
Approach to the CT Head

Presented by:

Victoria Myers MD, FRCPC

Module authors:

Nazanin Meshkat MD, FRCPC, MHSc



Global Health
Emergency Medicine

This session will be recorded

We are recording this Zoom session so that it can be watched again at your convenience, and so that we can share it with your colleagues who were not able to join us today.

If you would prefer that this recording **not** be shared with your EM colleagues, please email hgirdler@ghem.ca within 24 hours of the session.

We will share the presentation slides and other materials (journal articles, etc.) by email; you will have access to all materials regardless of whether the recording is shared.



Please also note:

The information in this presentation and the video recording is up to date as of the date it was recorded: May 16, 2023.

It has not been updated to include any subsequent advances in practice, and the information presented in this video does not replace hospital, health centre, or governmental guidelines.



Learning Objectives

- Develop an approach to CT brain interpretation:
 - Understand different CT slices and windows
 - Identify normal anatomy
 - Understand the differences between contrast vs non-contrast CT
- Case based CT head interpretation of pathology



Anterior

THE BASICS

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Right

Left

Posterior



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THE BASICS

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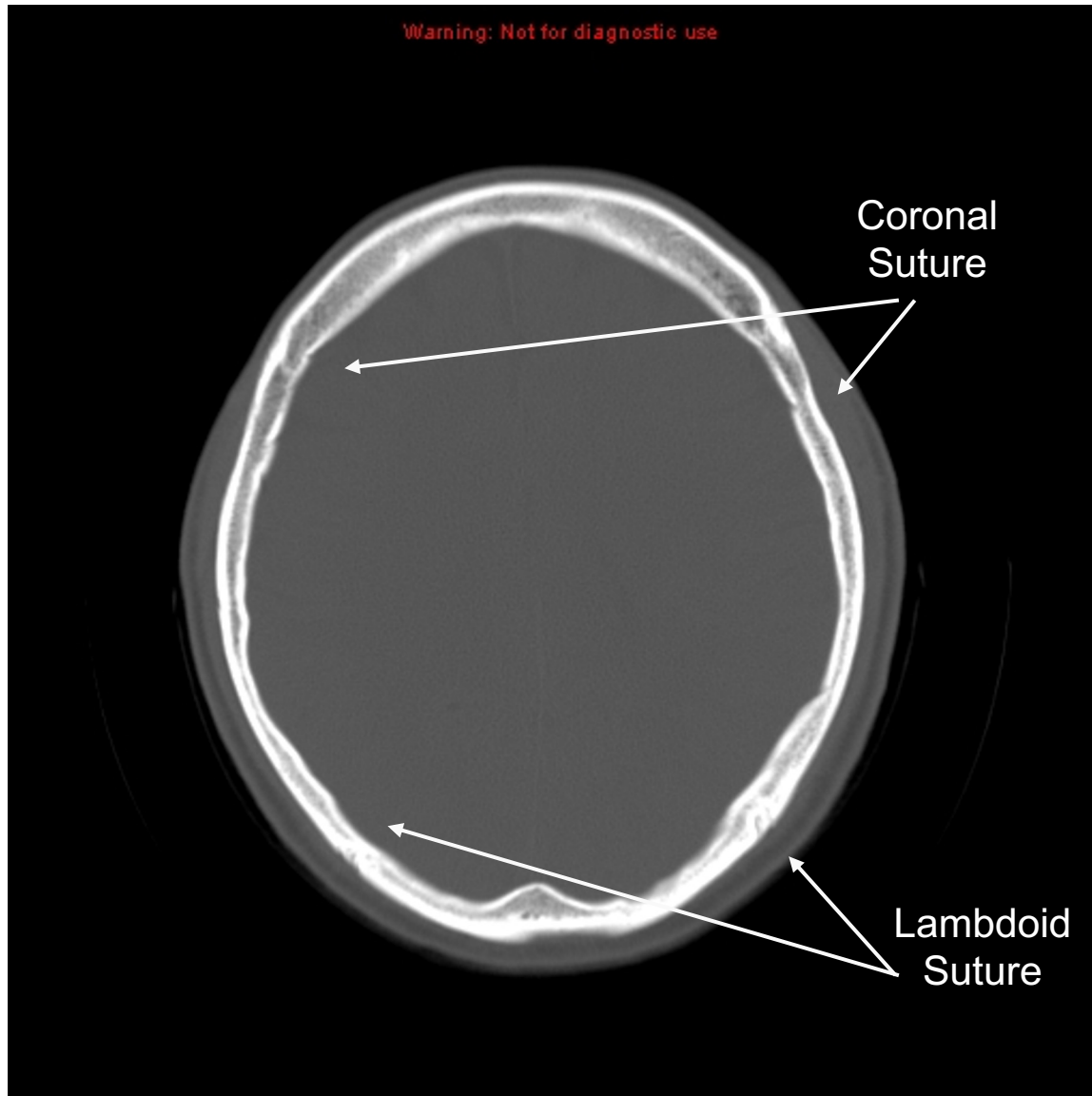


BRAIN
WINDOW



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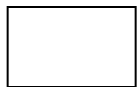
THE BASICS



BONE WINDOW



THE BASICS

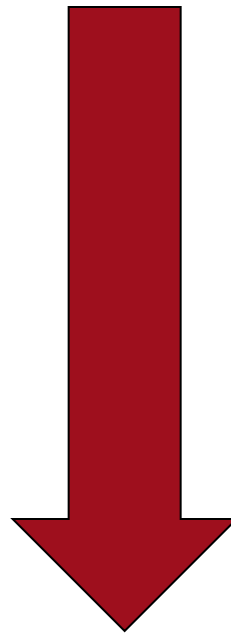


HYPERDENSE
(White)

BONE



HYPODENSE
(Black)



AIR



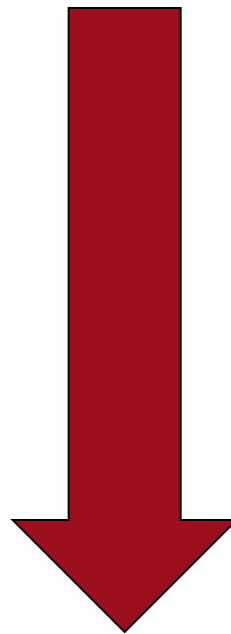
THE BASICS



HYPERDENSE
(White)



HYPODENSE
(Black)



BONE

Blood

Grey Matter

White Matter

CSF

AIR



Identify bone, grey and white matter & CSF

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HYPERDENSE
(White)



HYPODENSE
(Black)



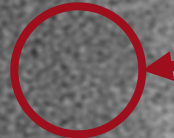
Bone



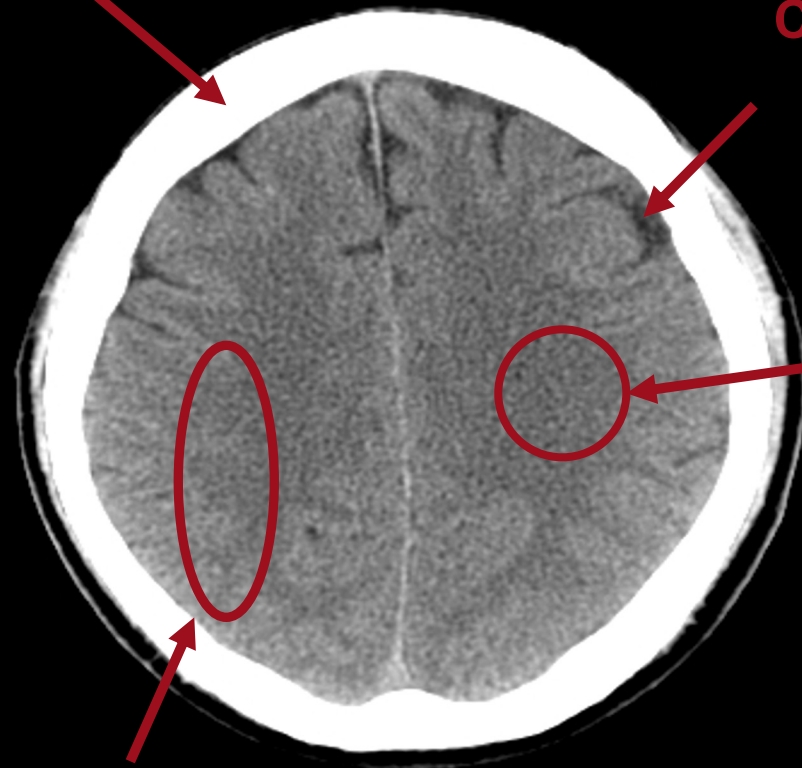
CSF



White matter



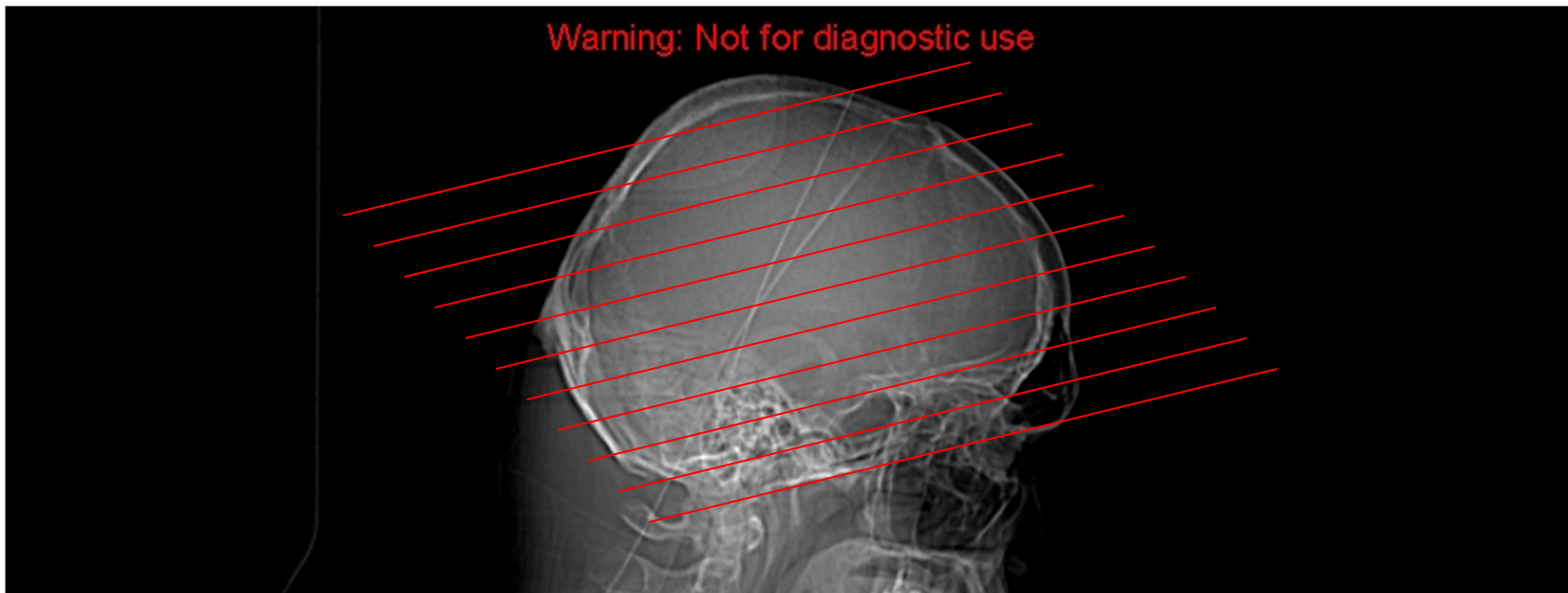
Grey Matter



TOP TO BOTTOM

Start from the top, and identify all the landmarks

Cephalad

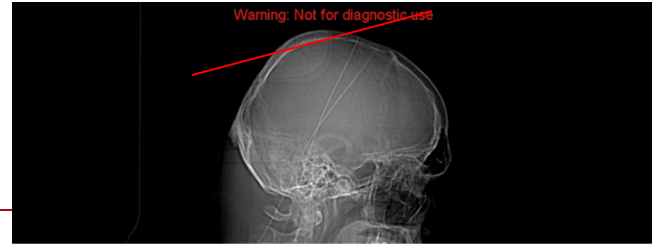
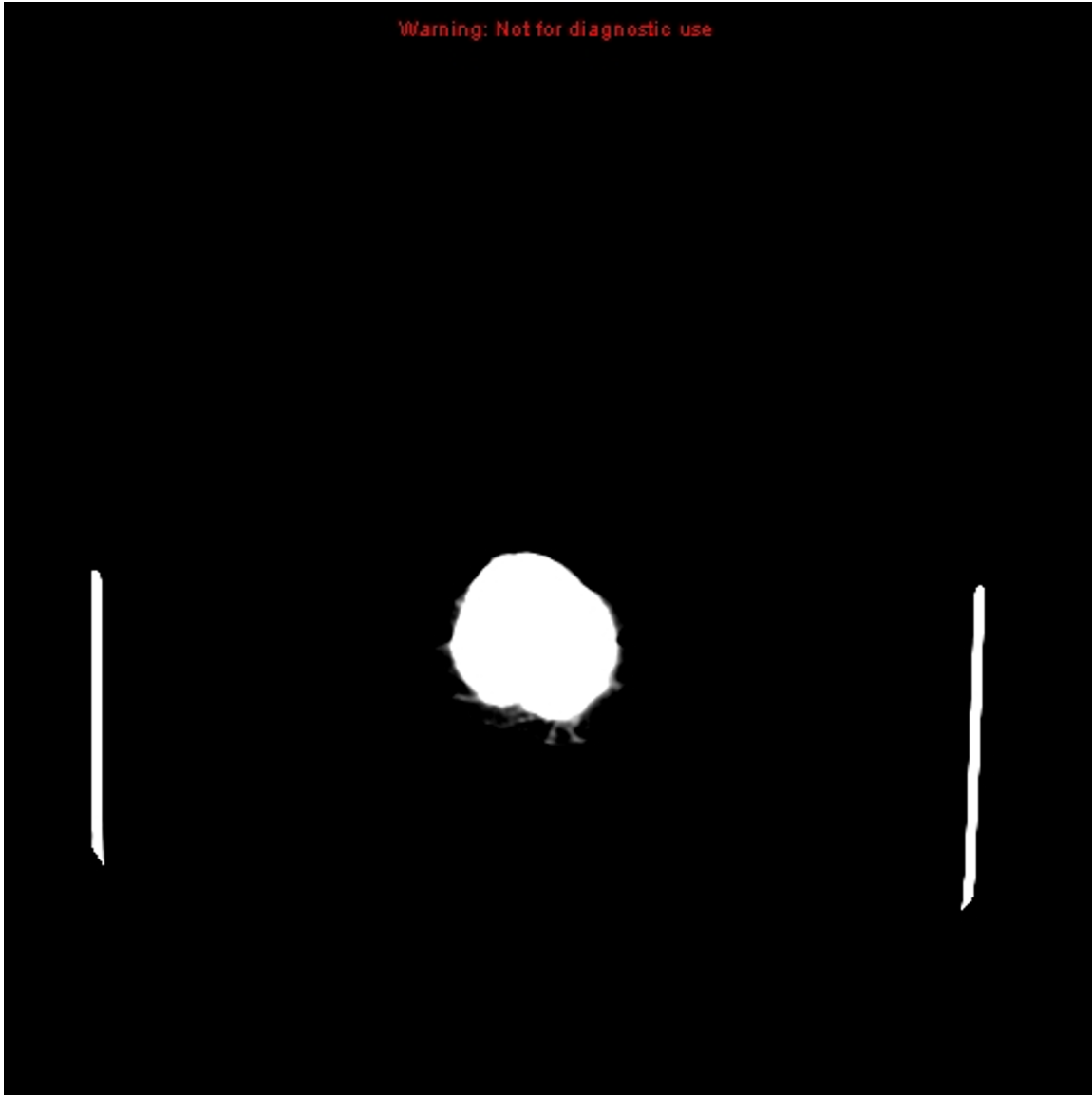


Caudad



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Cephalad



Caudad

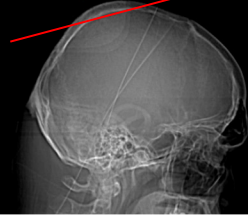


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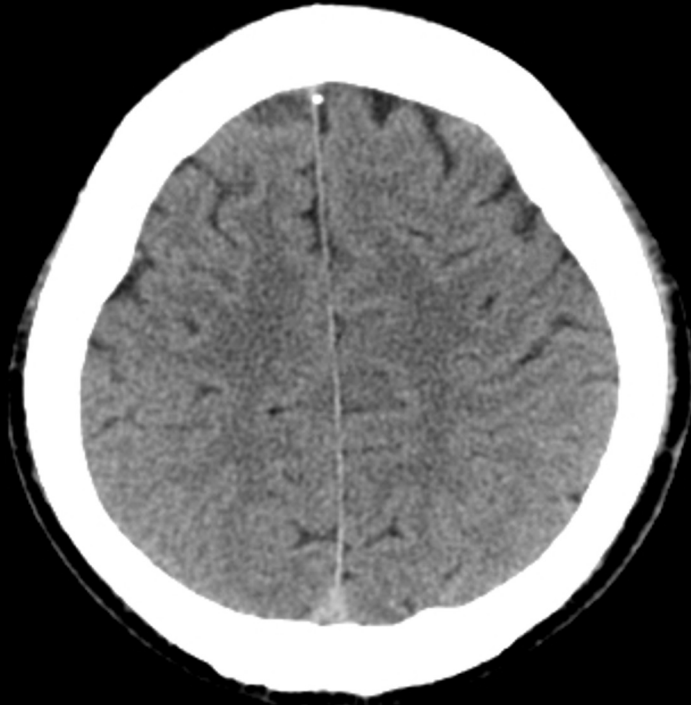


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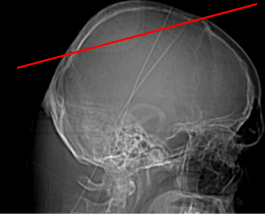


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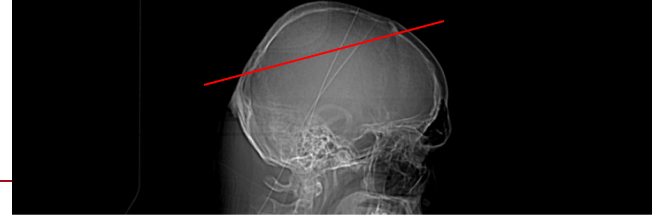


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Warning: Not for diagnostic use

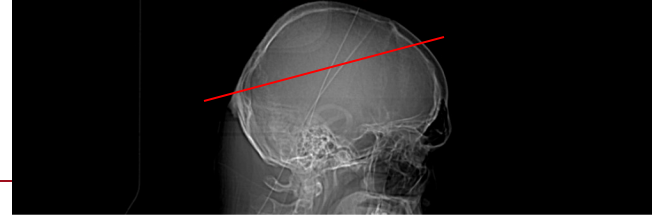


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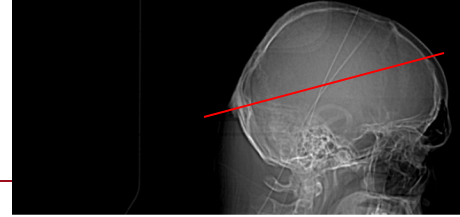


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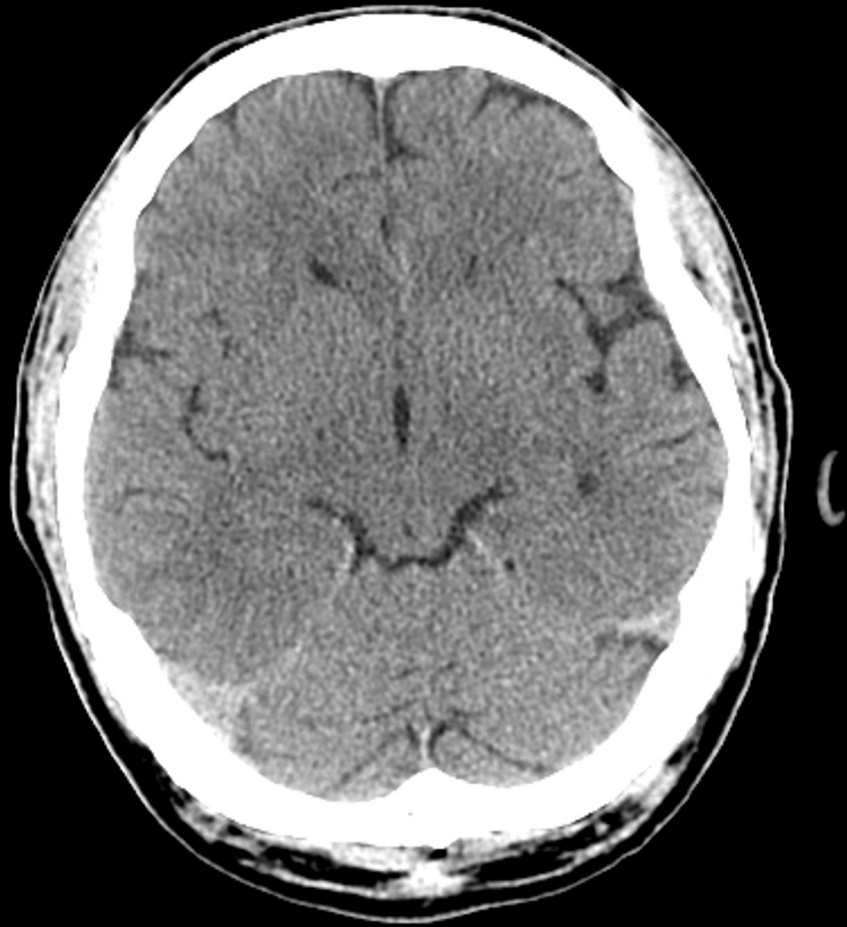


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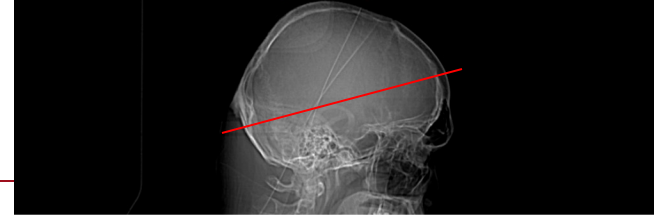


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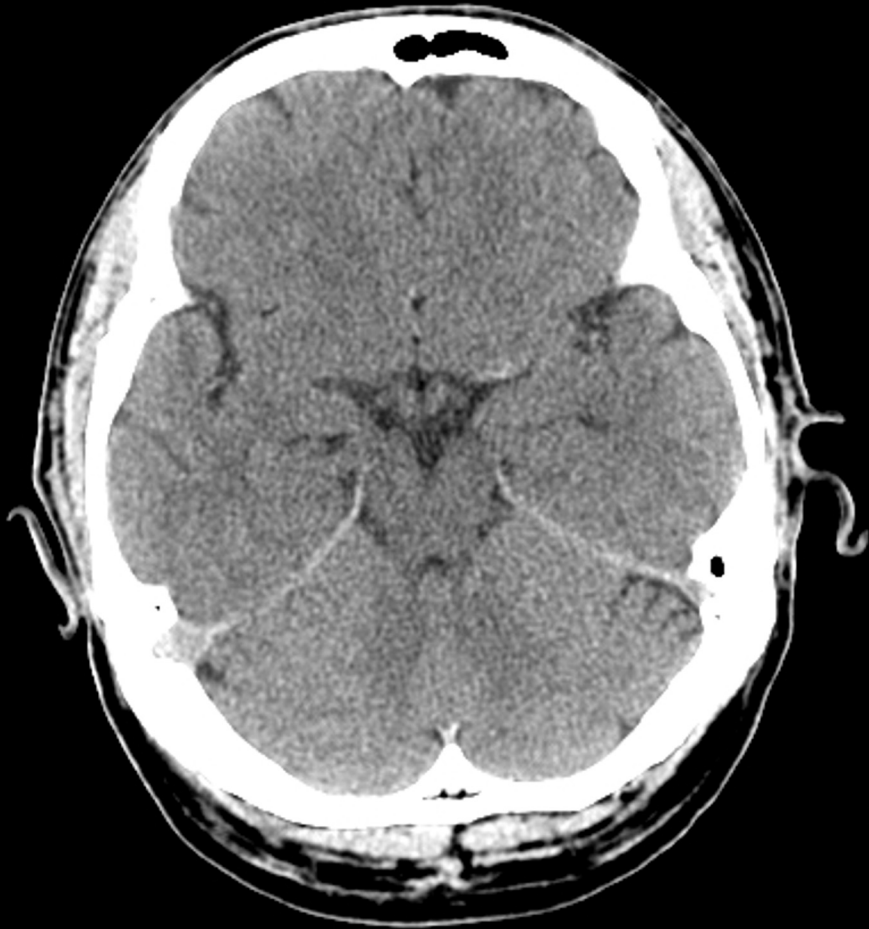


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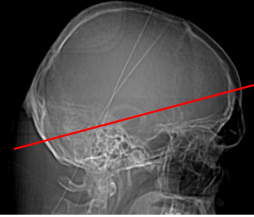


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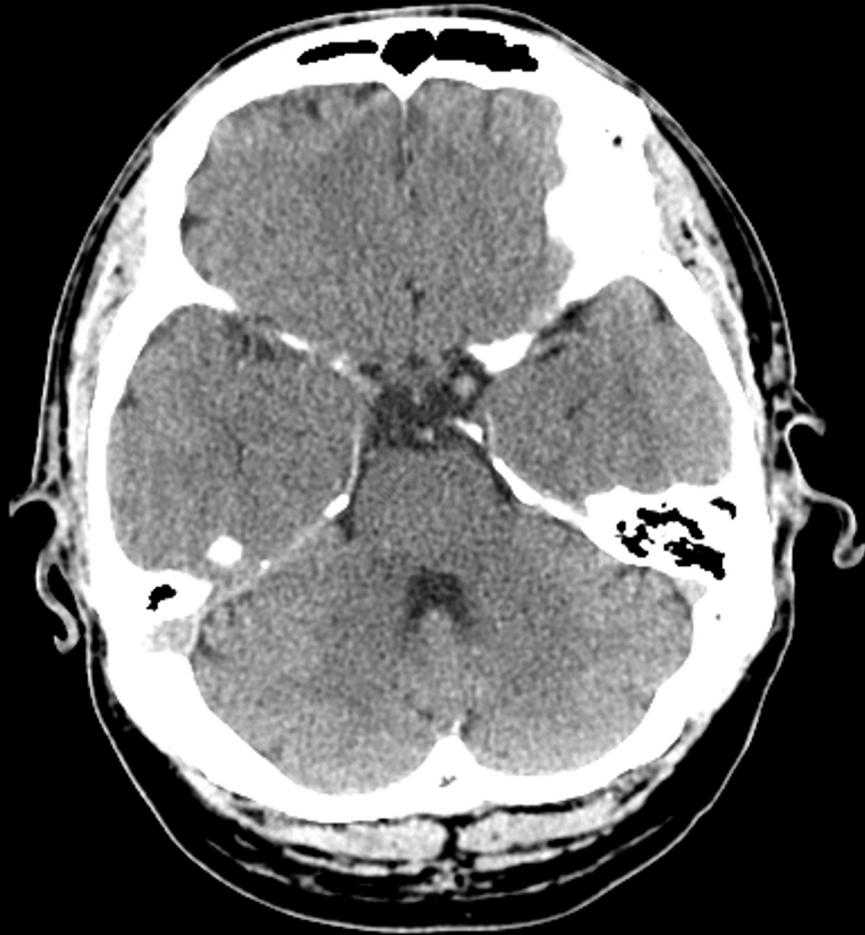


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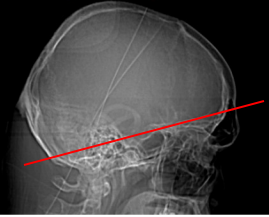


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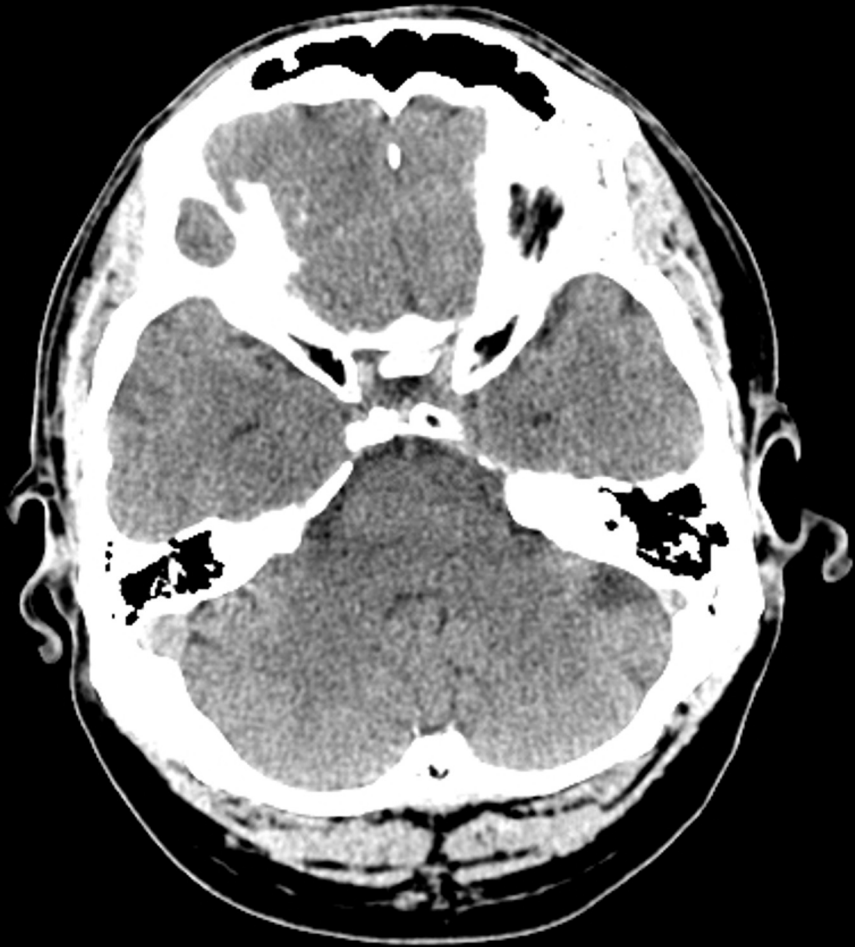


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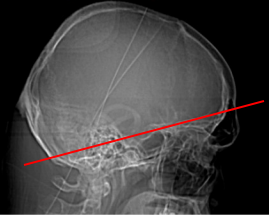


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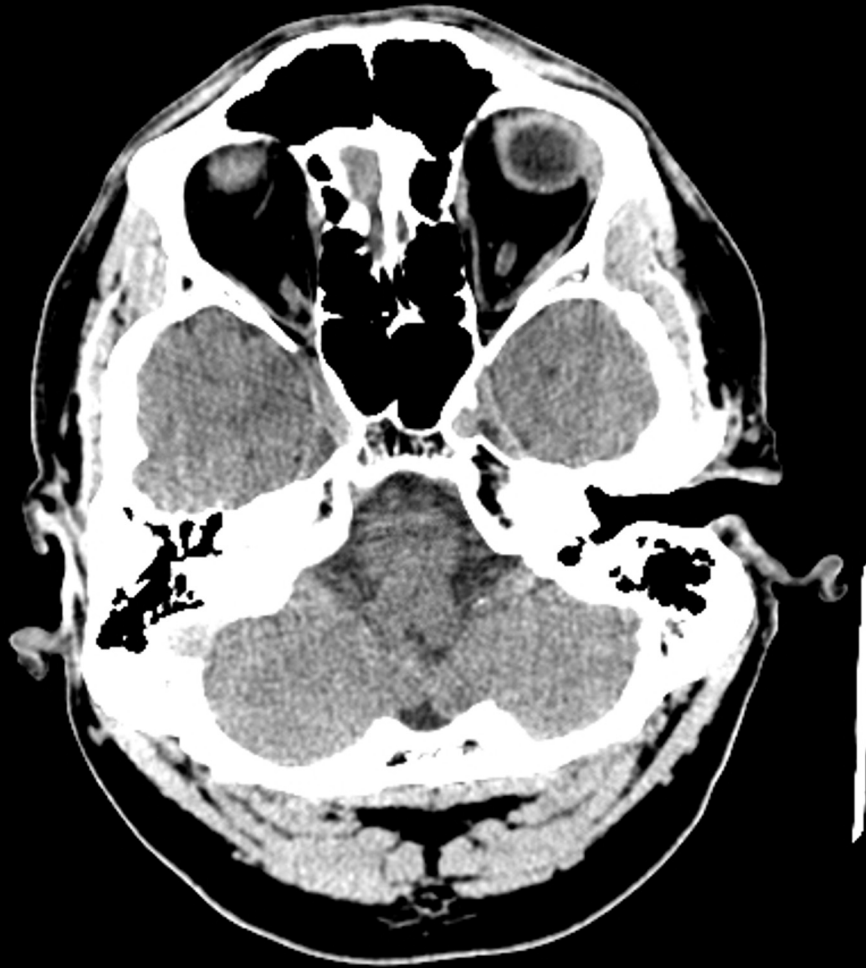


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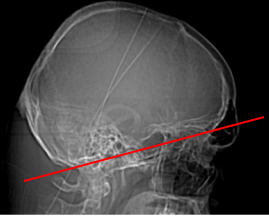


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Warning: Not for diagnostic use



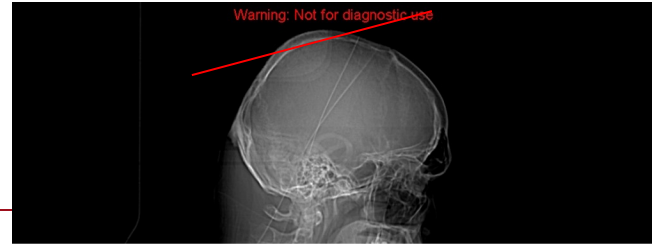
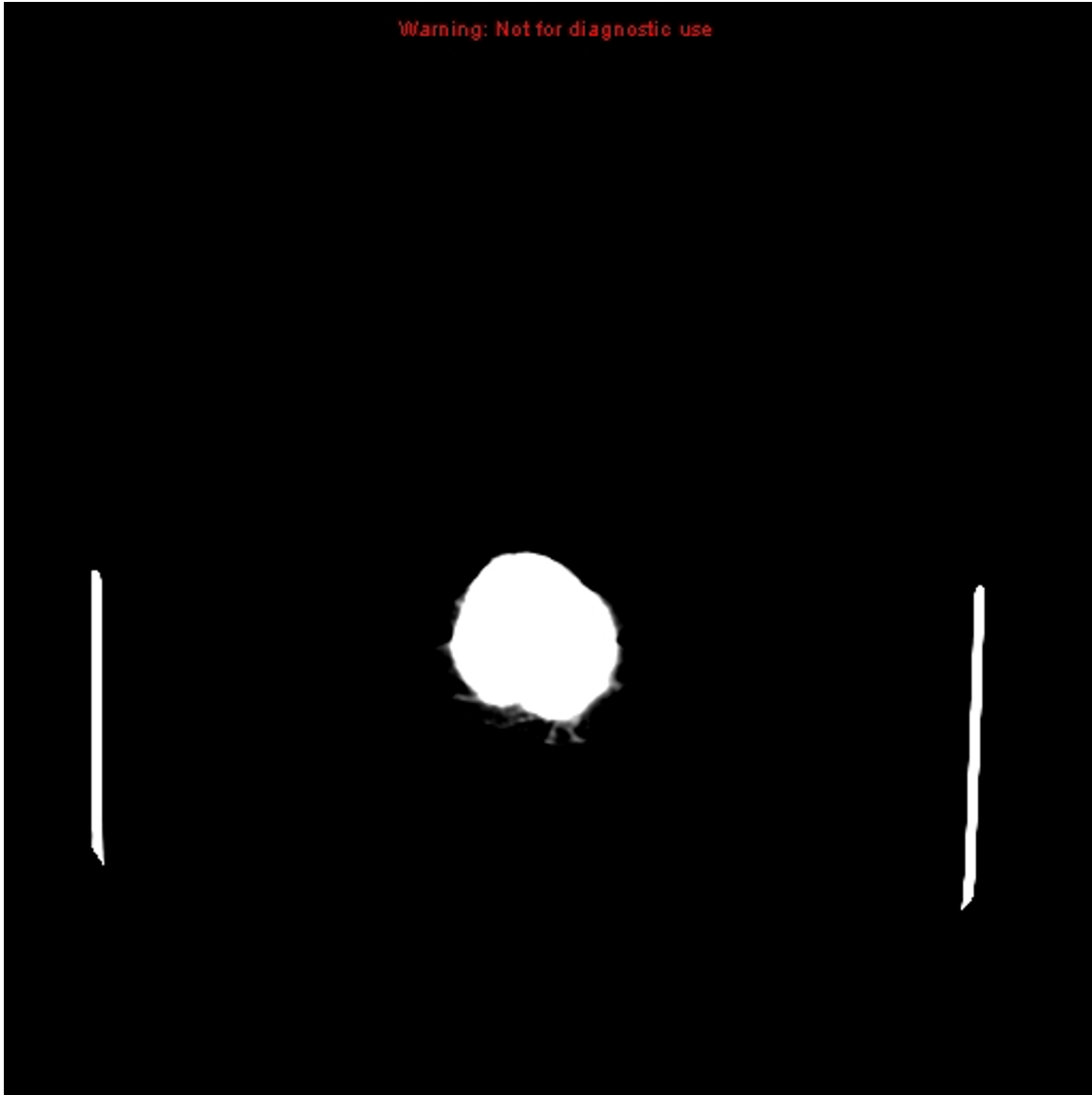
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ANATOMY



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Cephalad



Caudad

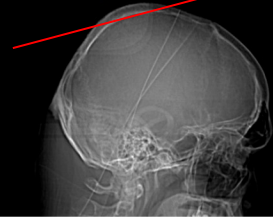


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Warning: Not for diagnostic use

Bone - Parietal

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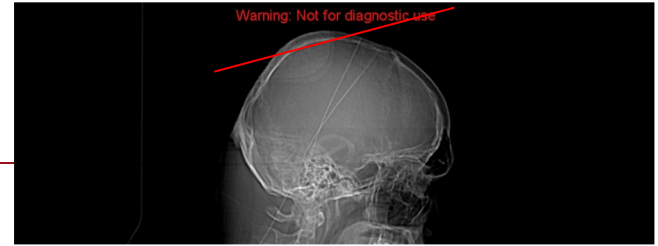


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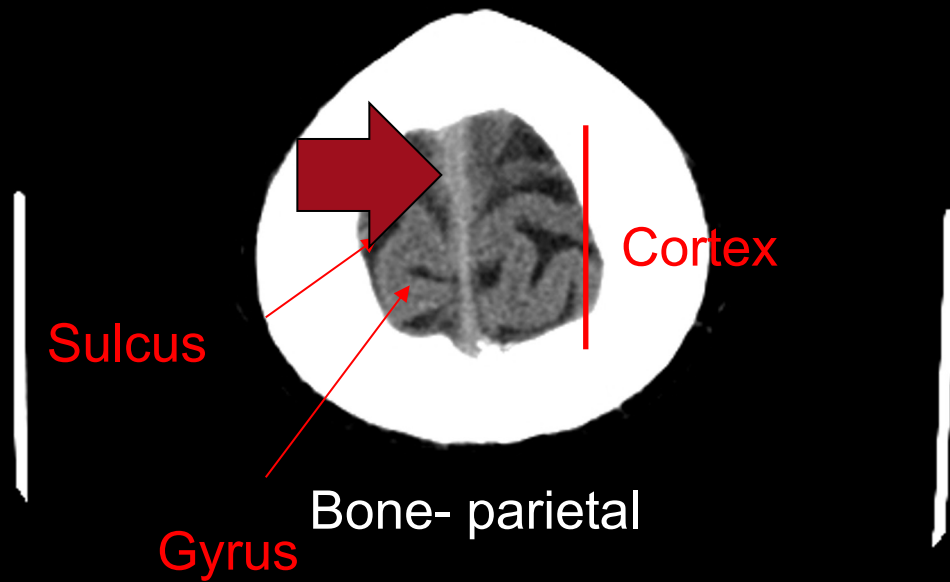
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Bone - Frontal



Warning: Not for diagnostic use



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Bone - Frontal

Falx cerebri



Bone- parietal



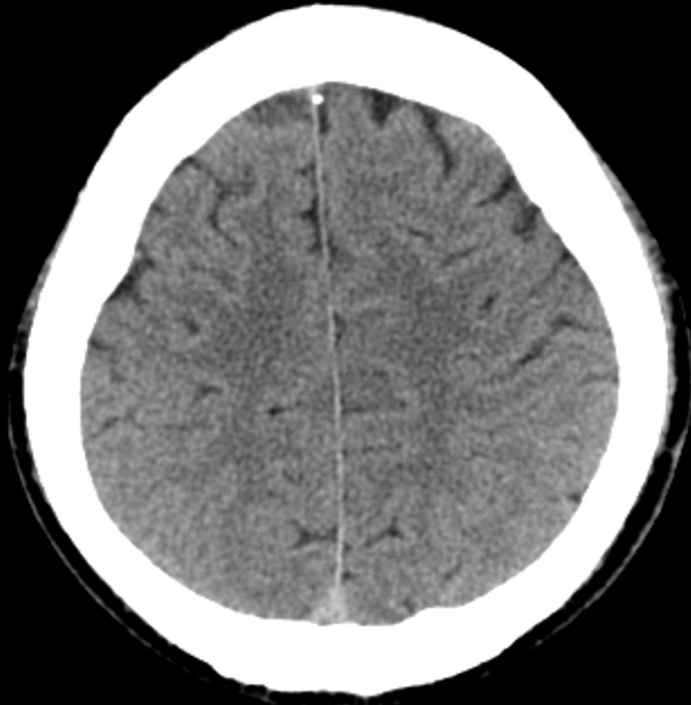
Falx cerebri =
a fold of the dura
that divides the
right and left cortex

Why is the Falx
cerebri more
hyperdense?

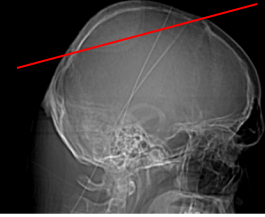


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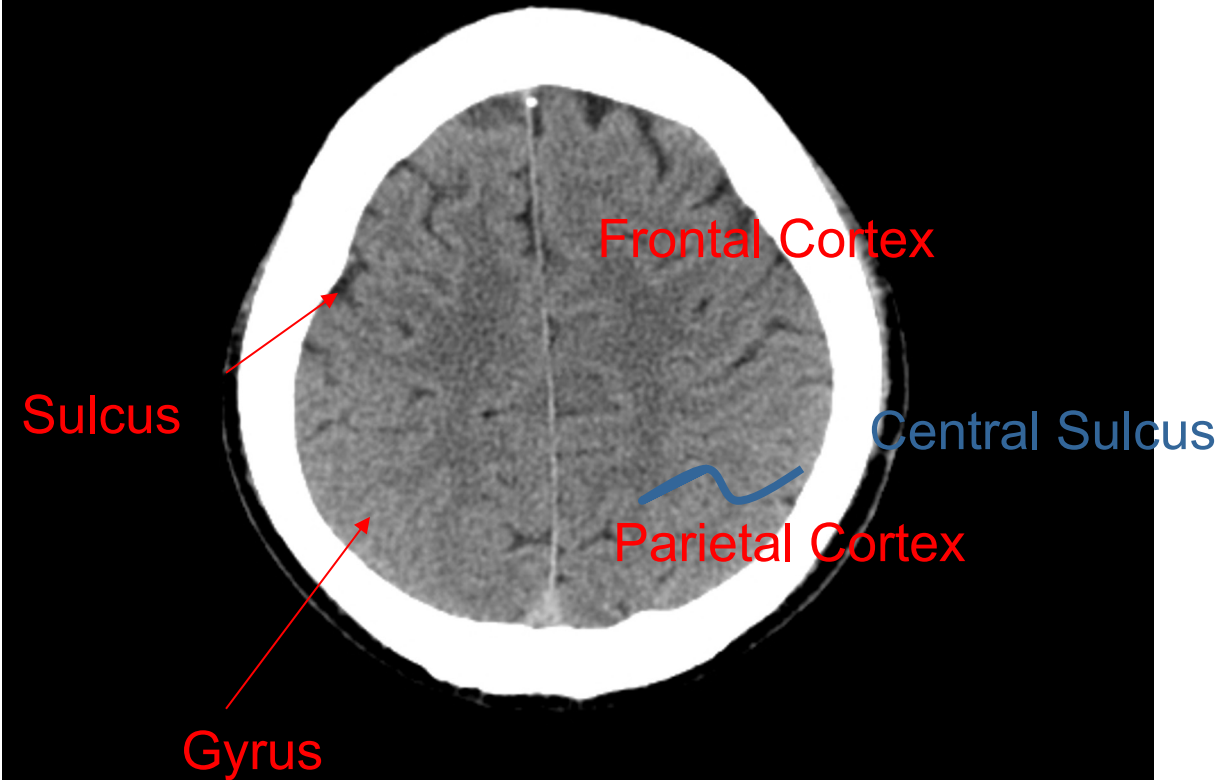


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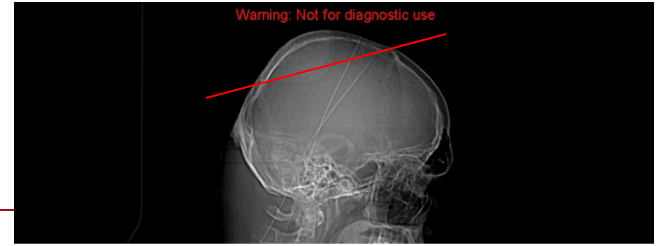


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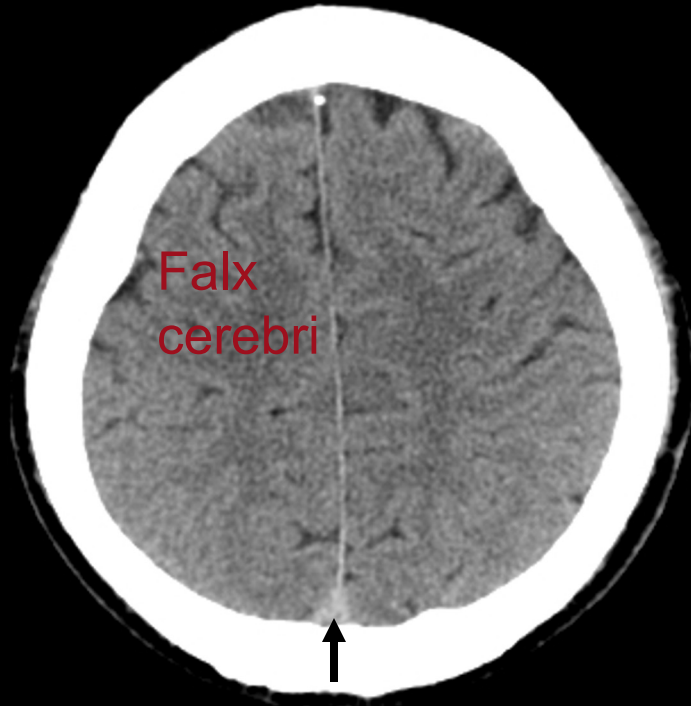


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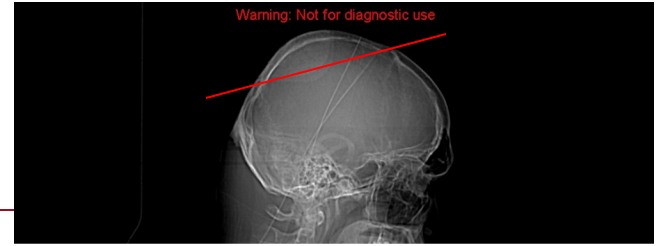


Falx
cerebri

What is this?

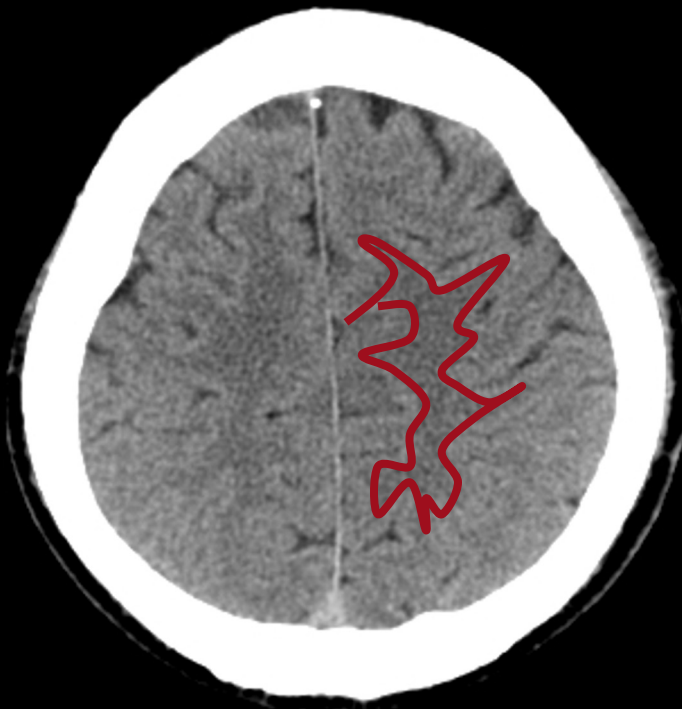
The sagittal sinus in cross section

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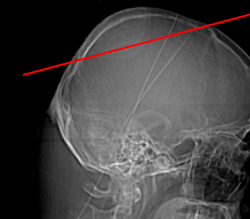
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What is this?

Warning: Not for diagnostic use

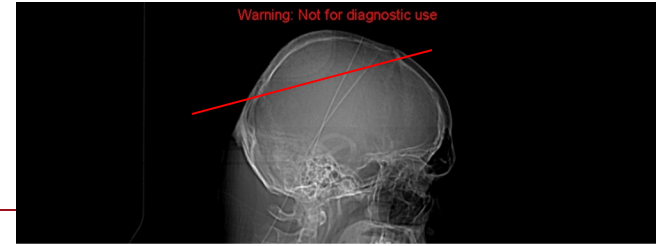


Centrum semiovale = collection of white matter



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Warning: Not for diagnostic use

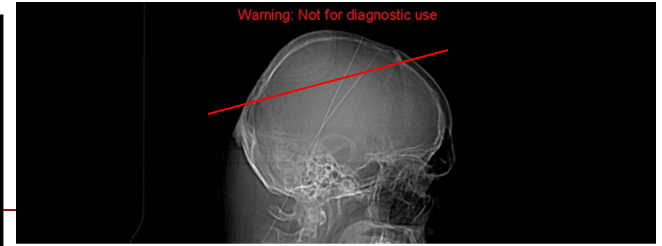
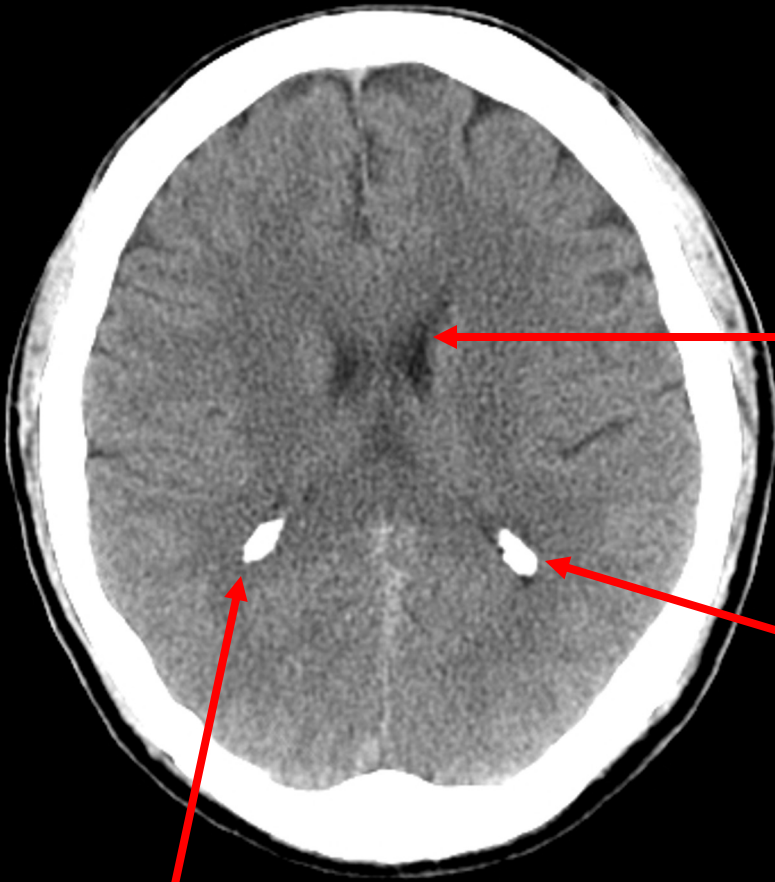
Lateral
ventricle

Falx
cerebri



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Warning: Not for diagnostic use

Anterior horn
Lateral
ventricle

Posterior horn
Lateral
ventricle

Is this hyperdensity
abnormal?

**Choroid
Plexus**

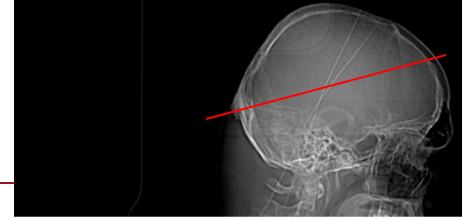


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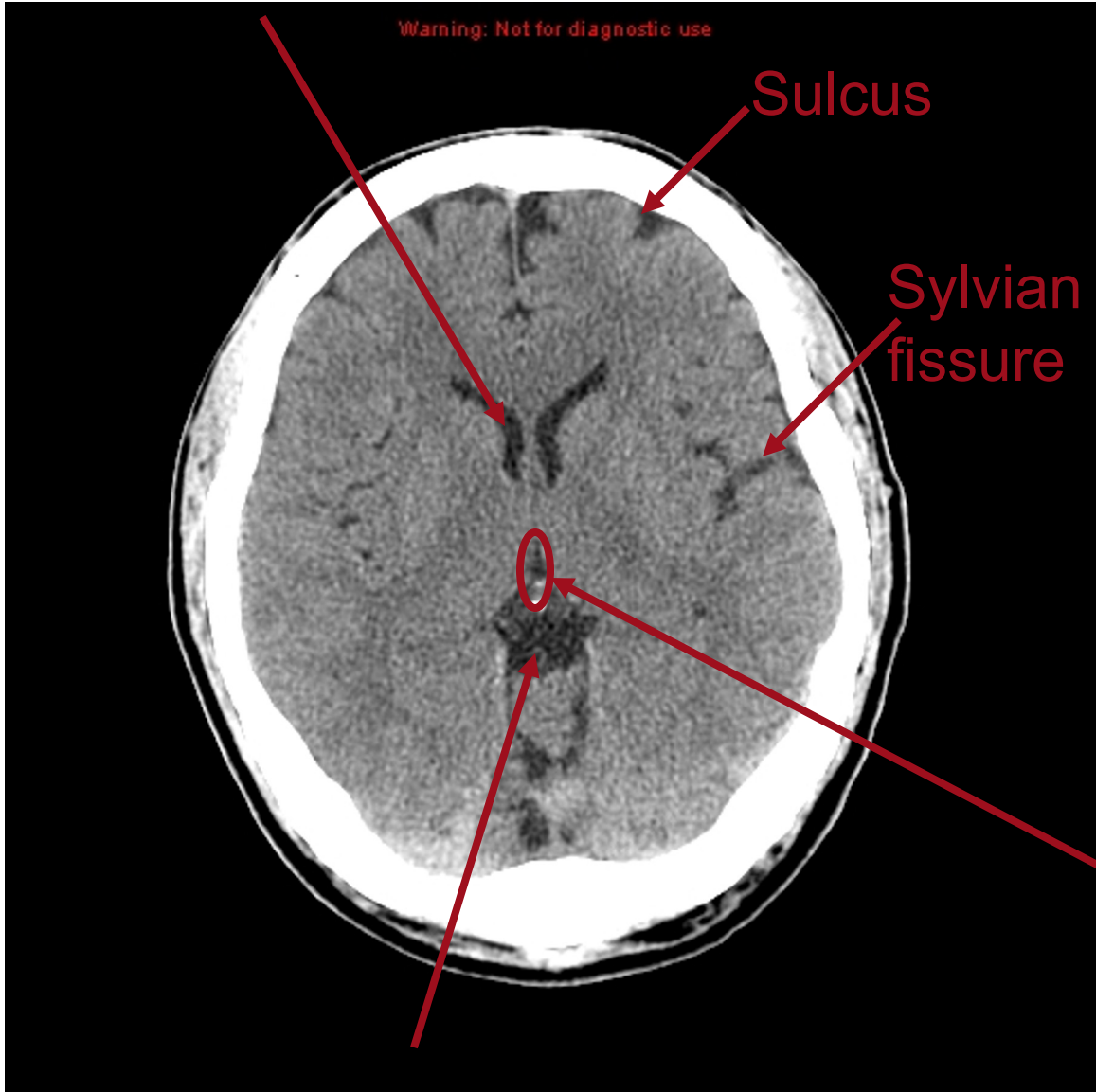


**Identify the
Structures filled with
CSF**



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Anterior horn of lateral ventricle



CSF filled Structures

Third ventricle

Superior cerebellar cistern

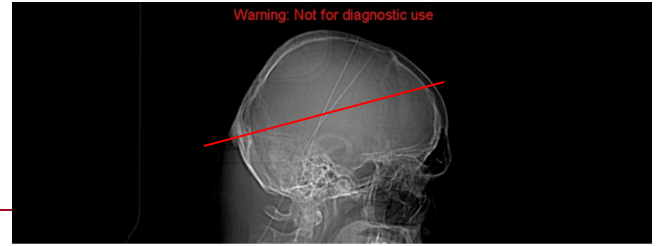


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Warning: Not for diagnostic use



Grey matter?



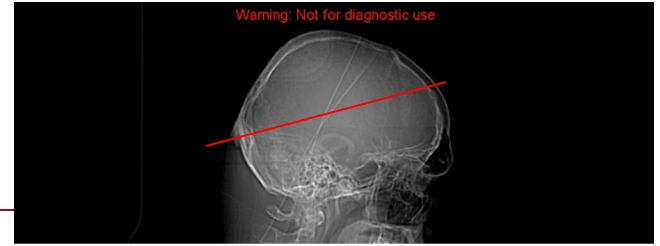
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Cortex

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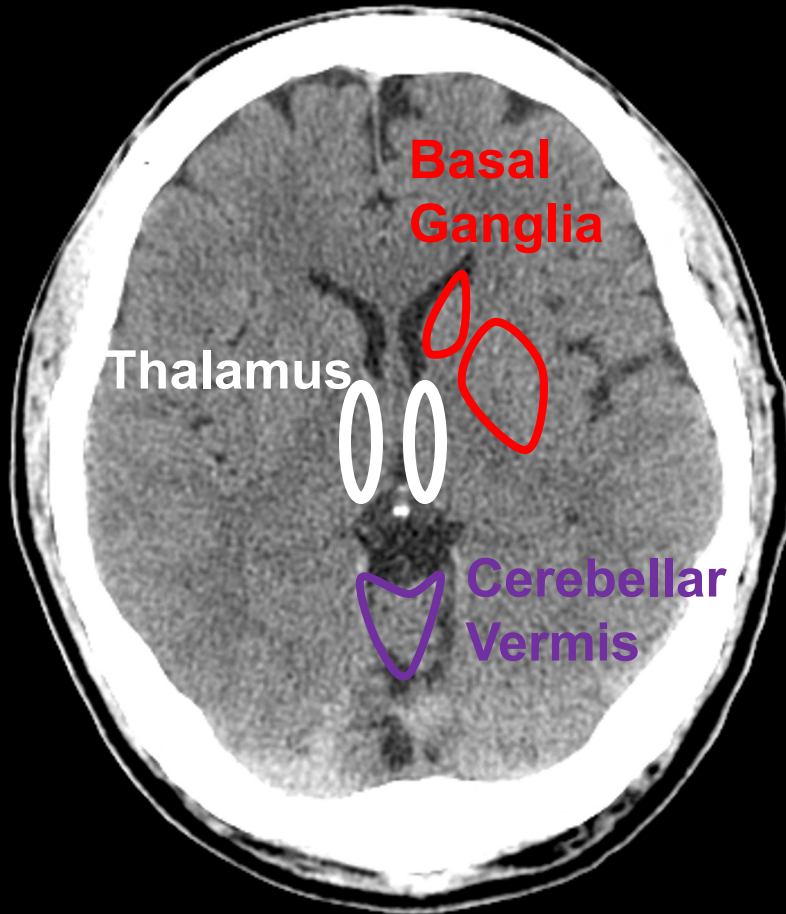


Grey matter

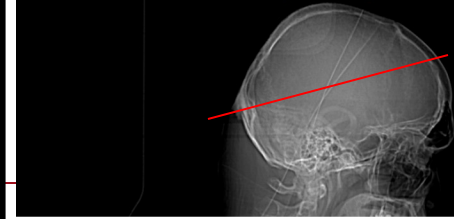


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Warning: Not for diagnostic use



Grey matter

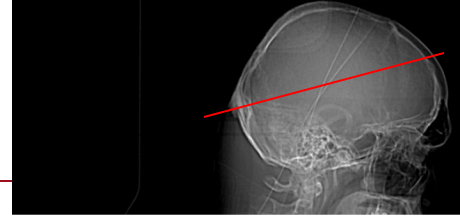


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Warning: Not for diagnostic use

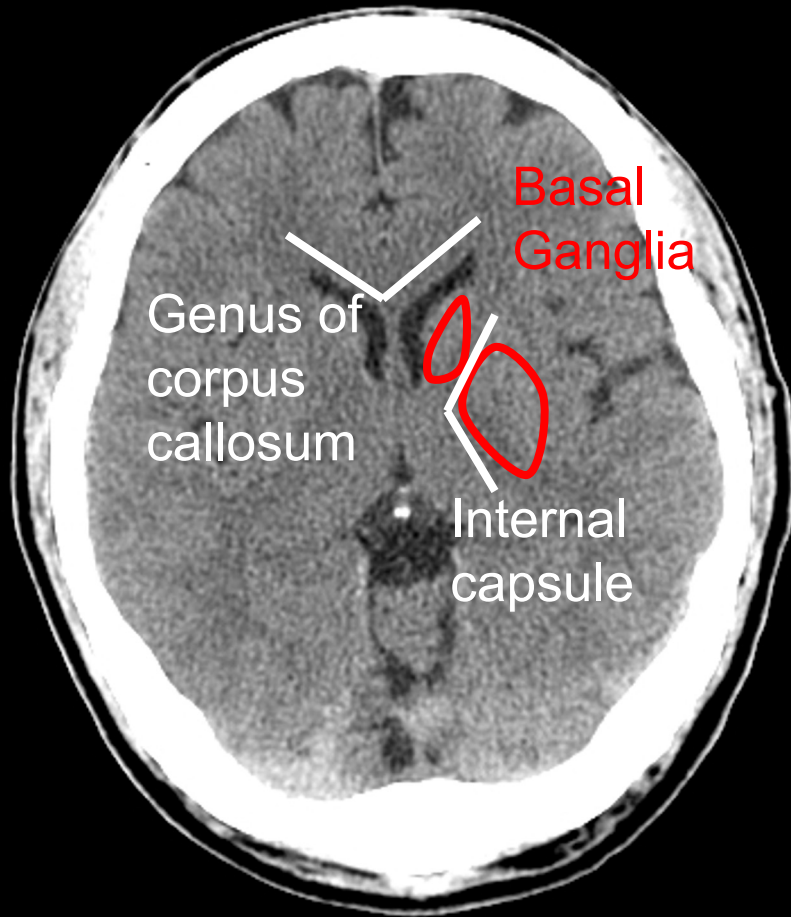


White Matter?

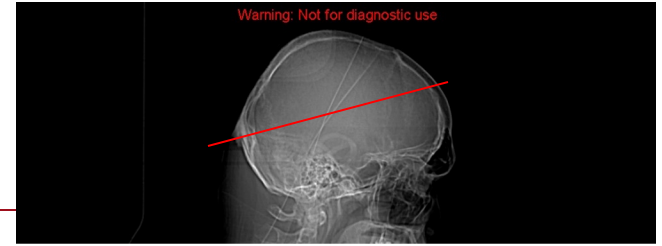


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Warning: Not for diagnostic use

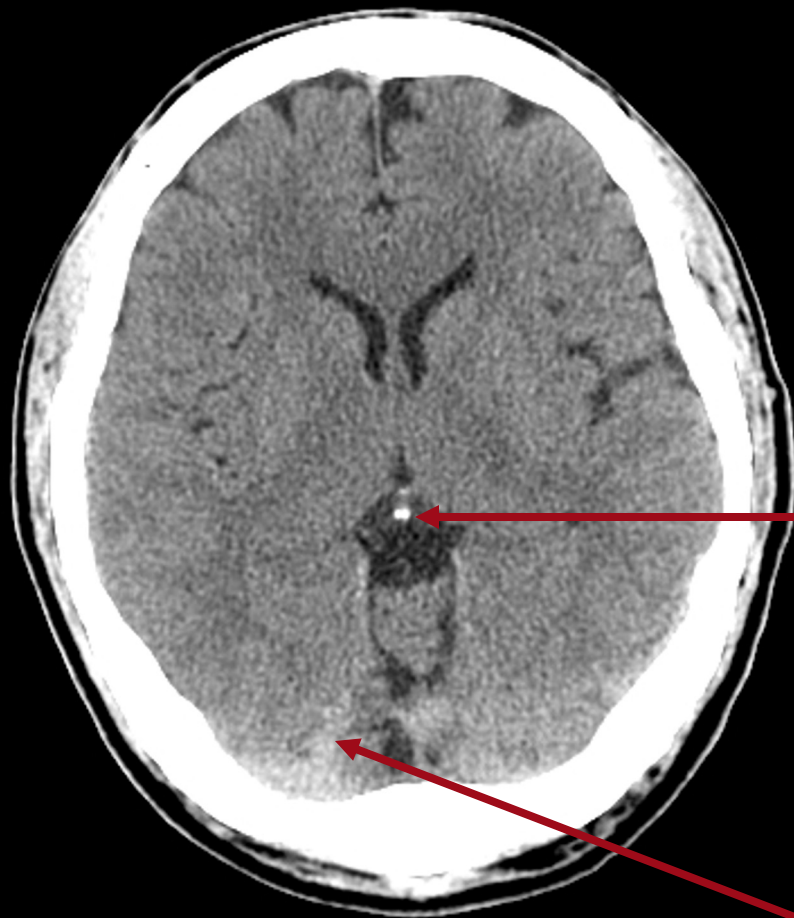


White matter



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Warning: Not for diagnostic use



What is this hyperdensity?

Pineal
Gland

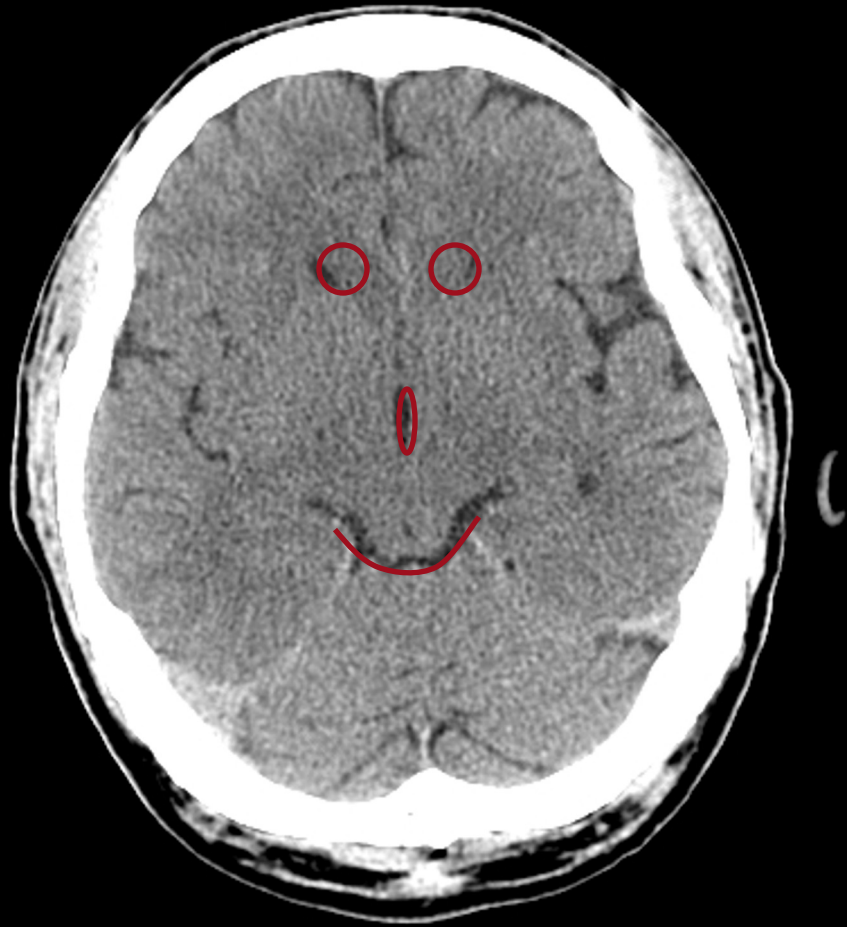
And this one?

Transverse Sinus

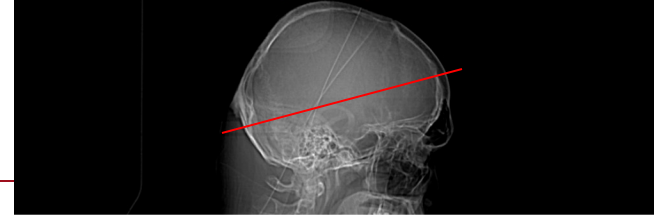


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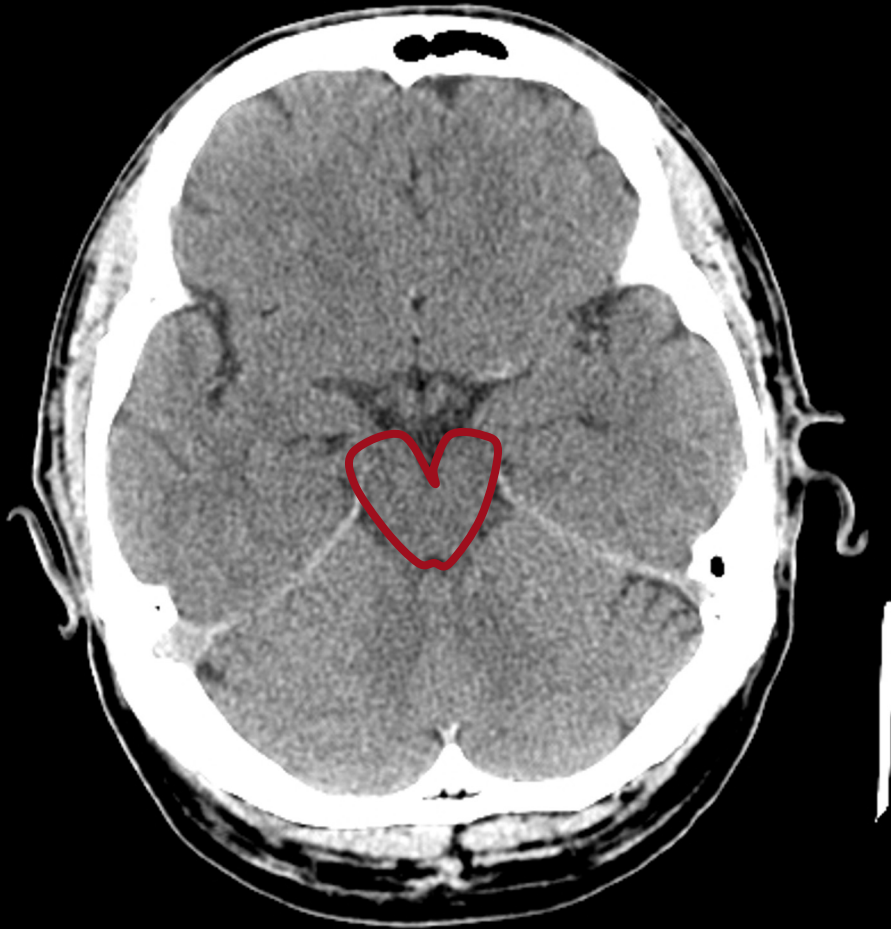


Smiley
Face

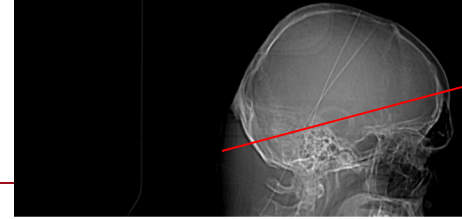


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Warning: Not for diagnostic use



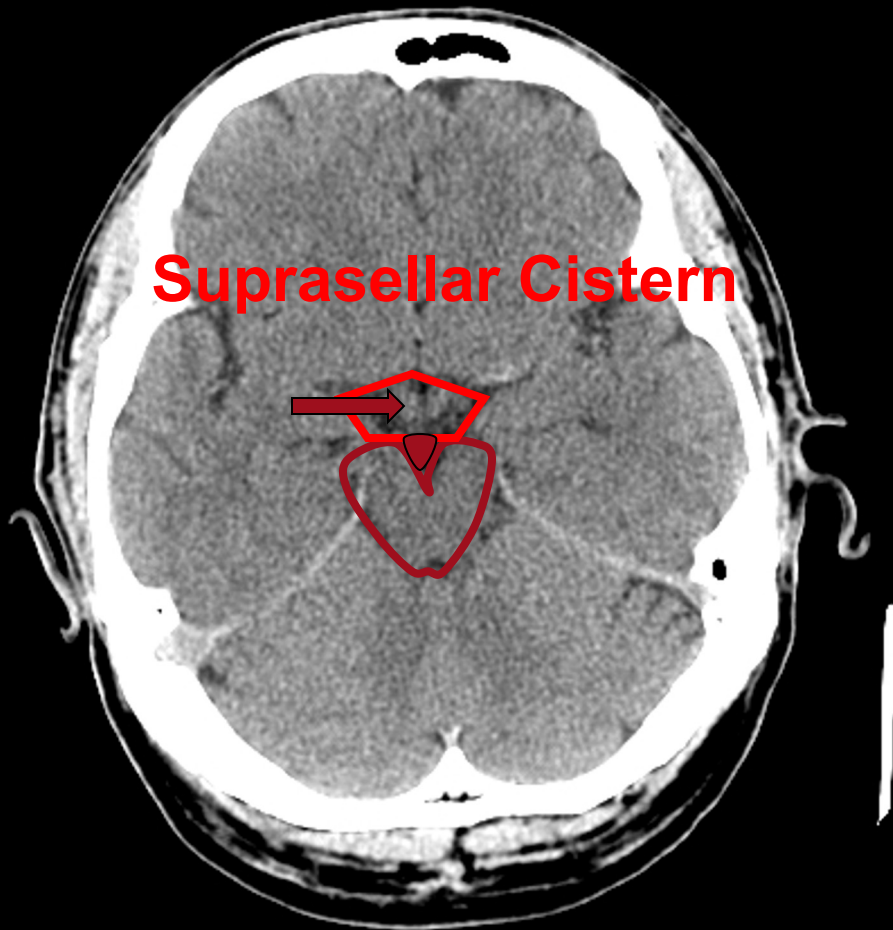
Identify the
midbrain!



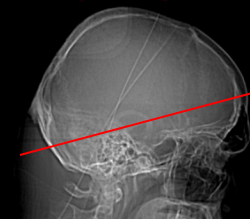
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Suprasellar Cistern



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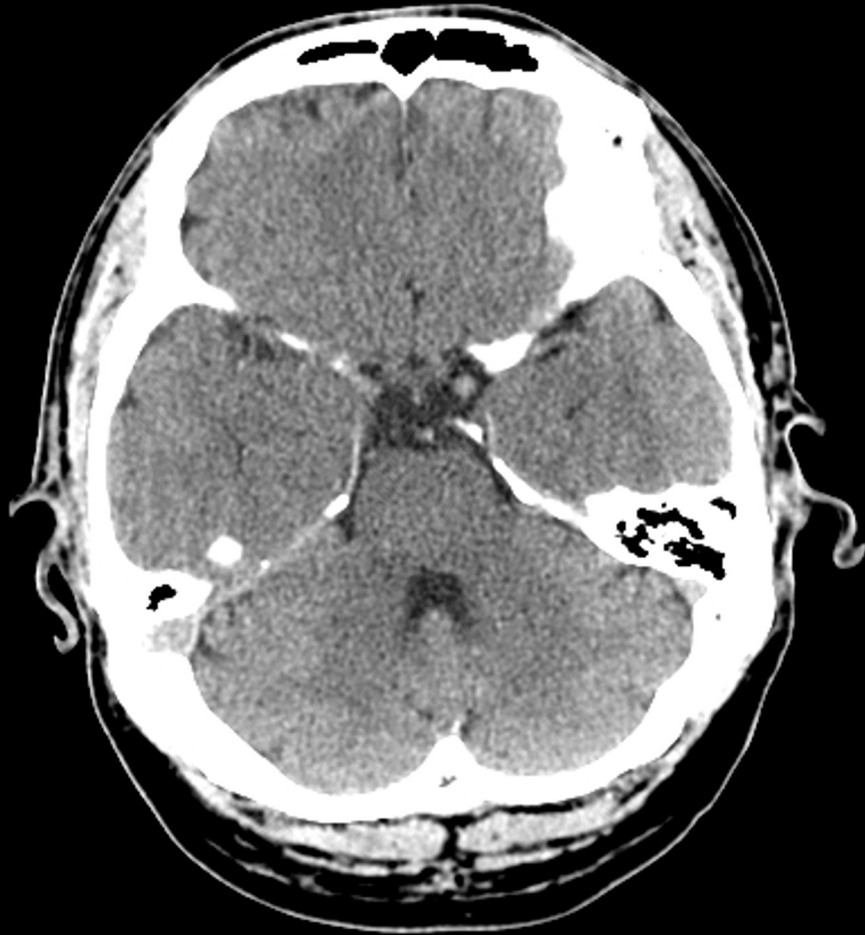


What is important about the suprasellar cistern?

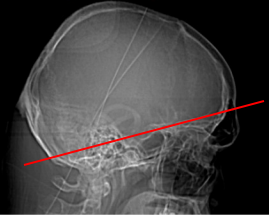


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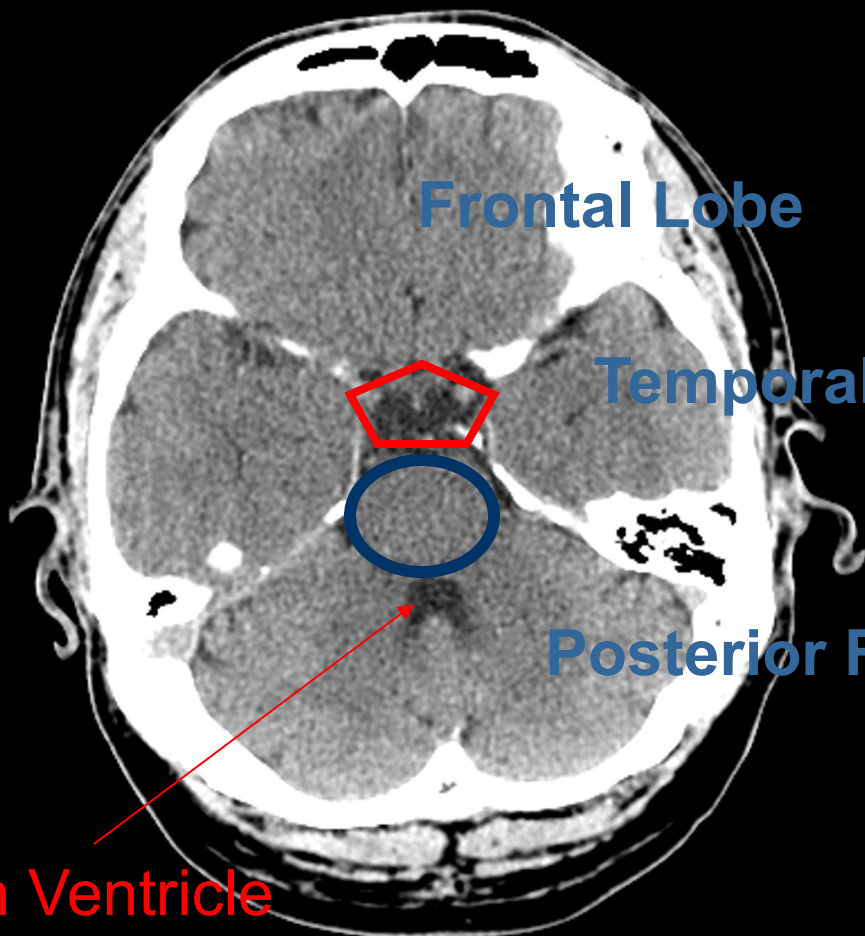


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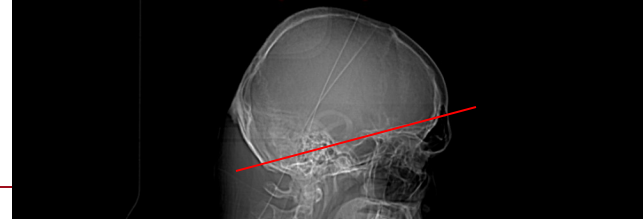
Frontal Lobe

Temporal Lobe

Posterior Fossa = Cerebellum

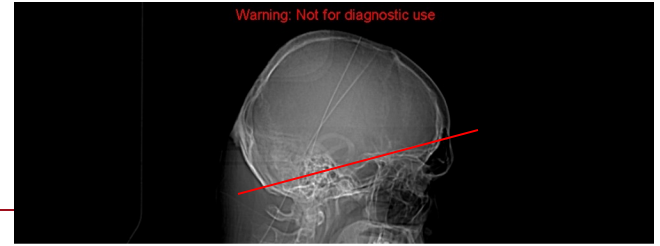
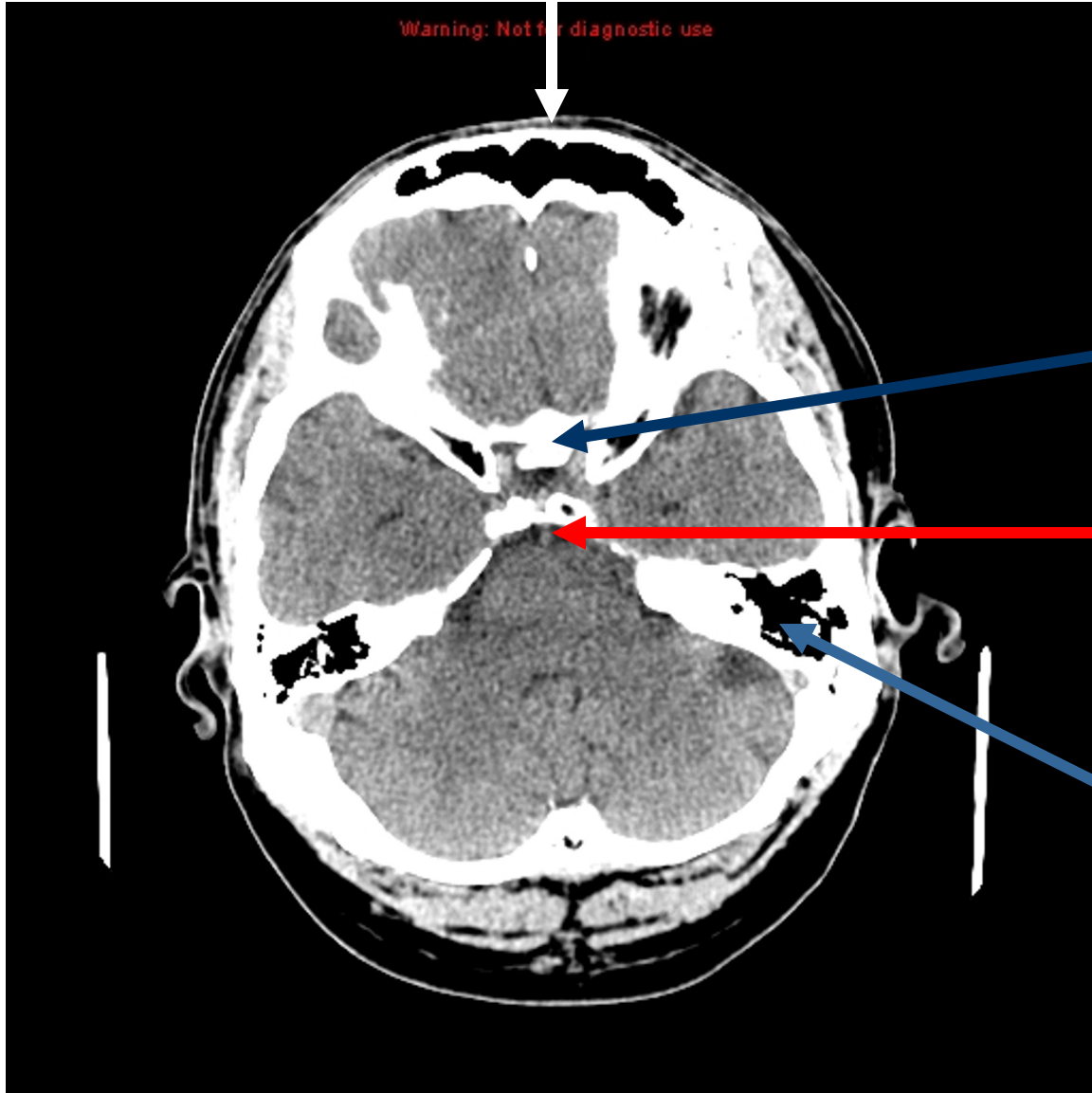
4th Ventricle

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Frontal Sinus



Dorsum Sella

Basilar artery

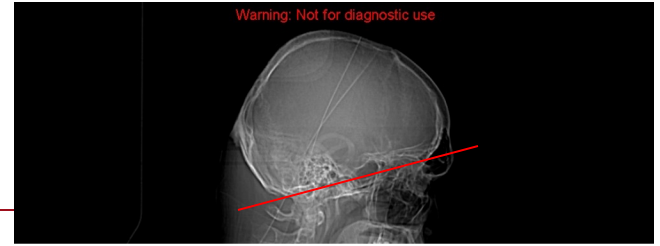
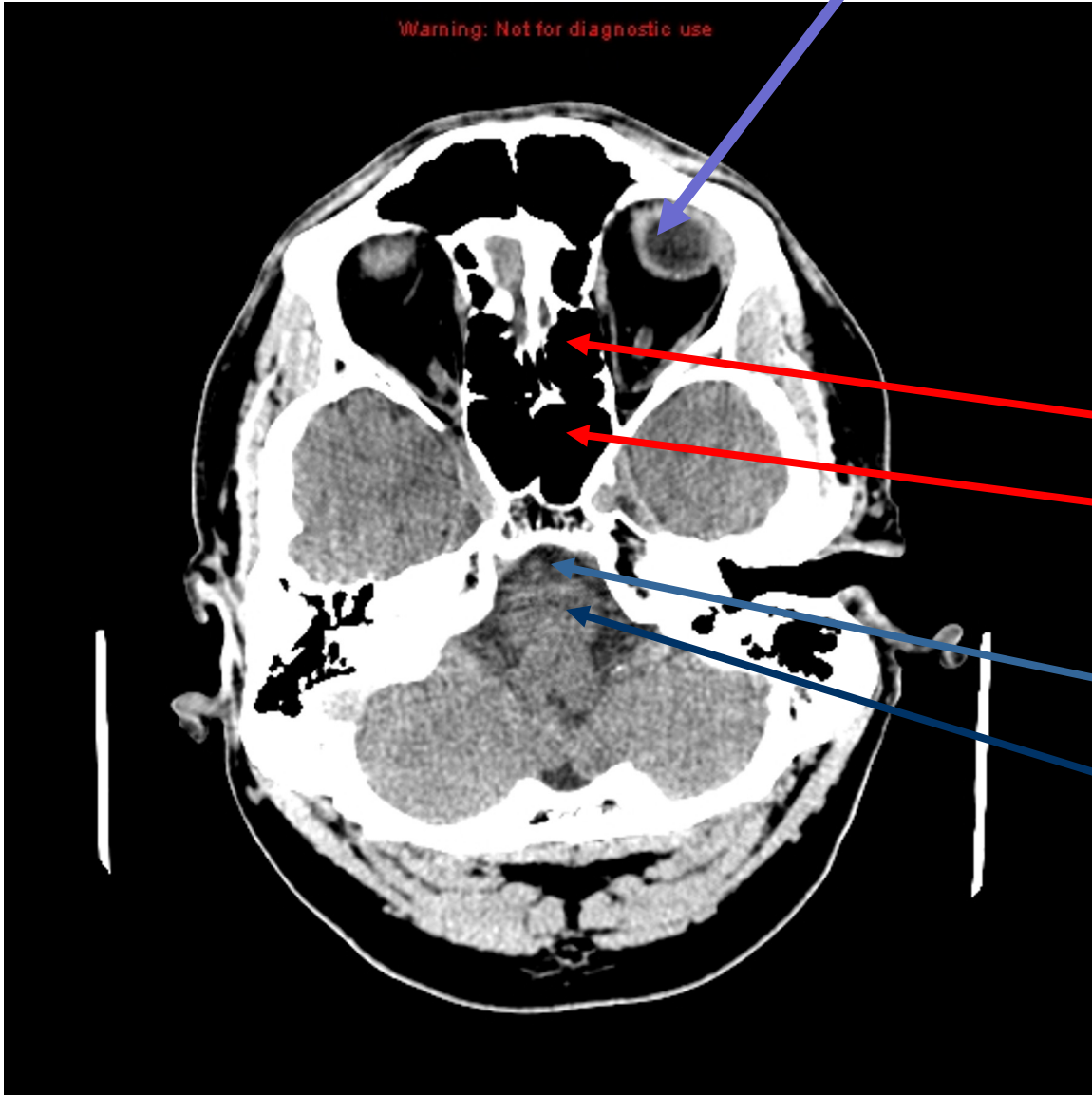
Mastoid Air Cells



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Orbit

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Ethmoid Air Cells

Sphenoid Sinus

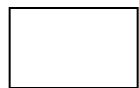
Vertebral arteries

Medulla

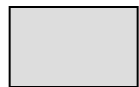


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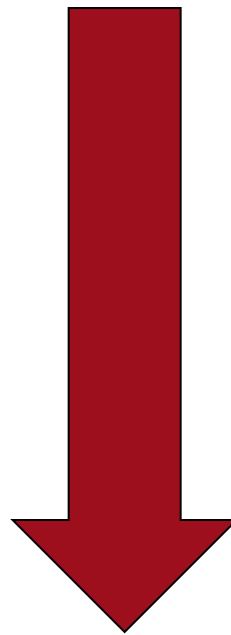
THE BASICS



HYPERDENSE
(White)



HYPODENSE
(Black)



BONE

Blood

Grey Matter

White Matter

Infarct or tumor

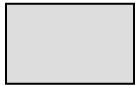
CSF

AIR



Hyperdensities

 **HYPERDENSE**
(White)

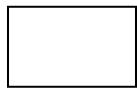


HYPODENSE
(Black)

- **Normal** = Bone, pineal glands and choroid plexus, age-related calcification in arteries
- **Abnormal** = calcifications in tumour, AVM, aneurysms, fresh blood



Hypodensities



HYPERDENSE

(White)



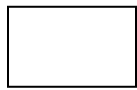
HYPODENSE

(Black)

- Edema
- Infarction
- Resolving hematoma
- Inflammation – encephalitis
- Encephalomalacia



Mixed densities



HYPERDENSE
(White)



HYPODENSE
(Black)

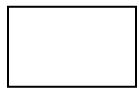
- Tumor
- Abscess
- AVM
- Contusion
- Hemorrhagic infarct



Contrast CT



What are the differences?



HYPERDENSE
(White)



HYPODENSE
(Black)

- Vascular structures become more **hyperdense**
 - Arteries
 - Veins
- Structures outside of blood brain barrier (falx and tentorium) also become more **hyperdense**

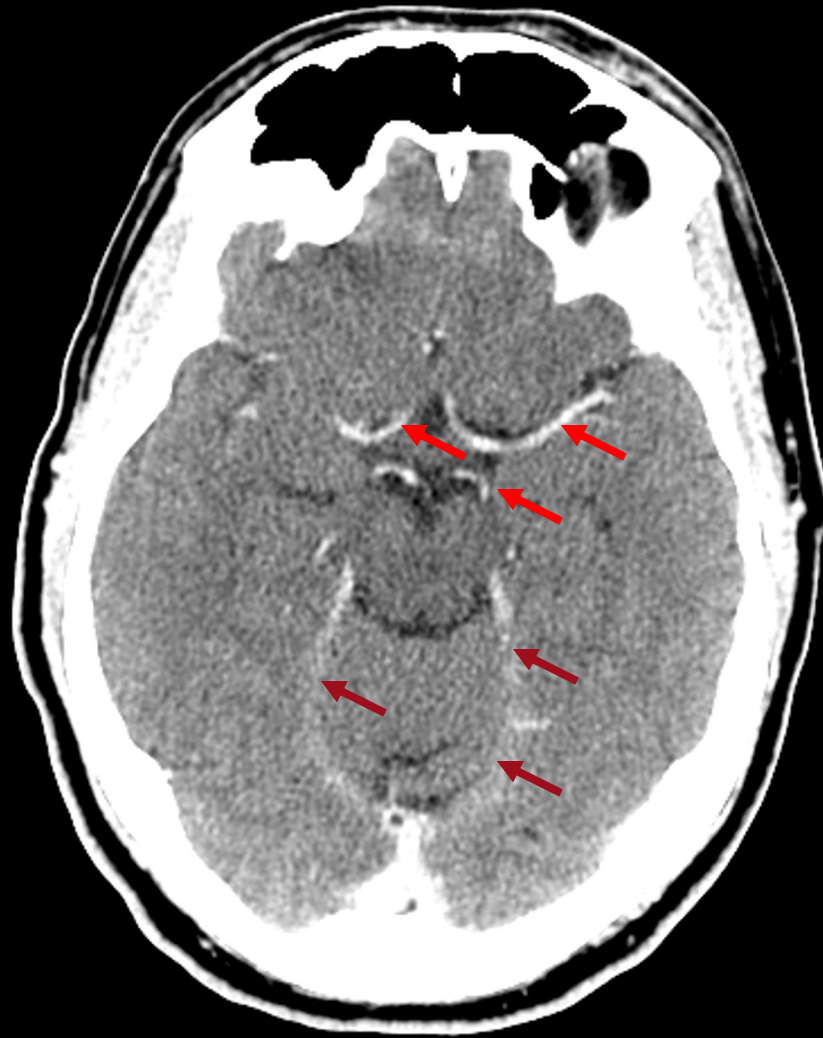


What are the differences?

- Vascular supply to abscesses and some tumours = usually in the periphery of the lesion = **enhancement**
- Extra-axial tumours have **homogenous enhancement** = meningiomas and cranial nerve tumours (e.g. Schwannoma)

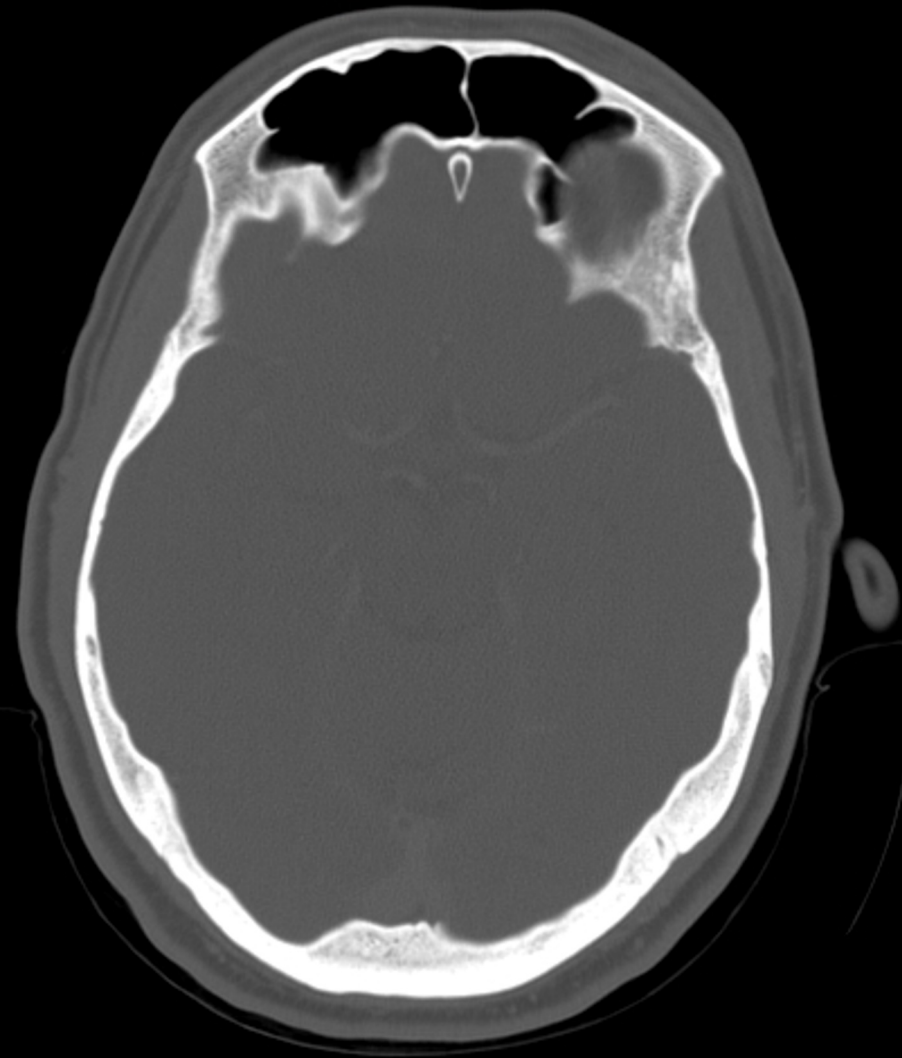


Warning: Not for diagnostic use



Global Health
Emergency Medicine

Warning: Not for diagnostic use



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Emergency Medicine

Trauma

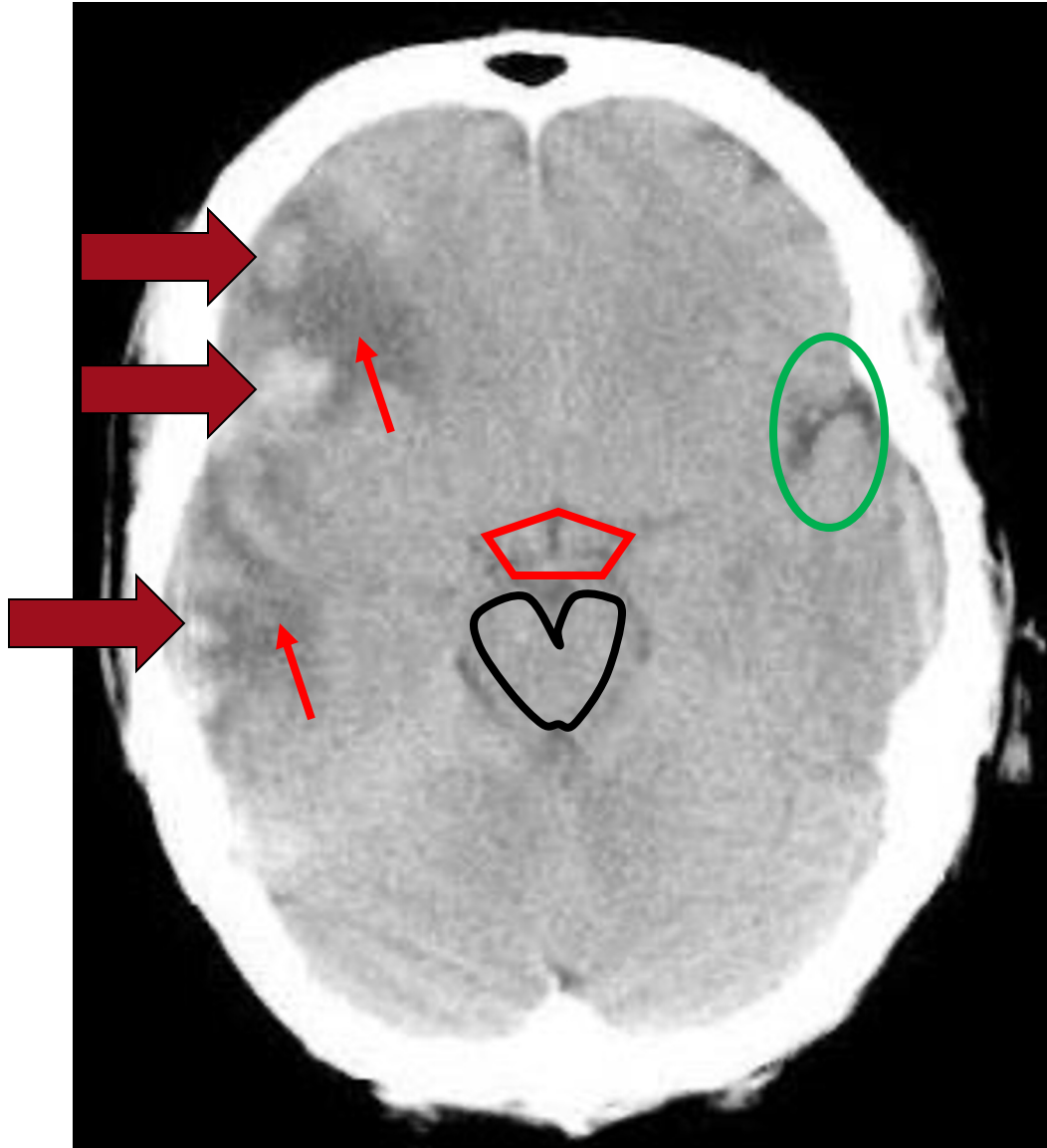


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Approach to Trauma

- Look for **Blood**
 - Soft tissue swelling of scalp can give you a hint
- Look for **Fractures**
 - Look for abnormal “air” = pneumocephalus
- Look for the appearance of **Ventricles** – is there effacement or enlargement
- Look for **edema, midline shift, herniation**





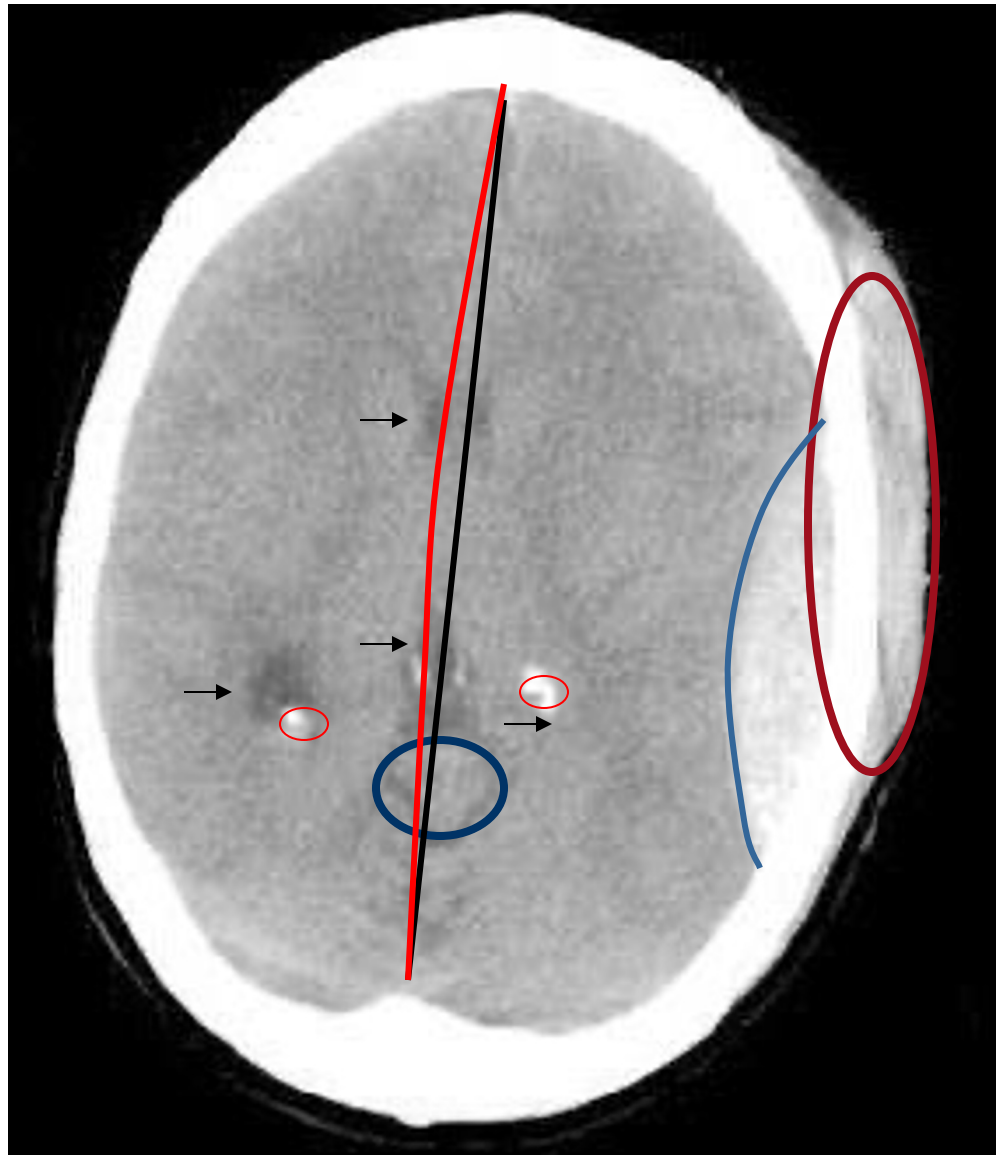
1. Identify the Midbrain

2. Identify the Suprasellar Cistern

3. Identify the Sylvian fissure

4. What are the abnormalities (blood, fractures, ventricles, edema or shift)?





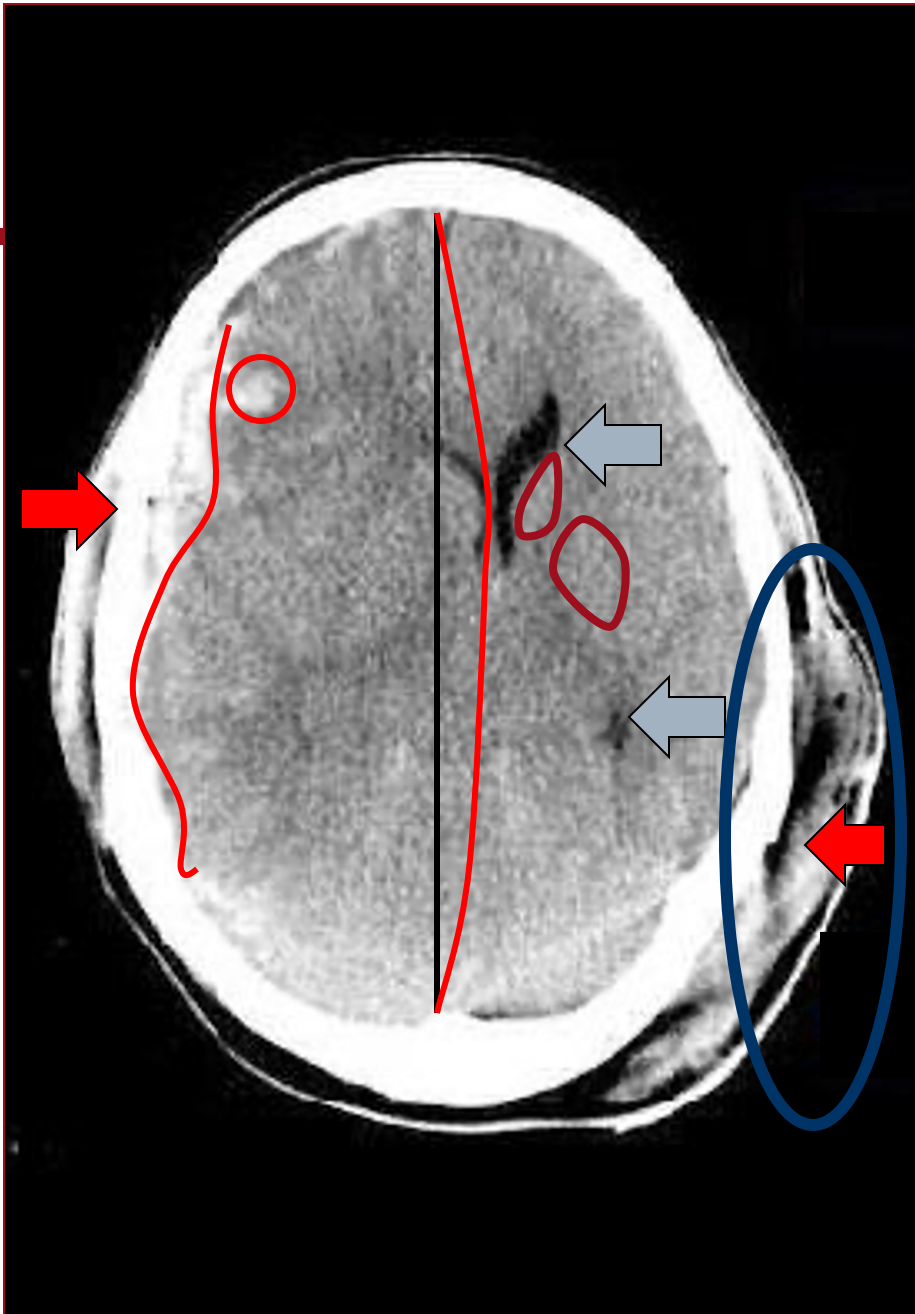
1. Identify the Ventricles

2. Identify the Choroid Plexus

3. Identify the cerebellar vermis

4. What are the Abnormalities (Blood, Fractures, Ventricles, Edema or Shift)?



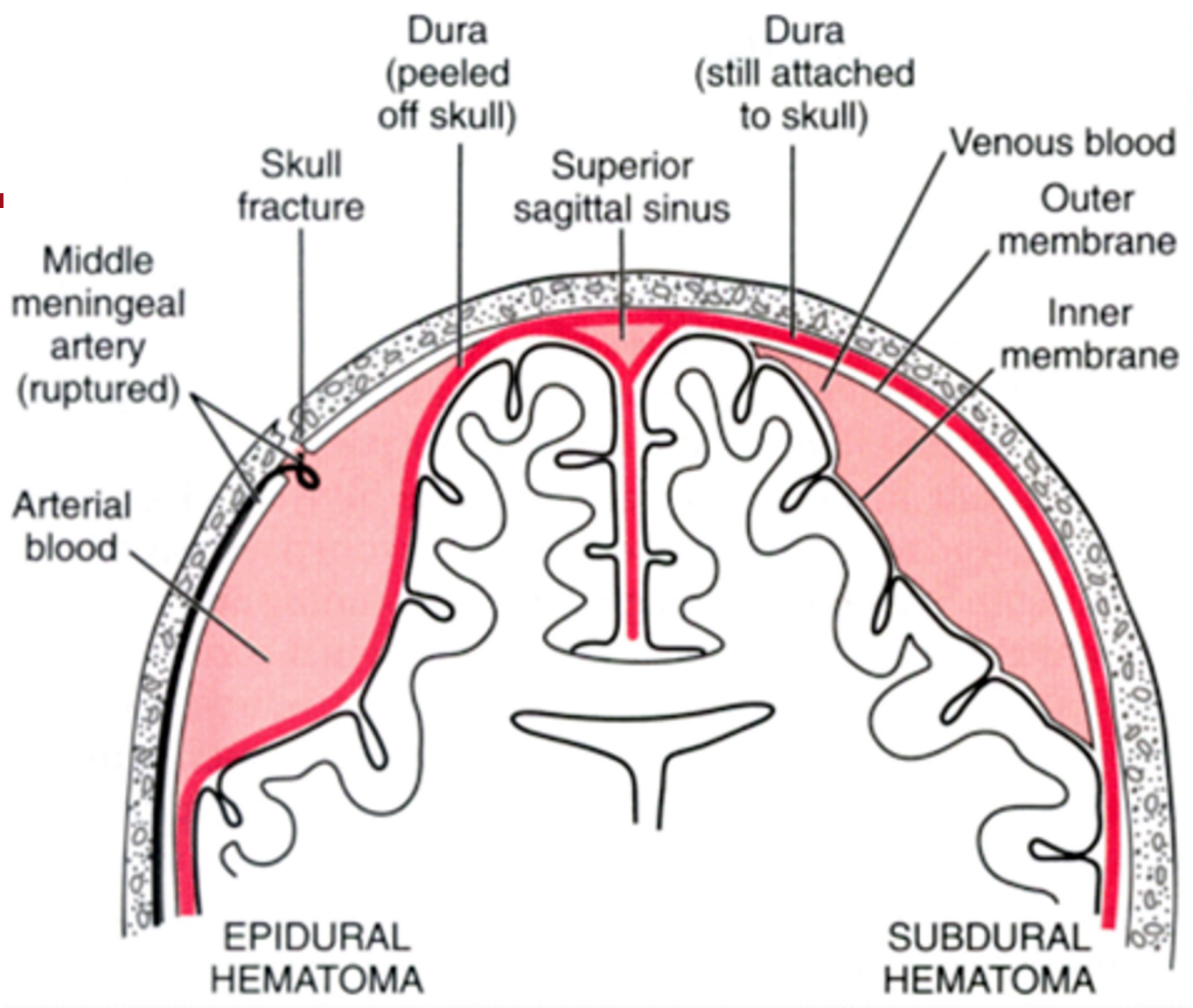


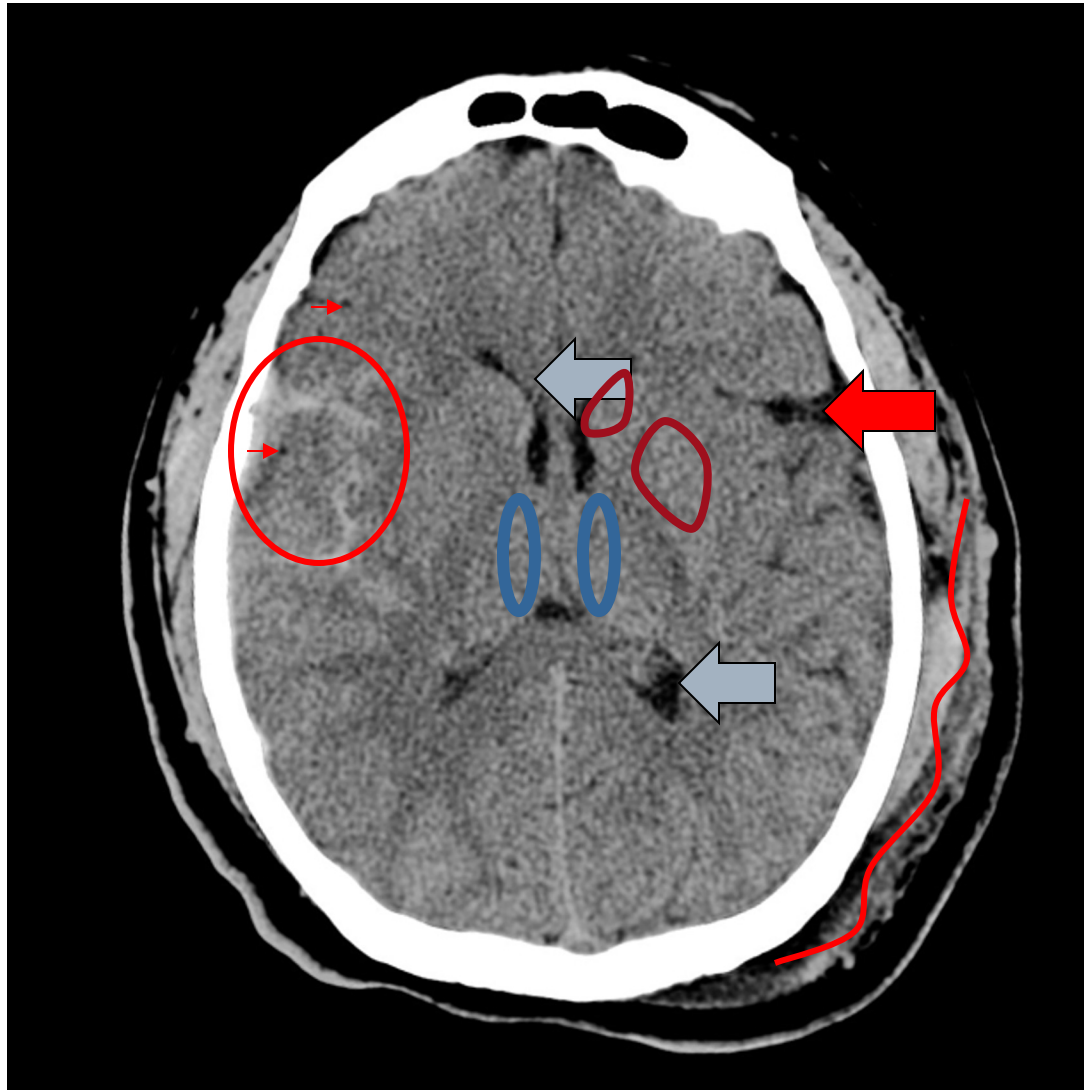
1. Identify the Ventricles

2. Identify the basal ganglia on the left

3. What are the Abnormalities (Blood, Fractures, Ventricles, Edema or Shift)?







1. Identify the Lateral Ventricles

2. Identify the basal ganglia

3. Identify the thalamus

4. What are the Abnormalities (Blood, Fractures, Ventricles, Edema or Shift)?





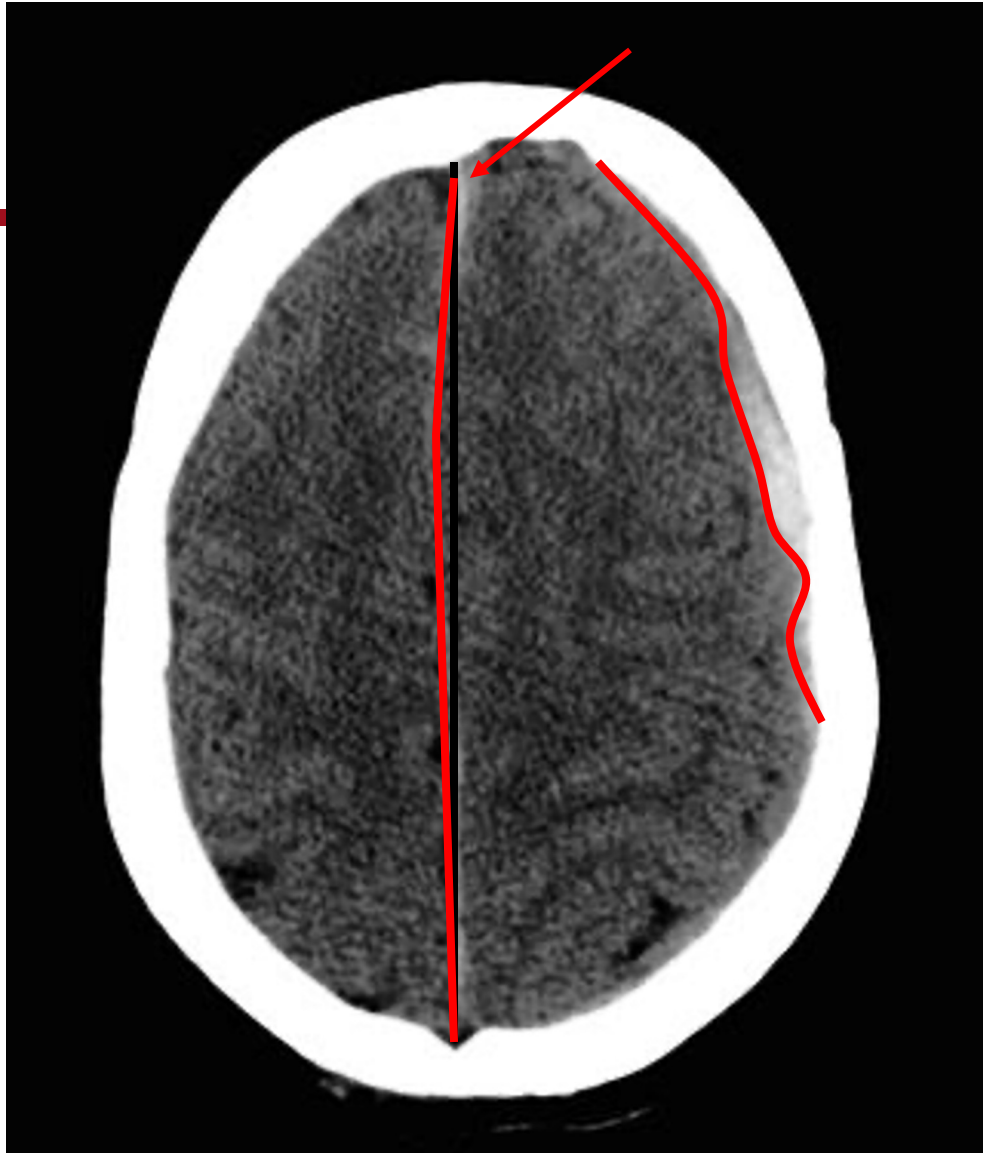
1. Identify the quadrigeminal cistern

2. Identify the basal ganglia

3. Can you identify the sylvian fissure?

4. What are the Abnormalities?





What are the
Abnormalities?



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Emergency Medicine

Blood in Trauma

	Epidural	Subdural	Parenchymal	Subarachnoid
Location				
Shape				
Crosses sutures				
Crosses midline				



Blood in Trauma

	Epidural	Subdural	Parenchymal	Subarachnoid
Location	Outside of the Dura			
Shape	Lens (biconvex)			
Crosses sutures	No			
Crosses midline	Yes			



Blood in Trauma

	Epidural	Subdural	Parenchymal	Subarachnoid
Location	Outside of the Dura	Under the Dura		
Shape	Lens (biconvex)	Crescent		
Crosses sutures	No	Yes		
Crosses midline	Yes	No		



Blood in Trauma

	Epidural	Subdural	Parenchymal	Subarachnoid
Location	Outside of the Dura	Under the Dura	Parenchyma	
Shape	Lens (biconvex)	Crescent	Depends	
Crosses sutures	No	Yes	N/A	
Crosses midline	Yes	No	N/A	



Blood in Trauma

	Epidural	Subdural	Parenchymal	Subarachnoid
Location	Outside of the Dura	Under the Dura	Parenchyma	Under the arachnoid
Shape	Lens (biconvex)	Crescent	Depends	Follows shape of sulci (if large enough can enter ventricles and cisterns)
Crosses sutures	No	Yes	N/A	N/A
Crosses midline	Yes	No	N/A	N/A



Subdural Hematoma

- Acute
 - Hyperdense
- Subacute
 - Isodense
- Chronic
 - Hypodense

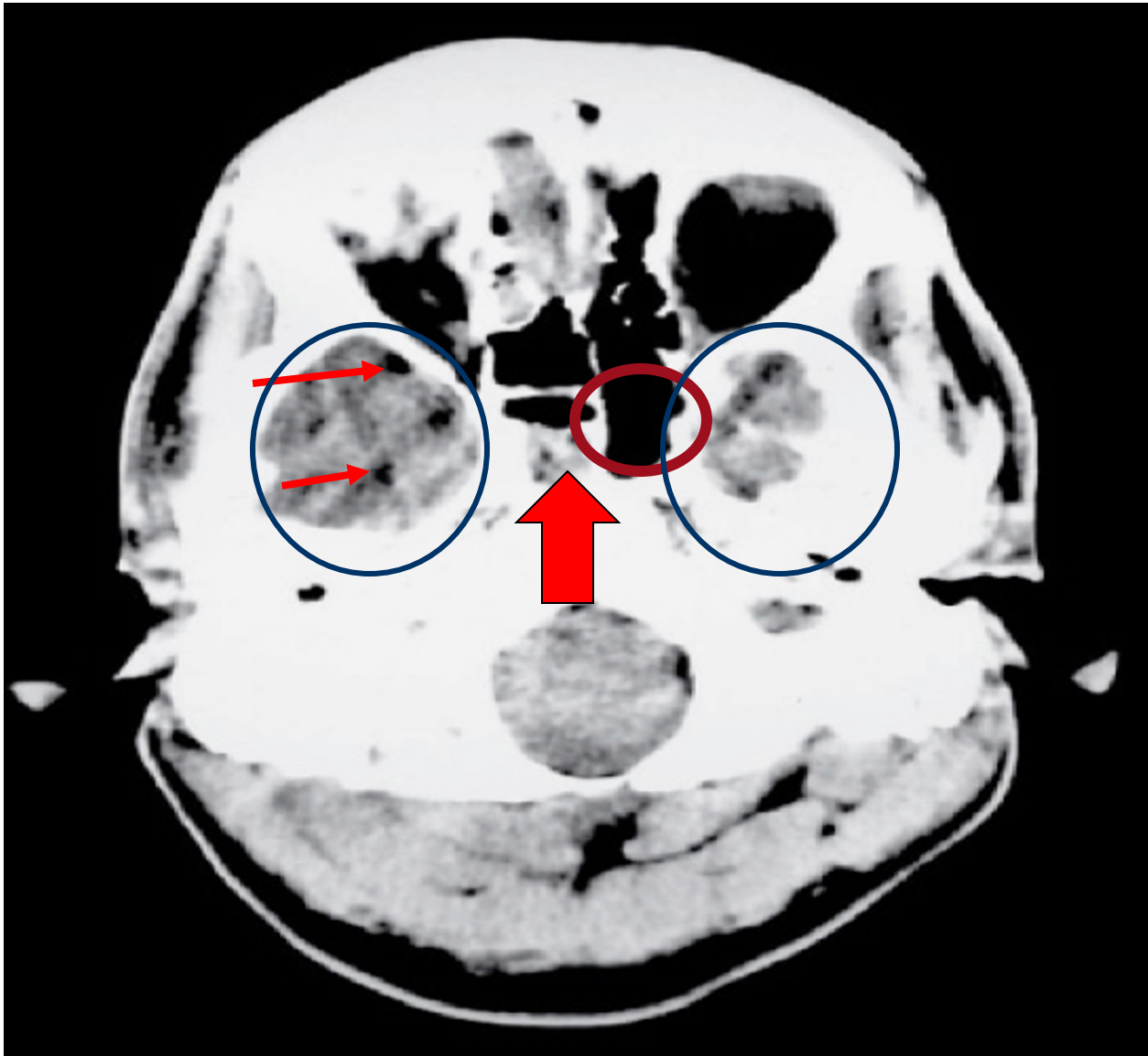




Where is the
Subdural
hematoma?



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1. Identify the temporal cortex
2. Identify the Sphenoid sinus
3. What are the Abnormalities?



Indirect CT Head Findings of Basilar Skull Fracture

- Pneumocephalus
- Air/fluid levels sphenoid sinuses
- Mastoid air cell opacification



HiSpeed CT/i SYS#CT12

AS

San Francisco General Hospital

Ex: 9425

Se: 2

OM 112.0

Im: 76

DFOV 23.1cm

STND/I

R

1

1

5

L

1

1

5

kv 120

mA 200

Head

3.0 mm

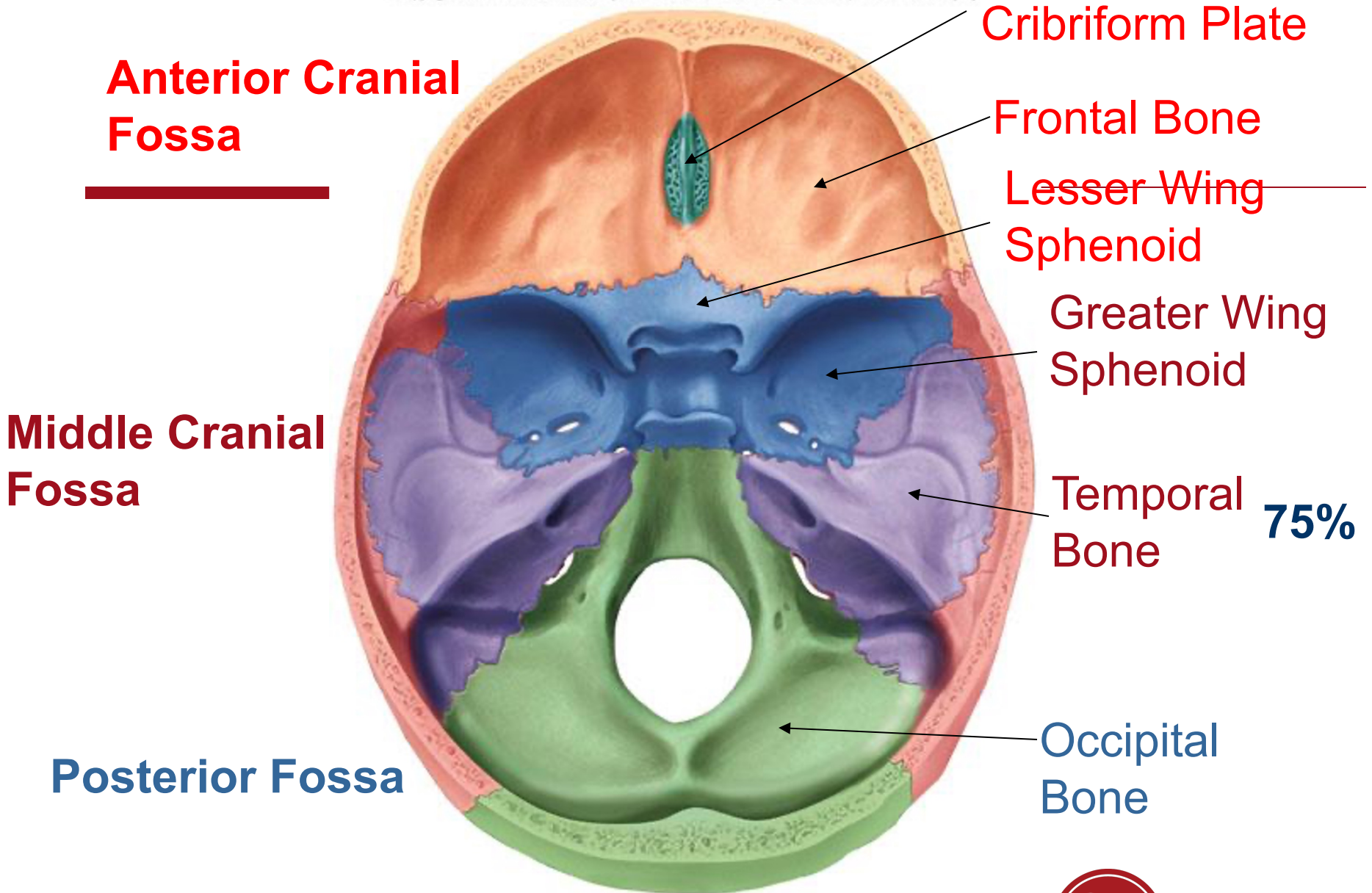
Tilt : 8.0

2.0 s 03:41:05 PM

W:2000 L:500

PI





(b) Superior view of cranial floor

Summary

- Develop a systematic approach
- Practice CT anatomy
 - Your best weapon against missing abnormalities
 - Look for landmarks - Ventricles, Sylvian fissure, midbrain, suprasellar cistern etc.



Practice...

- Emergency Radiology by David T. Schwartz - Chapter pp 435-522

