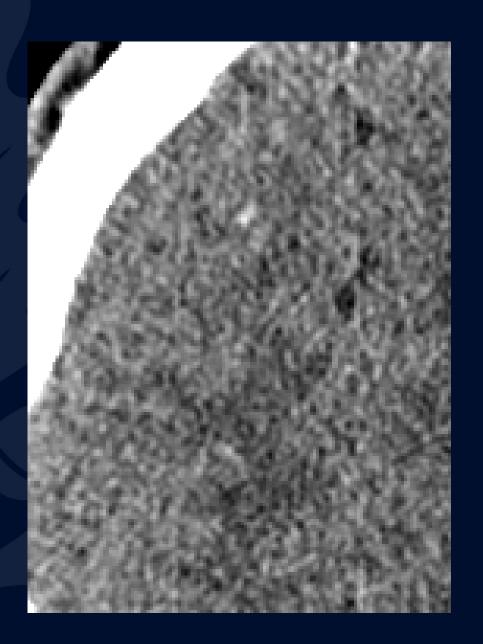
20 y/o football player with traumatic head injury

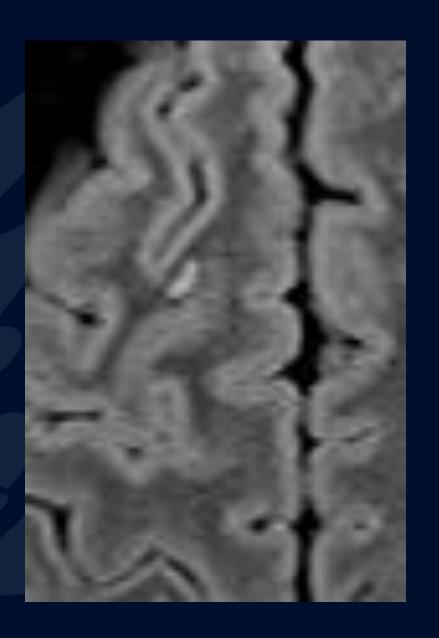
Pireh Ansari, MD Leo Wolansky, MD





CT without contrast





T2 FLAIR





Susceptibility Weighted Imaging (SWI)





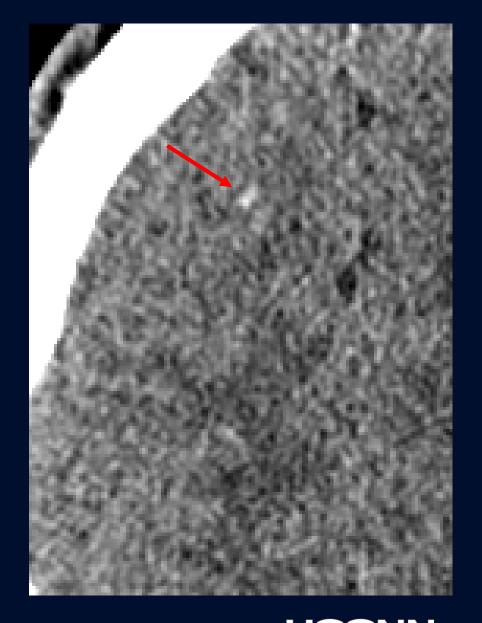


Cerebral Hemorrhage (Diffuse Axonal Injury)



CT without contrast

- Small focal hyperdensity seen in right frontal lobe
- Hemorrhagic shearing injury





T2 FLAIR

- Small focal
 hyperintensity seen in right frontal lobe due to edema
- Indicative of acute injury

Note: localized subarachnoid hemorrhage seen adjacent to cerebral hemorrhage obscuring the sulcus





SWI

Hypointensity
 representing deoxyHb
 seen in right frontal lobe

Note: subarachnoid hemorrhage also visible on SWI





Cerebral Hemorrhage

Causes: Trauma, hypertension, amyloid angiopathy, ischemic stroke conversion, cocaine, neoplasm, coagulopathies, venous infarct, aneurysm (e.g. mycotic)

Common locations: Basal ganglia, thalamus, pons, cerebellum, subcortical white matter

Clinical Presentation: Sudden focal deficit that progressively worsens, headache, vomiting

Imaging: Clinical presentation is nonspecific, imaging is mandatory

- CT: non-contrast CT is study of choice, CTA for underlying vascular lesion
 - Blood appears hyperdense initially, becomes more hypodense with time
 - Can be surrounded by hypodense area representing edema
- MRI: evaluate for underlying mass, cerebral amyloid angiopathy
 - Appearance of blood on T1/T2 depends on stage (see next slide)
 - Acute blood and hemosiderin appear dark on SWI



Imaging of Intracerebral Hemorrhage

	СТ	T 1	T2
Hyperacute (<12h)	Hyperdense	Isointense	Hyperintense
Acute (12h – 2 days)	Hyperdense	Isointense	Hypointense
Early subacute (3 – 7 days)	Hyperdense	Hyperintense	Hypointense
Late subacute (8 days – 1 month)	Isodense	Hyperintense	Hyperintense
Chronic (> 1 month)	Hypodense	Iso or Hypointense	Hypointense
(> 1-month)			UCONN

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