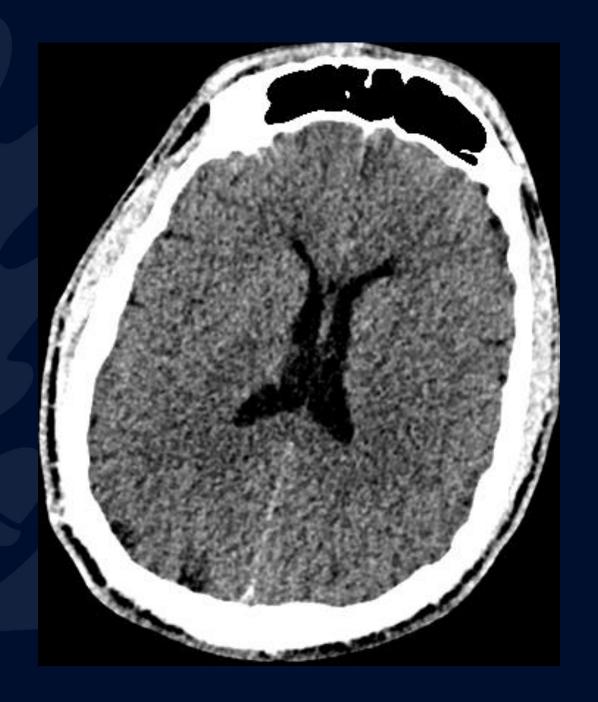
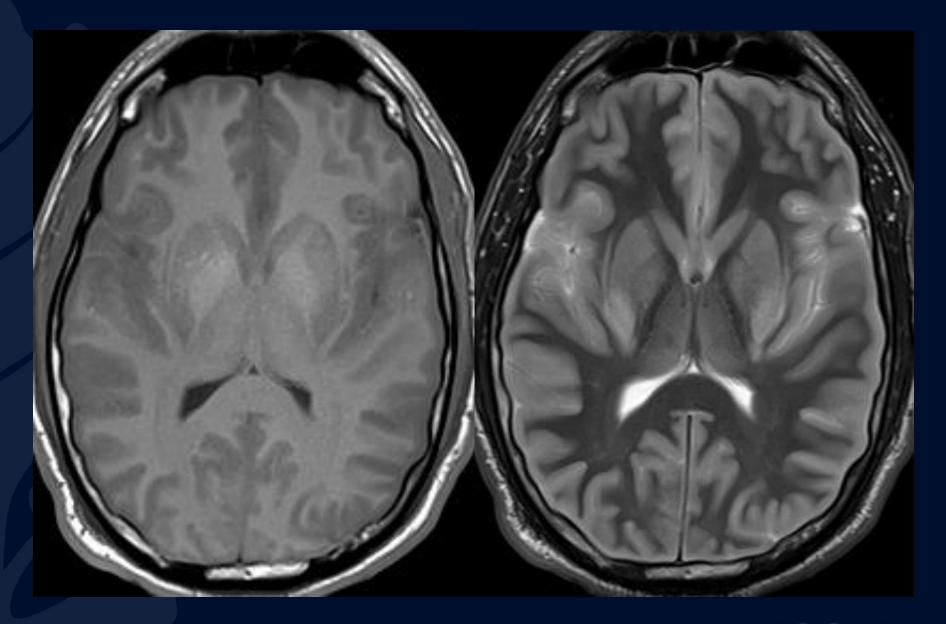
Unresponsive

John A Cieslak III, MD, PhD Leo Wolansky, MD

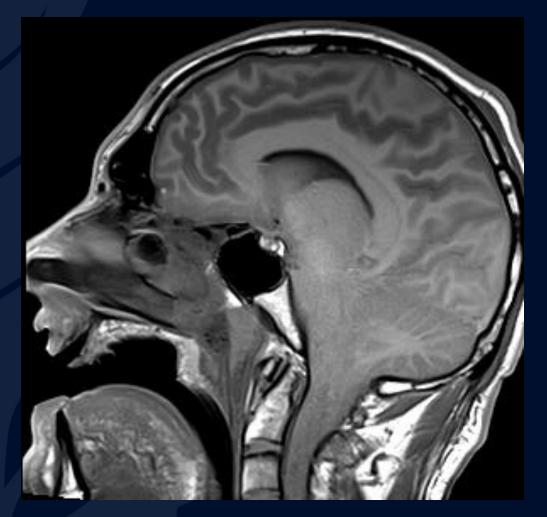


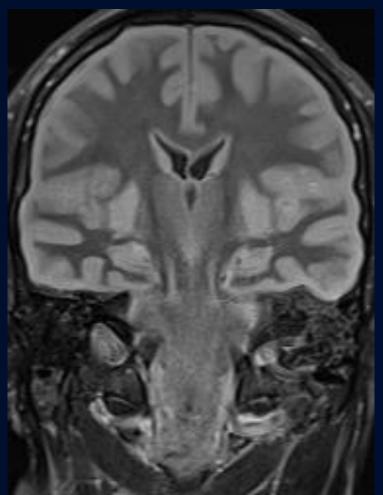


















Hanging-induced Hypoxic-Ischemic Encephalopathy



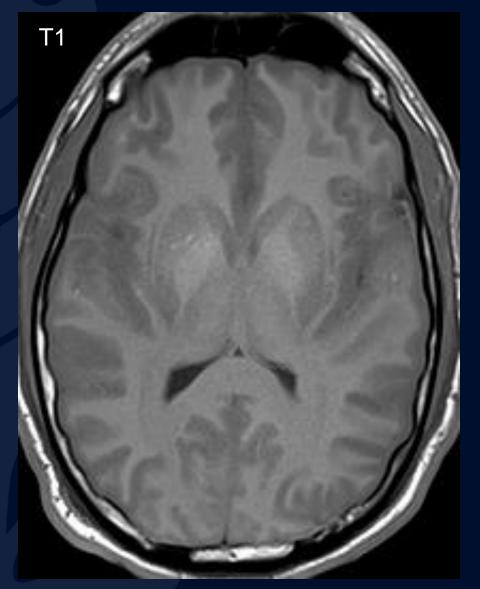


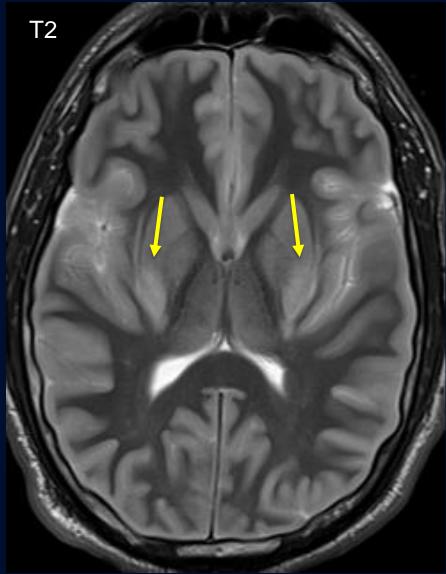
CT brain without contrast, axial

Diffuse edema with effacement of the cerebral sulci

Blurring of gray-white matter differentiation

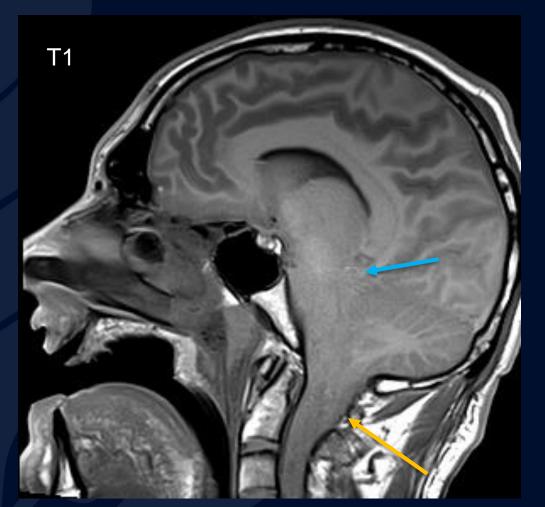


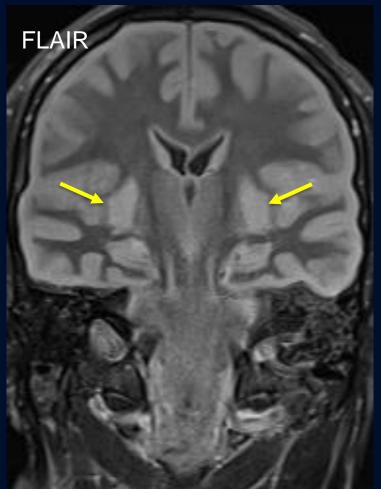




Symmetric T2 hyperintensity in the bilateral lentiform nuclei







Symmetric abnormal FLAIR signal in the bilateral putamen (right image, yellow arrows)

Cisternal obliteration (blue arrow) & cerebellar tonsillar herniation into the foramen magnum (left image, orange arrow).



- Also known as hypoxic-ischemic brain injury or global hypoxic-ischemic injury.
- In children, most commonly seen after asphyxiation or drowning.
- In adults, most commonly seen secondary to cardiac arrest or cerebrovascular disease.



- Affects the gray matter structures first, which are more susceptible to hypoxia due to higher metabolic oxygen and glucose demands:
 - Basal ganglia
 - Thalami
 - Cerebral cortex
 - Cerebellum
 - Hippocampi



CT Findings:

- Diffuse edema with effacement of the CSF containing spaces.
- Loss of normal gray-white matter differentiation
- Reversal Sign: reversal of the normal CT attenuation for gray and white matter



MRI Findings:

- Diffusion-weighted imaging is the earliest imaging modality to become positive, with signal possible in the cerebral cortex, cerebellar hemispheres, basal ganglia, thalami & brainstem.
- T1 images may be normal or show subtle abnormalities.
- Within the early subacute period (24hr 2 wks), T2-weighted images typically become positive & demonstrate increased signal intensity (swelling) in the injured gray matter structures.

RADIOLOGY

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