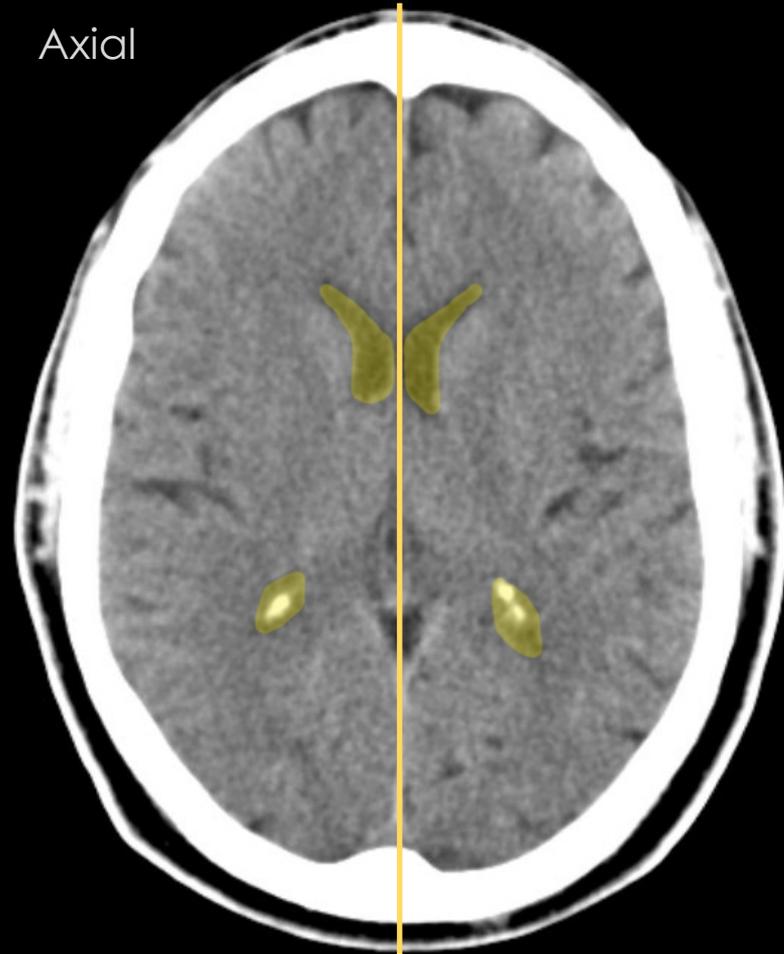
Choroid plexus (lateral ventricles)
bright from calcium

VENTRICLES IN MIDLINE?

Sagittal



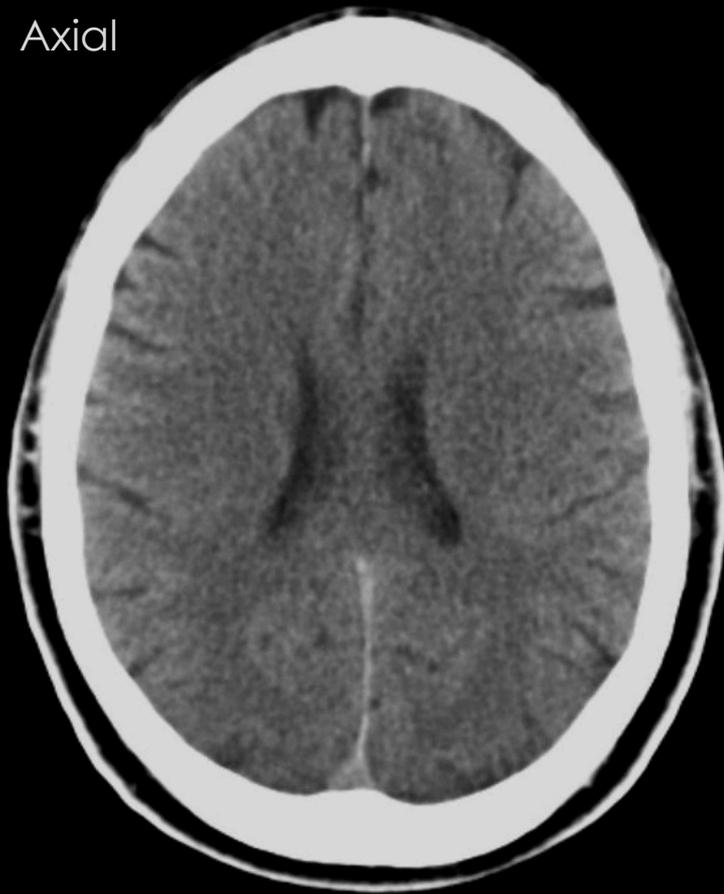
Axial



Ventricles equidistant from midline

NORMAL VENTRICULAR SIZE?

Axial



Normal

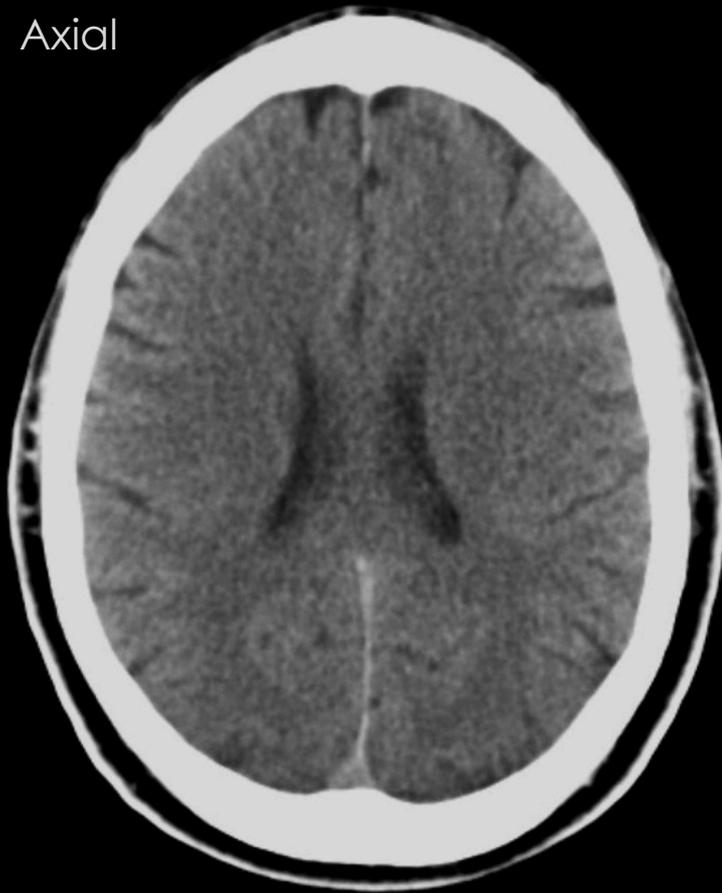
Axial



Enlarged (Hydrocephalus)

ABNORMAL VENTRICLE CONTENTS?

Axial



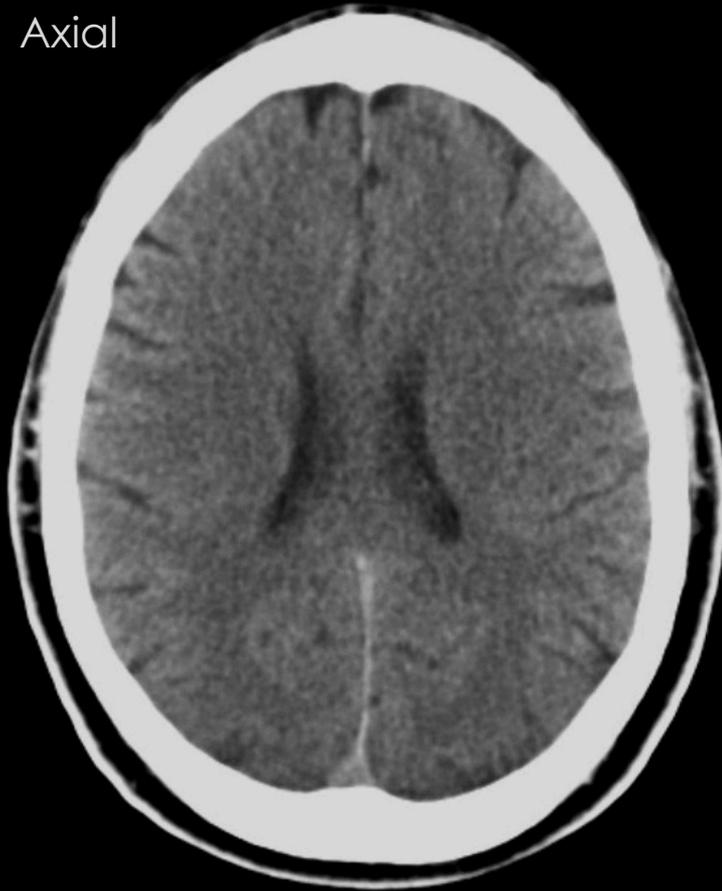
Axial



Normal CSF (dark)

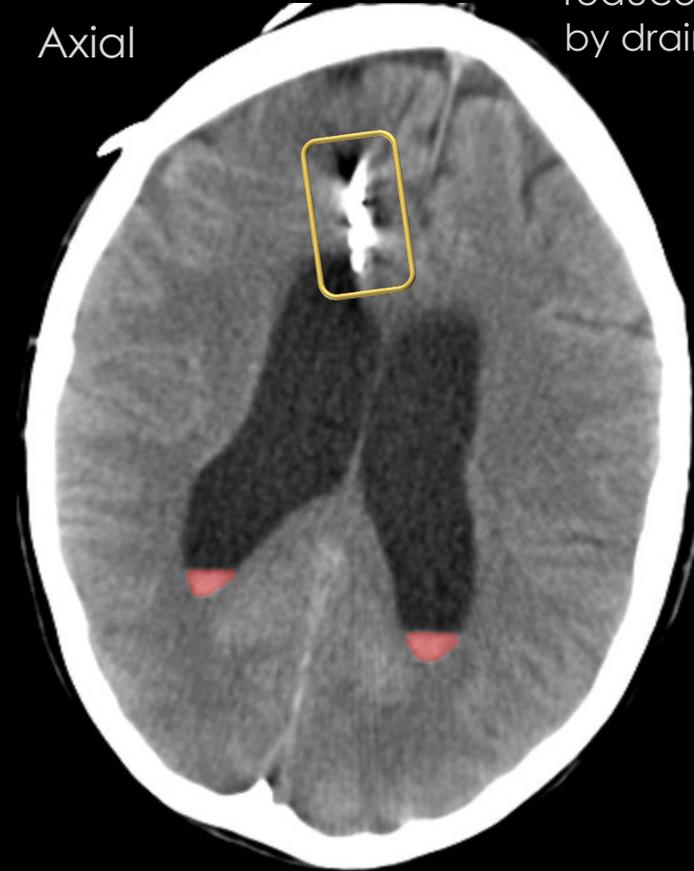
BLOOD IN VENTRICLES

Axial



Normal CSF (dark)

Axial



Intraventricular
Catheter (helps
reduce pressure
by draining CSF)

Intraventricular blood (bright)

HEAD IMAGING

- ▣ Paranasal Sinuses

- ▣ Bony walls and contents

- ▣ Ventricles

- ▣ Normal vs. Enlarged

- ▣ Parenchyma

- ▣ Basic anatomy and midline shift

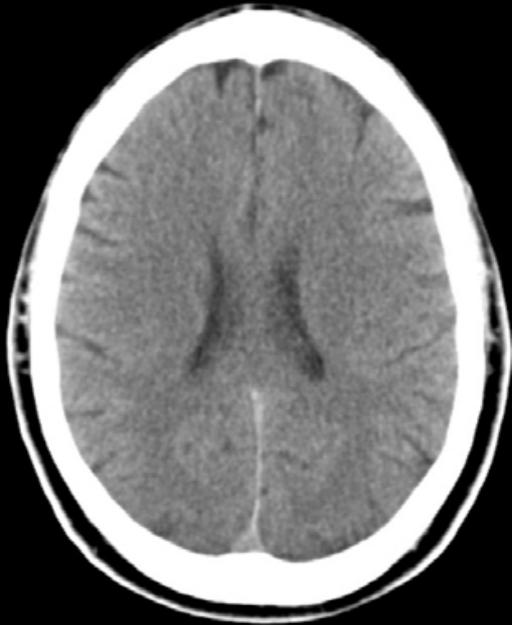
- ▣ Vasculature

- ▣ Hemorrhage types

BRAIN PARENCHYMA

- ▣ Basic anatomy

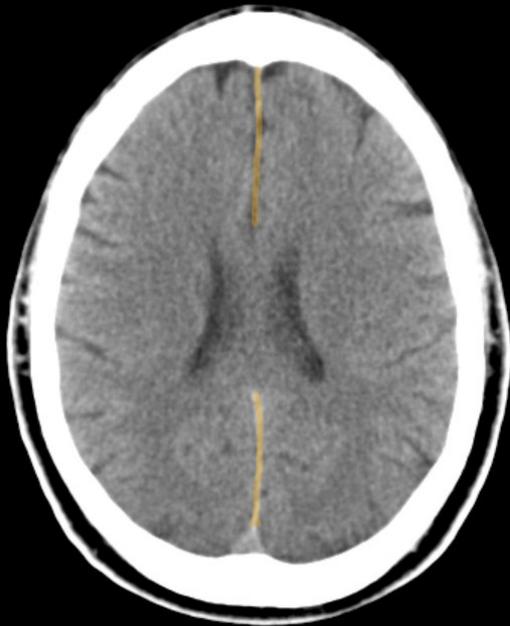
- ▣ Cerebral hemispheres divided by falx cerebri



BRAIN PARENCHYMA

- Basic anatomy

- Cerebral hemispheres divided by falx cerebri

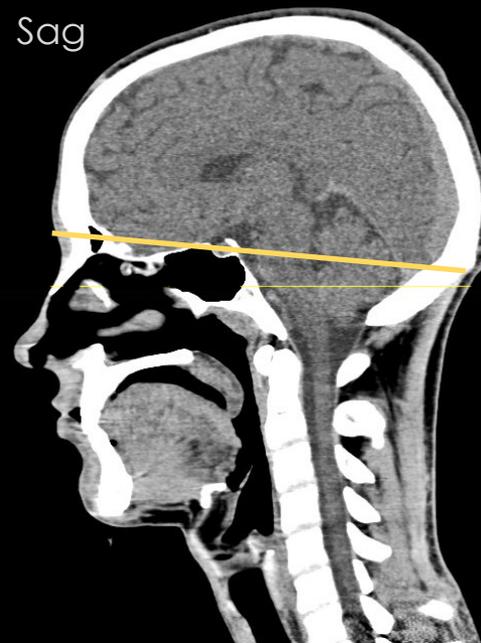


Falx cerebri is dural fold separating left and right hemispheres

BRAIN PARENCHYMA

▣ Basic anatomy

- ▣ Cerebral hemispheres divided by falx cerebri
- ▣ Cerebral cortex superior to brainstem and cerebellum



BRAIN PARENCHYMA

■ Basic anatomy

- Cerebral hemispheres divided by falx cerebri
- Brainstem and cerebellum inferior to cerebral cortex

Ax



Cerebrum (temporal lobes)

Sag



Cerebrum

BRAIN PARENCHYMA

▣ Basic anatomy

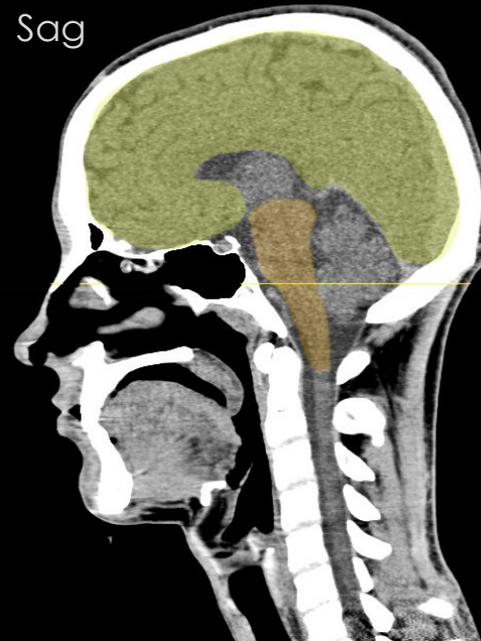
- ▣ Cerebral hemispheres divided by falx cerebri
- ▣ Brainstem and cerebellum inferior to cerebral cortex

Ax



Brainstem

Sag



Brainstem

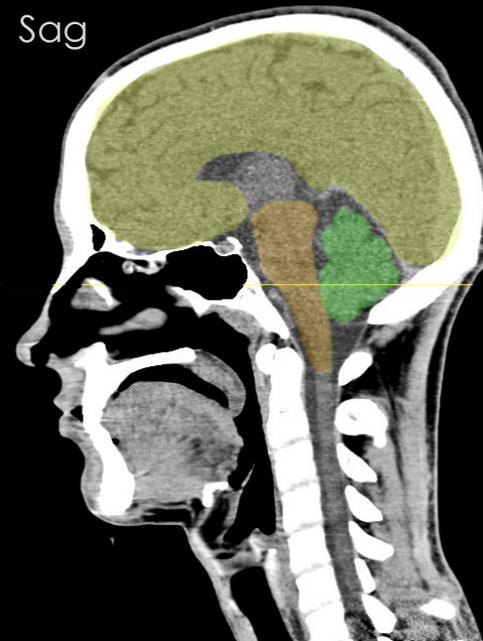
BRAIN PARENCHYMA

▣ Basic anatomy

- ▣ Cerebral hemispheres divided by falx cerebri
- ▣ Brainstem and cerebellum inferior to cerebral cortex



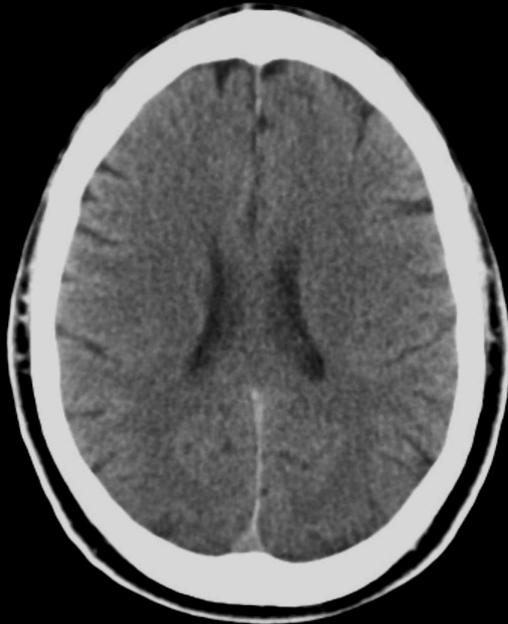
Cerebellum



Cerebellum

BRAIN PARENCHYMA

- Normal changes with age
 - Brain mass decreases
 - Surrounding CSF spaces appear larger (enlarged sulci, ventricles)



20-years-old



80-years-old

BRAIN PARENCHYMA

- ▣ Elements to consider on imaging:
 - ▣ Symmetry?
 - ▣ Falx cerebri in midline?
 - ▣ Abnormal mass (variable brightness) or edema (darker)?
 - ▣ Hemorrhage (bright)?

CASE:

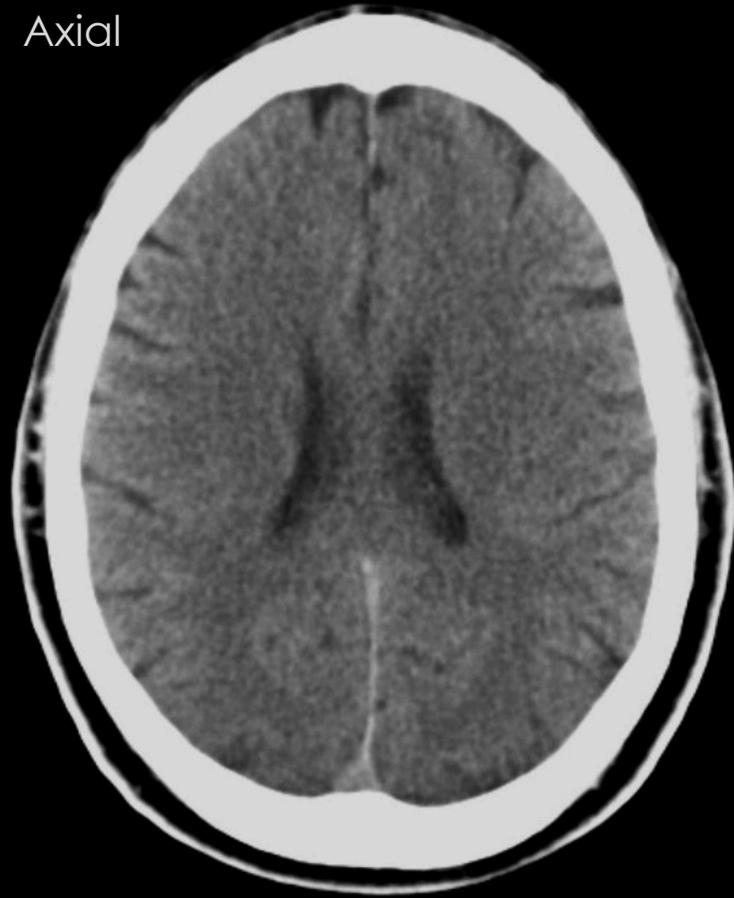
BRAIN ABNORMALITY

Axial



Abnormal

Axial



Normal

CASE:

BRAIN ABNORMALITY

Axial



- What abnormalities are present?
 - A. Compression of left lateral ventricle
 - B. Intraventricular hemorrhage
 - C. Midline shift
 - D. A and C

CASE:

BRAIN ABNORMALITY

Axial



- What abnormalities are present?
 - A. Compression of left lateral ventricle
 - B. Intraventricular hemorrhage
 - C. Midline shift
 - D. A and C

CASE:

INTRACRANIAL ABNORMALITY

Axial



- What is the cause of the mass effect?
 - A. Trauma
 - B. Hemorrhage
 - C. Congenital
 - D. Tumor

CASE:

INTRACRANIAL ABNORMALITY

Axial



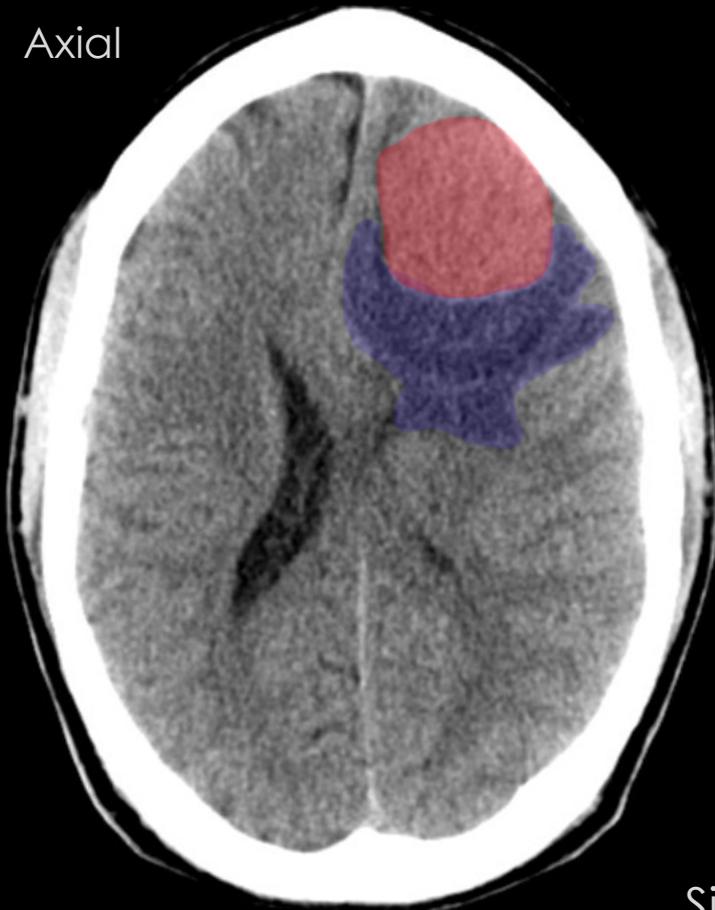
- What is the cause of the mass effect?
 - A. Trauma
 - B. Hemorrhage
 - C. Congenital
 - D. Tumor

Large mass in left frontal lobe

CASE:

INTRACRANIAL ABNORMALITY

Axial



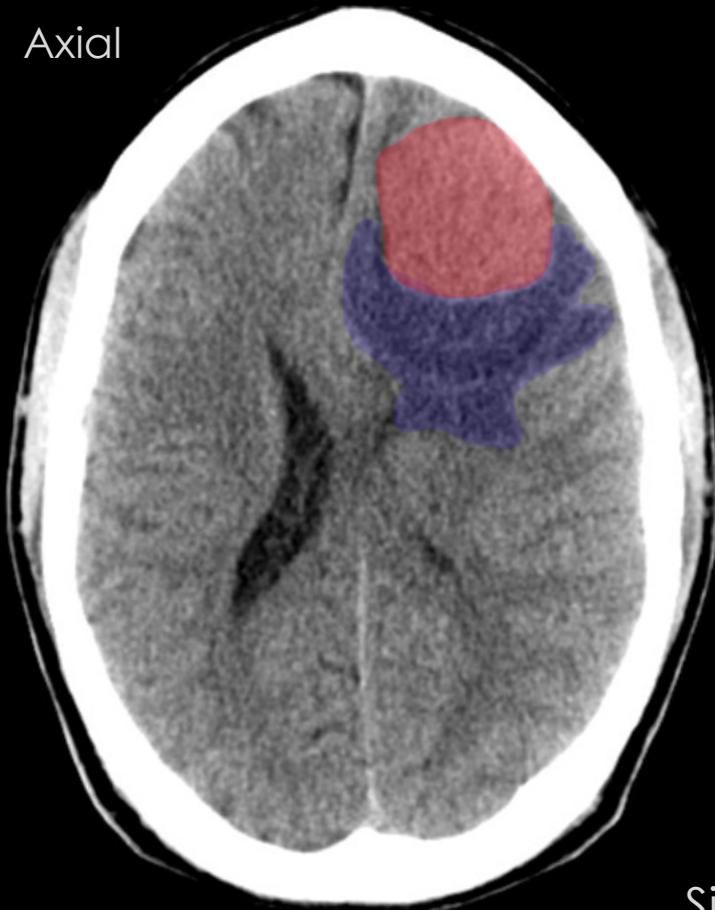
- What is the cause of the mass effect?
 - A. Trauma
 - B. Hemorrhage
 - C. Congenital
 - D. Tumor

Significant edema related to mass

CASE:

INTRACRANIAL ABNORMALITY

Axial



- What is the cause of the mass effect?
 - A. Trauma
 - B. Hemorrhage
 - C. Congenital
 - D. Tumor

Significant edema related to mass

HEAD IMAGING

- ▣ Paranasal Sinuses

- ▣ Bony walls and contents

- ▣ Ventricles

- ▣ Size and symmetry

- ▣ Parenchyma

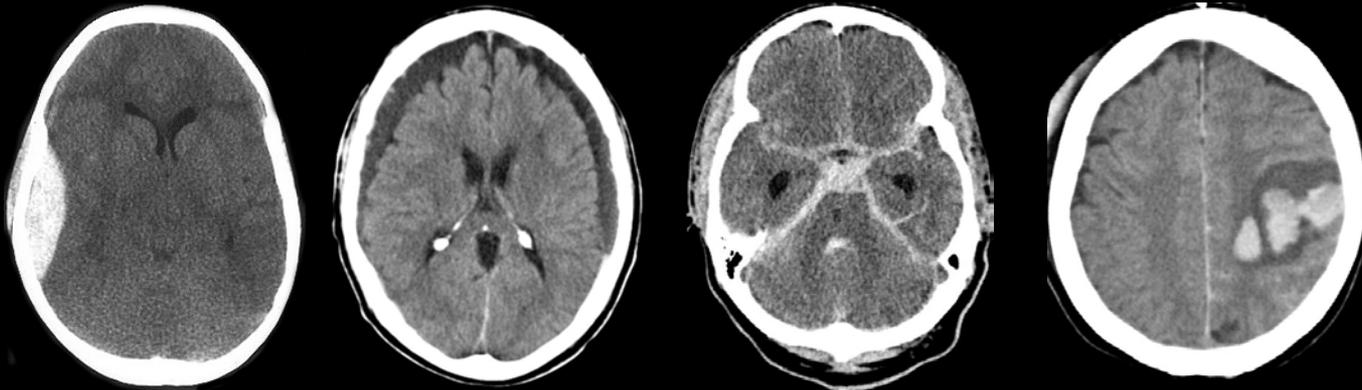
- ▣ Basic anatomy and midline shift

- ▣ Vasculature

- ▣ Hemorrhage

INTRACRANIAL BLEEDING

- Common use of **non-contrast** head CT
 - **NEW** blood appears **BRIGHT** (acute bleed)
 - **OLD** blood can be **DARK** (old bleed)
- **Different locations**



Epidural

Subdural

Subarachnoid

Parenchymal

Outside brain parenchyma

INTRACRANIAL BLEEDING

- Common use of **non-contrast** head CT
 - **NEW** blood appears **BRIGHT** (acute bleed)
 - **OLD** blood can be **DARK** (old bleed)
- **Different locations**



Epidural



Subdural



Subarachnoid



Parenchymal

ARTERIAL hemorrhage

INTRACRANIAL BLEEDING

- Common use of **non-contrast** head CT
 - **NEW** blood appears **BRIGHT** (acute bleed)
 - **OLD** blood can be **DARK** (old bleed)
- **Different locations**



Epidural



Subdural



Subarachnoid



Parenchymal

VENOUS hemorrhage

SUMMARY

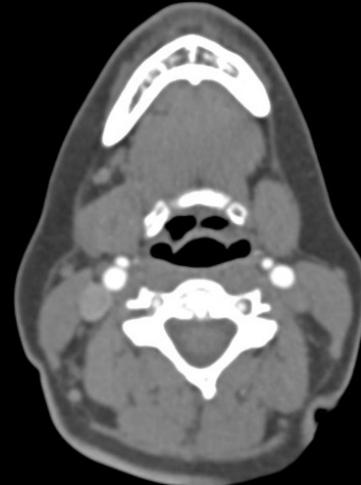
- Rules of CT
 - High density = Bright (Bone, blood, bullets)
 - Low density = Dark (Air, CSF, edema)
- Normal anatomic landmarks on cross-sectional imaging



Bone



Brain/Ventricles



Vessels

THANKS

- ▣ Questions?
 - ▣ James.chen@jhmi.edu
- ▣ Good luck on the rest of anatomy!