Abstracts

The bilateral isodense subdural hematoma on computerized tomographic scan
Greenhouse AH, Barr JW, Arch Neurol 36:305, 1979

Blood causes striking changes on computerized tomography. However, chronic subdural hematomas may become isodense with brain and therefore not be directly visible. Midline and ventricular displacement, effacement of cortical sulci, narrowing of white matter on one side, and ventricular distortion should suggest a unilateral isodense process. Bilateral isodense subdural hematomas pose a major problem on computerized tomography since there are no indications of a mass lesion. A negative report could lull the clinician into a false sense of security. In these cases, general disappearance of sulci and considerable narrowing of ventricles are helpful findings. A particularly important and overlooked sign is an abnormally decreased bicaudate cerebroventricular index. Above all, a high degree of suspicion is vital.

Author's Abstract

The right posterolateral tracheal band
Kittredge RD, J Comput Assist Tomogr 3:348, 1979

Changes in the right posterolateral tracheal band and the right retrotracheal recess are reliable parameters for evaluating pathology in the right superior mediastinum. We have measured the posterolateral tracheal band at the sternal notch and 2 cm below the sternal notch in computed tomograms. At the sternal notch, the average thickness was 8.4 ± 3.8 mm. At the level 2 cm below the sternal notch, the posterolateral band was 6.4 ± 1.8 mm. This represents measurements from 100 normal patients. Pathology in the lungs, pleura, esophagus, soft tissues, and other mediastinal structures can clearly affect the posterolateral tracheal band, causing abnormal contours and widening of the band.

Author's Abstract

Computed tomography in pulmonary asbestosis
Katz D, Kreel L, Clin Radiol 30:207, 1979

Attention is drawn to the signs of asbestosis on computed axial tomography and comparison made with findings in conventional radiology in 35 patients. CT was found to be significantly more sensitive in the detection of both pleural and parenchymal disease apart from thickened fissures. A possible sign of early mesothelioma is mentioned and an encasing variety of pleural thickening described. Perfusion changes that may represent a "pre-radiological" interstitial fibrosis are discussed.

Author's Abstract

Computed tomography of bladder: staging of bladder cancer using low density opacification technique
Hamlin DJ, Cockett AT, Urology 13:331, 1979

In the course of computed tomographic (CT) evaluation involving 200 patients with suspected pelvic disease we have found that scan quality is often suboptimal. A preliminary report employing a low density bladder opacification method is presented whereby an indwelling catheter is inserted to control bladder volume and to facilitate the instillation of low density iodinated contrast agent (0.6% Renografin-60). The patient remains supine throughout the 25-minute procedure. Observations during the CT staging and follow-up of a controlled group of 8 patients undergoing immunotherapy and/or radiation therapy for bladder carcinoma indicate that this is a simple, safe, and effective staging procedure. We have obtained reliable clinical-radiologic-pathologic correlation as a result of careful surgical staging and biopsy, followed by open surgery and full pathologic examination. It is hoped that this information will help initiate other similar studies to determine the diagnostic accuracy of this method and thus its use in pretherapeutic evaluation of the bladder lesion and its subsequent response to treatment.

Author's Abstract