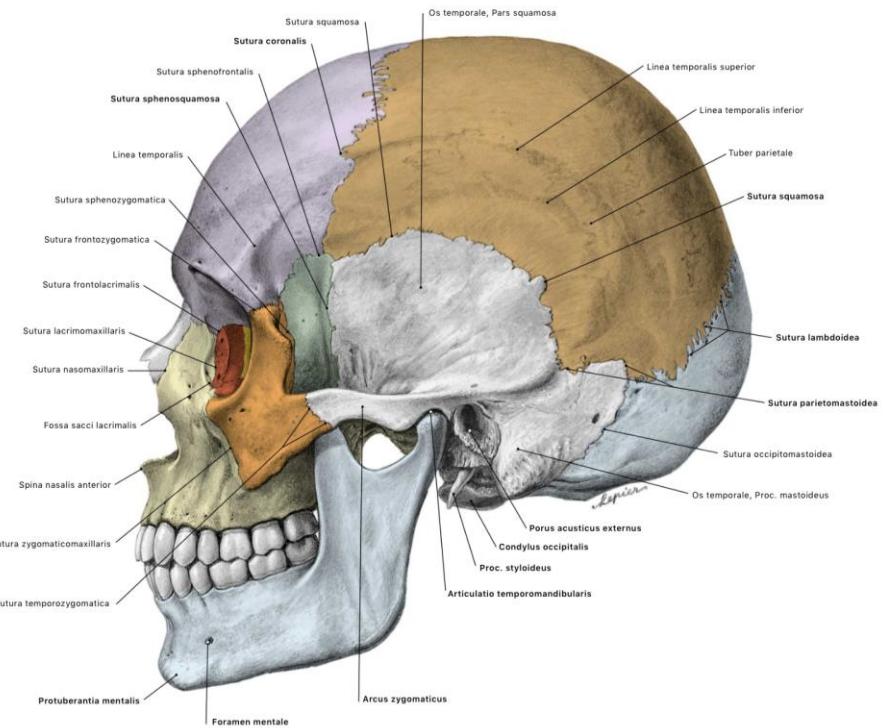
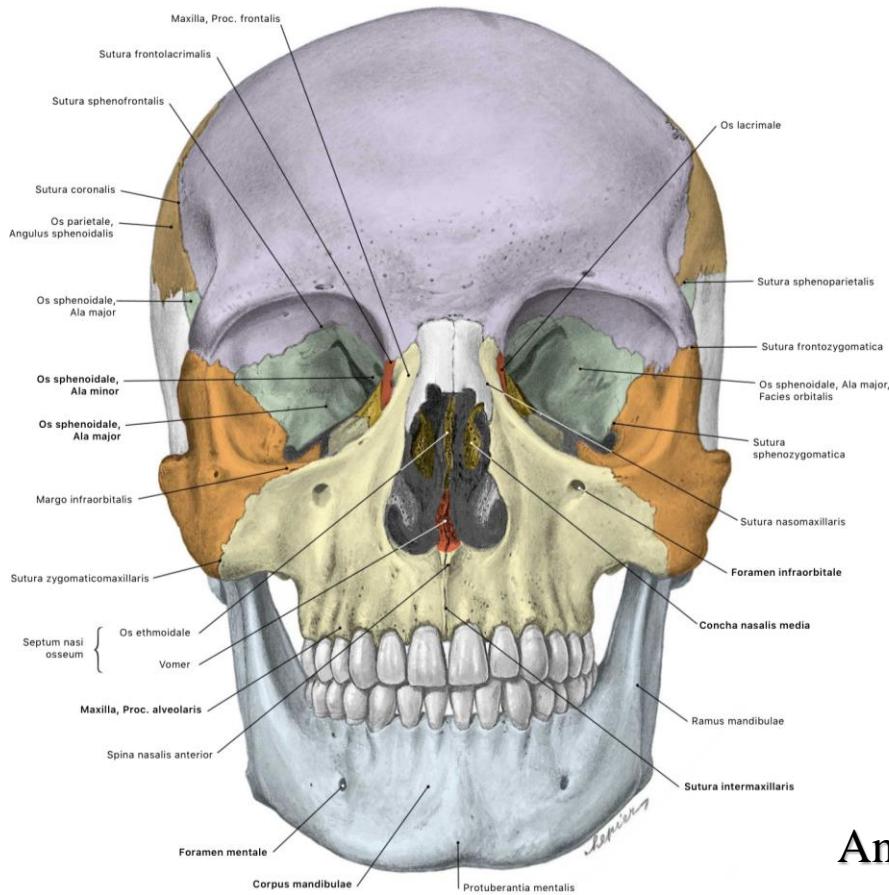


Ansigt, kranieknogler og encephalon.

Michel Bach Hellfritzs

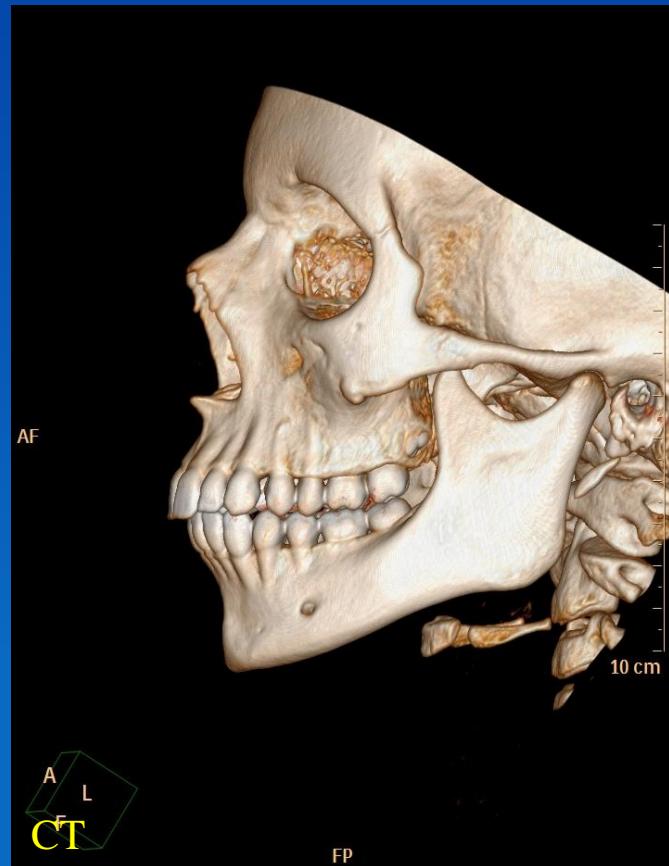
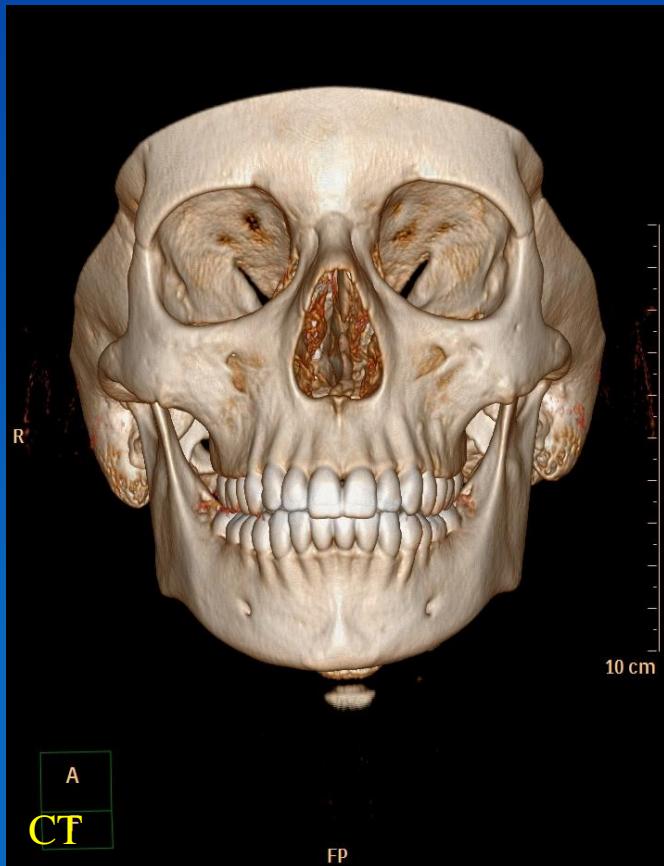
Neurokraniet:

- Calvariet
- Basis cranii

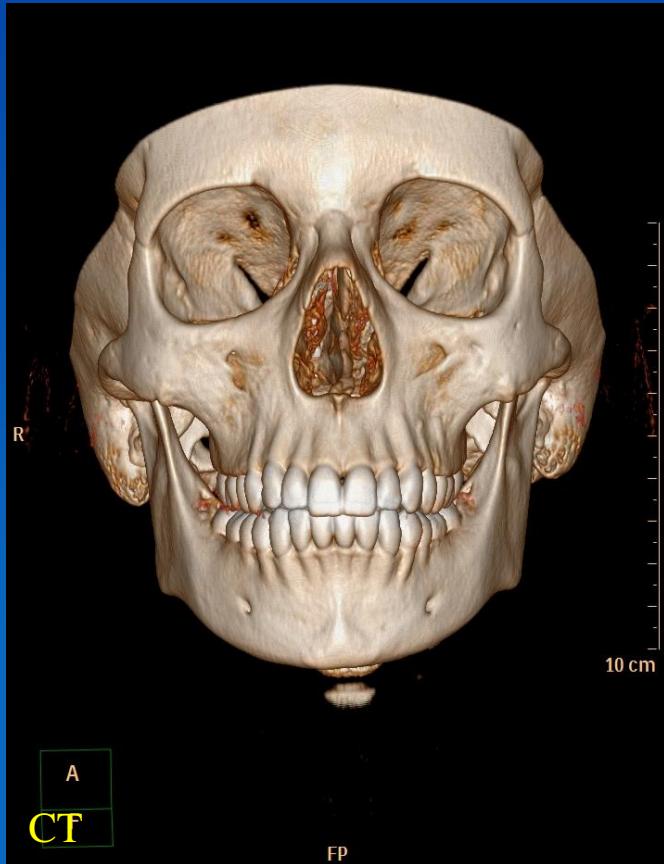


Ansichtskraniet

3D rekonstruktion af ansigts skelettet

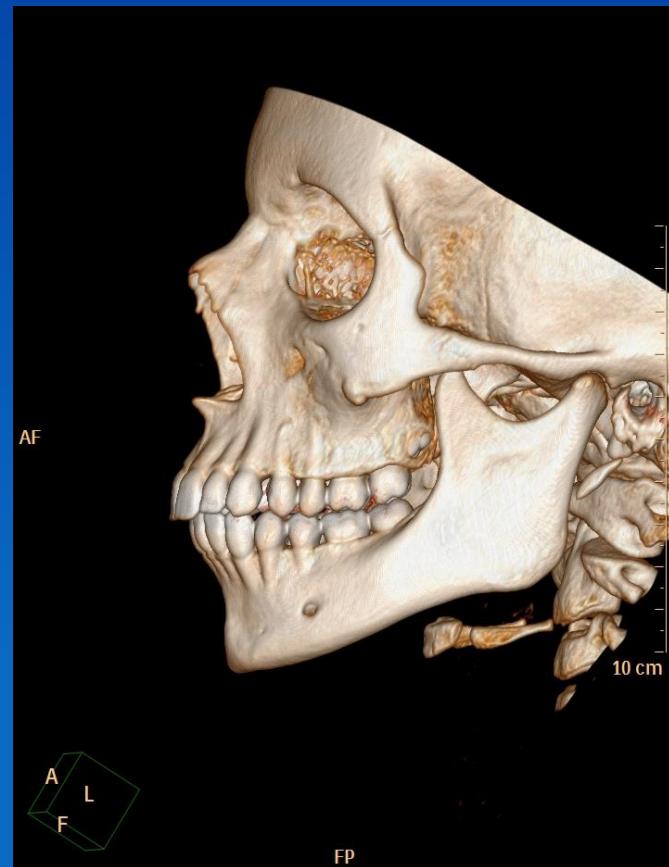
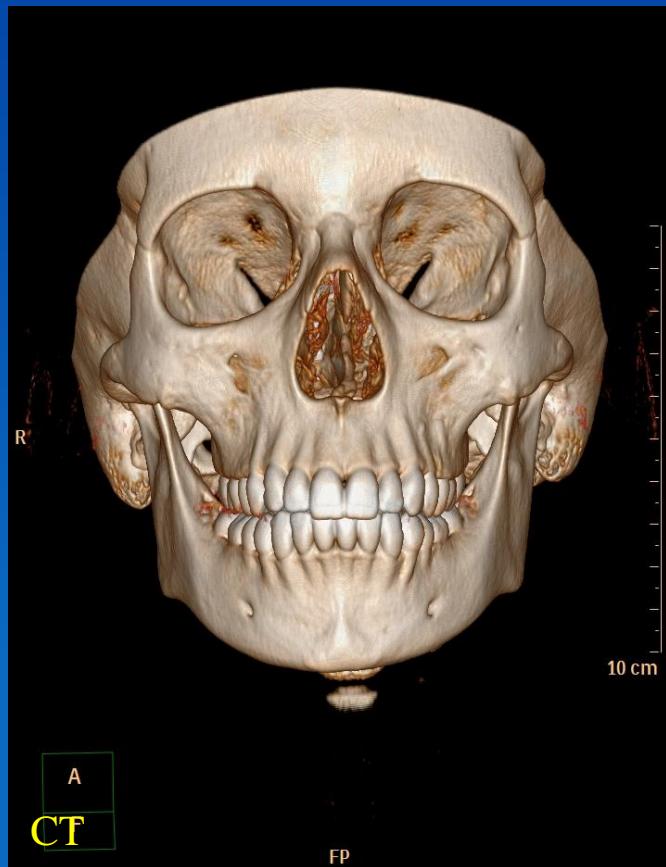


3D rekonstruktion af ansigts skelettet

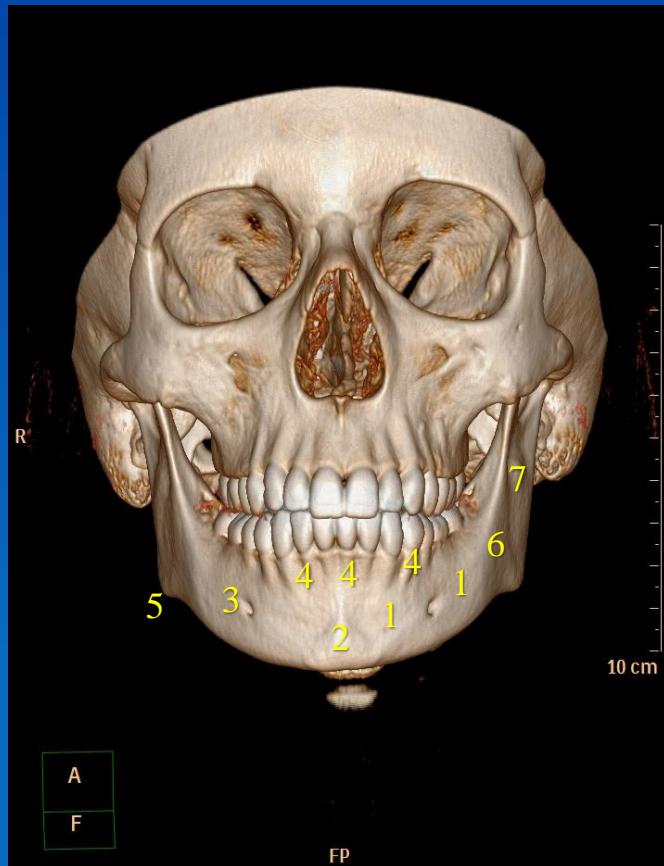


Ved CT skanning af i dette tilfælde ansigtet, opnås et datasæt, hvorfra man kan lave 3D modeller. Man benytter sig her af, at knoglerne har en meget større røntgenstråle absorption, og således opnås god kontrast til al det øvrige væv og luft.

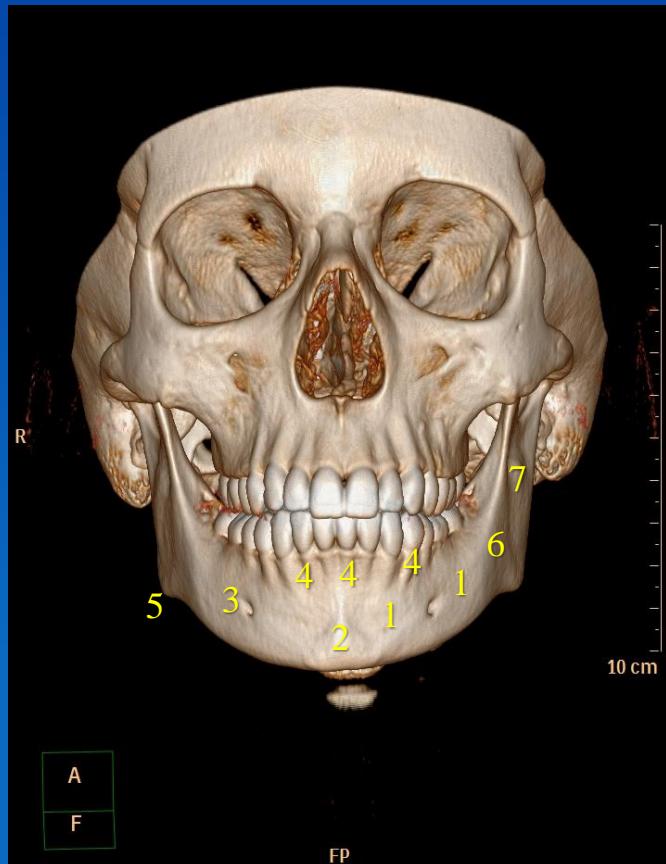
Mandibula



Mandibula

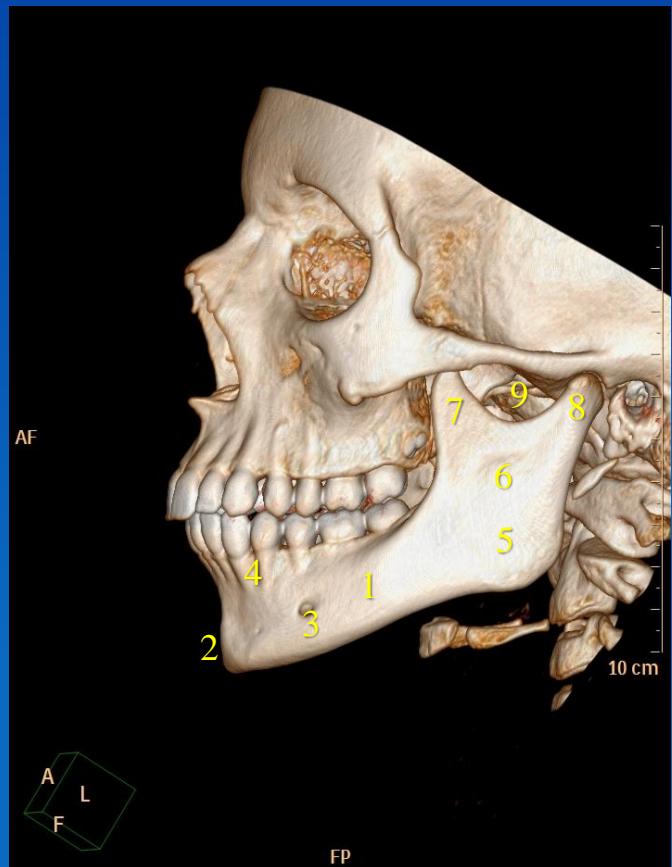


Mandibula



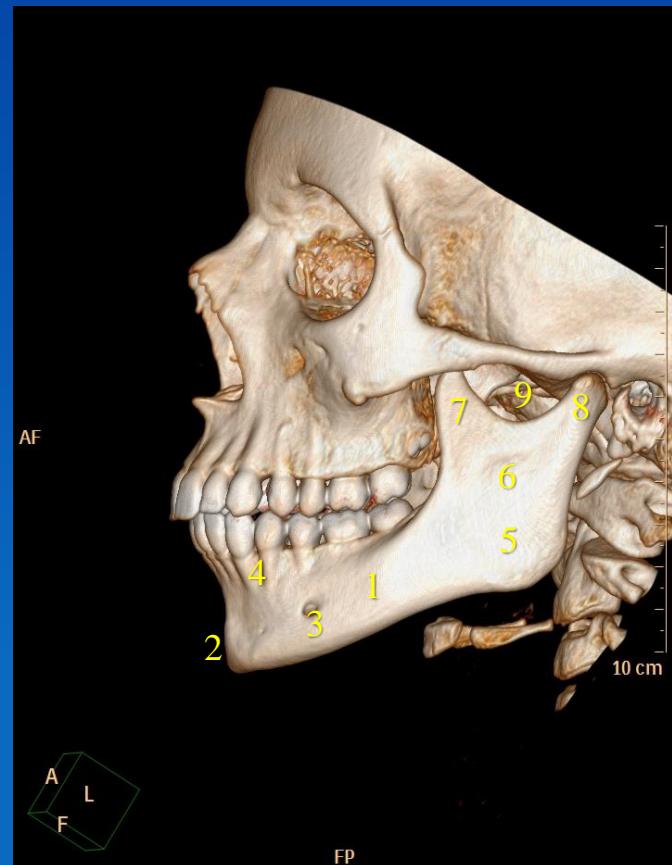
1. Corpus mandibulae
2. Protuberantia mentalis
3. Foramen mentale
4. Pars alveolaris
5. Gonion
6. Angulus mandibulae
7. Ramus mandibulae

Mandibula

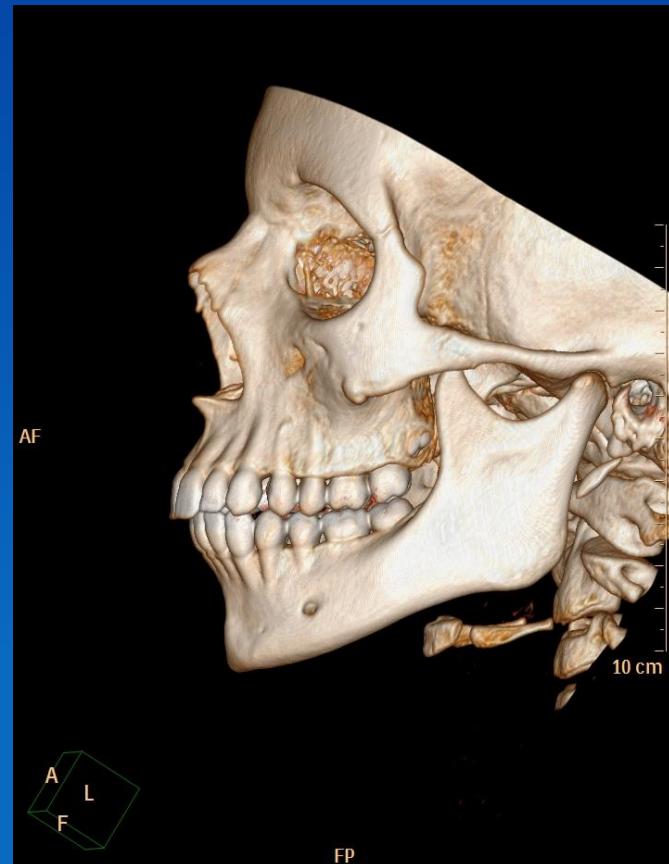
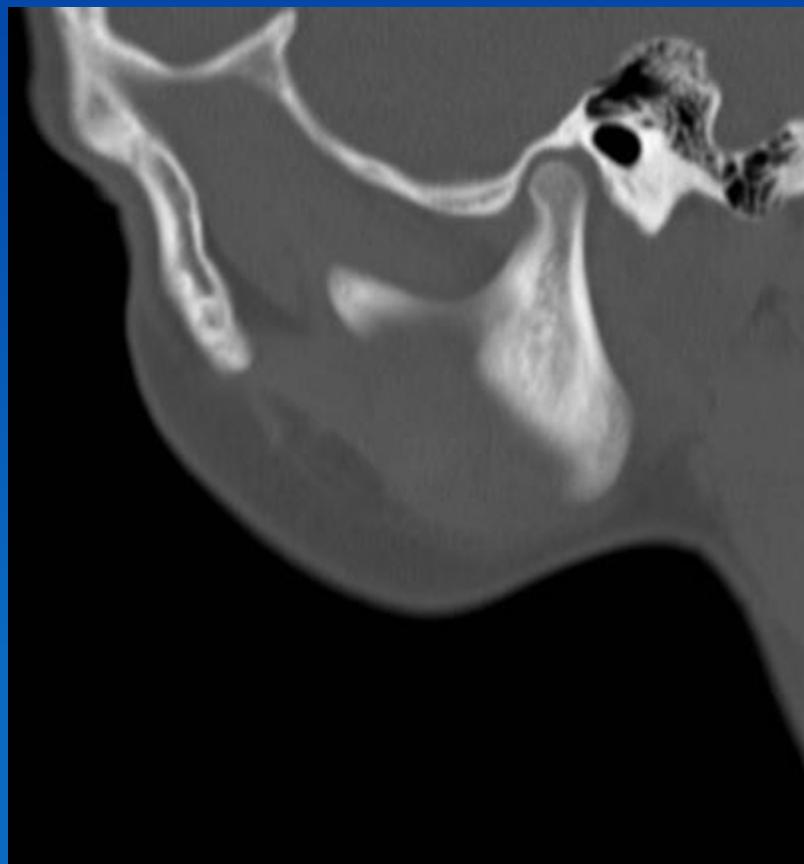


Mandibula

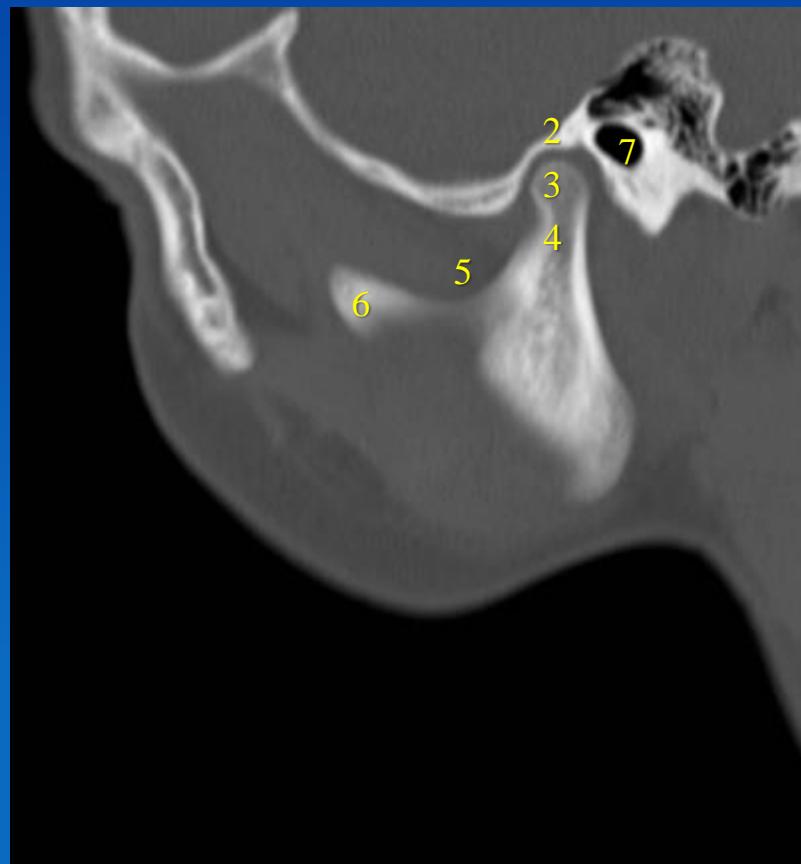
1. Corpus mandibulae
2. Protuberantia mentalis
3. Foramen mentale
4. Pars alveolaris
5. Angulus mandibulae
6. Ramus mandibulae
7. Processus coronoideus
8. Processus condylaris
 1. Caput mandibulae
 2. Collum mandibulae
9. Incisura mandibulae



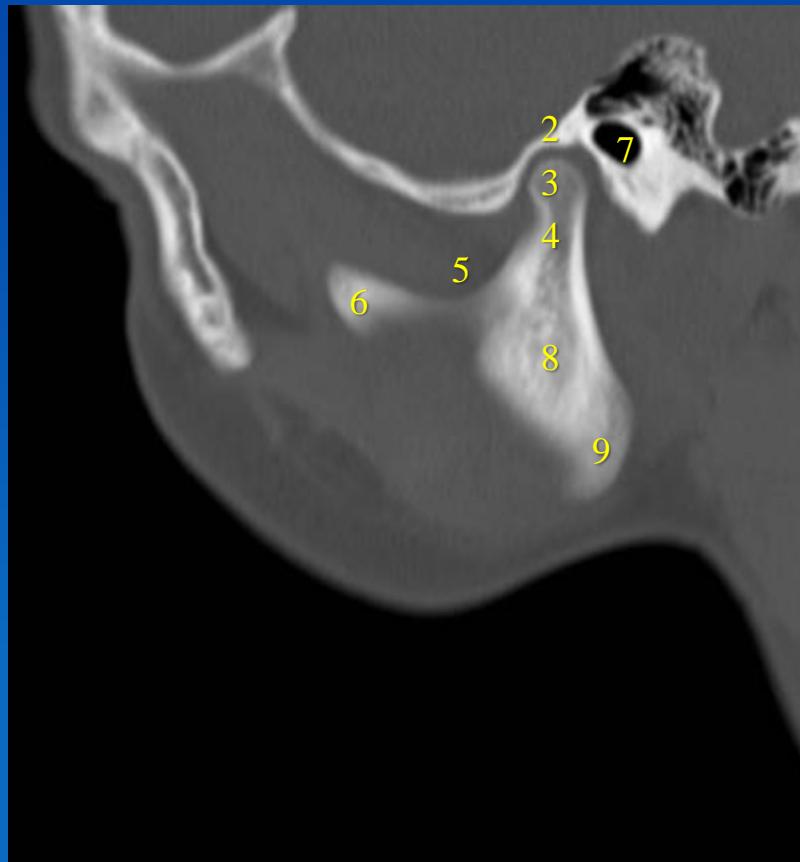
CT-skanning: 3D og 2D snit



Sagittal CT snit



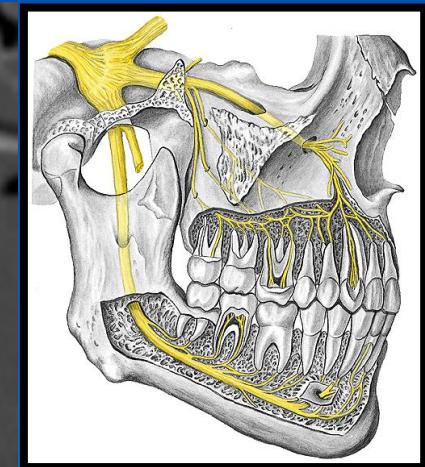
Sagittal CT snit



1. Articulatio temporomandibularis hvor der ses:
2. Fossa mandibularis
3. Caput mandibulae
4. Collum mandibulae
5. Incisura mandibulae
6. Processus coronoideus
7. Meatus acusticus externus
8. Ramus mandibulae
9. Angulus mandibulae

Bemærk at der er tale om et tyndt snit, der er lidt skræt, hvorfor ikke hele processus coronoideus ses.

Mandibula



Dentes

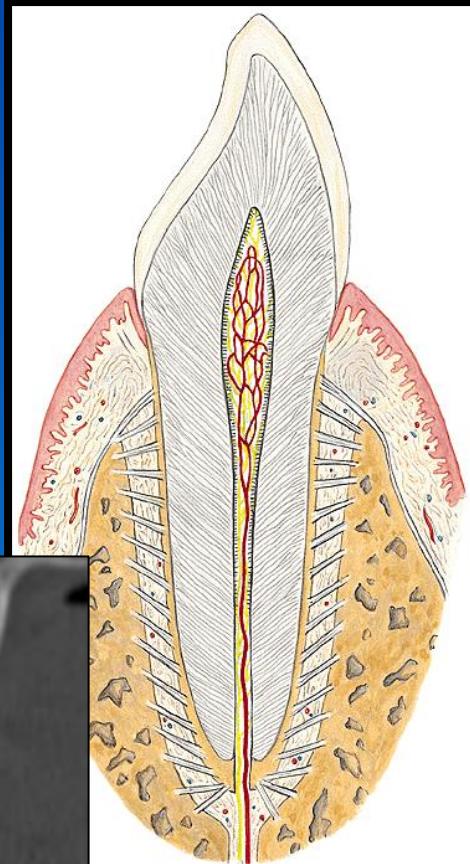
Tandens opbygning

Corona
Cervix
Radix
Cavitas
•(Pulpahule)

Emalje
Dentin
Cement

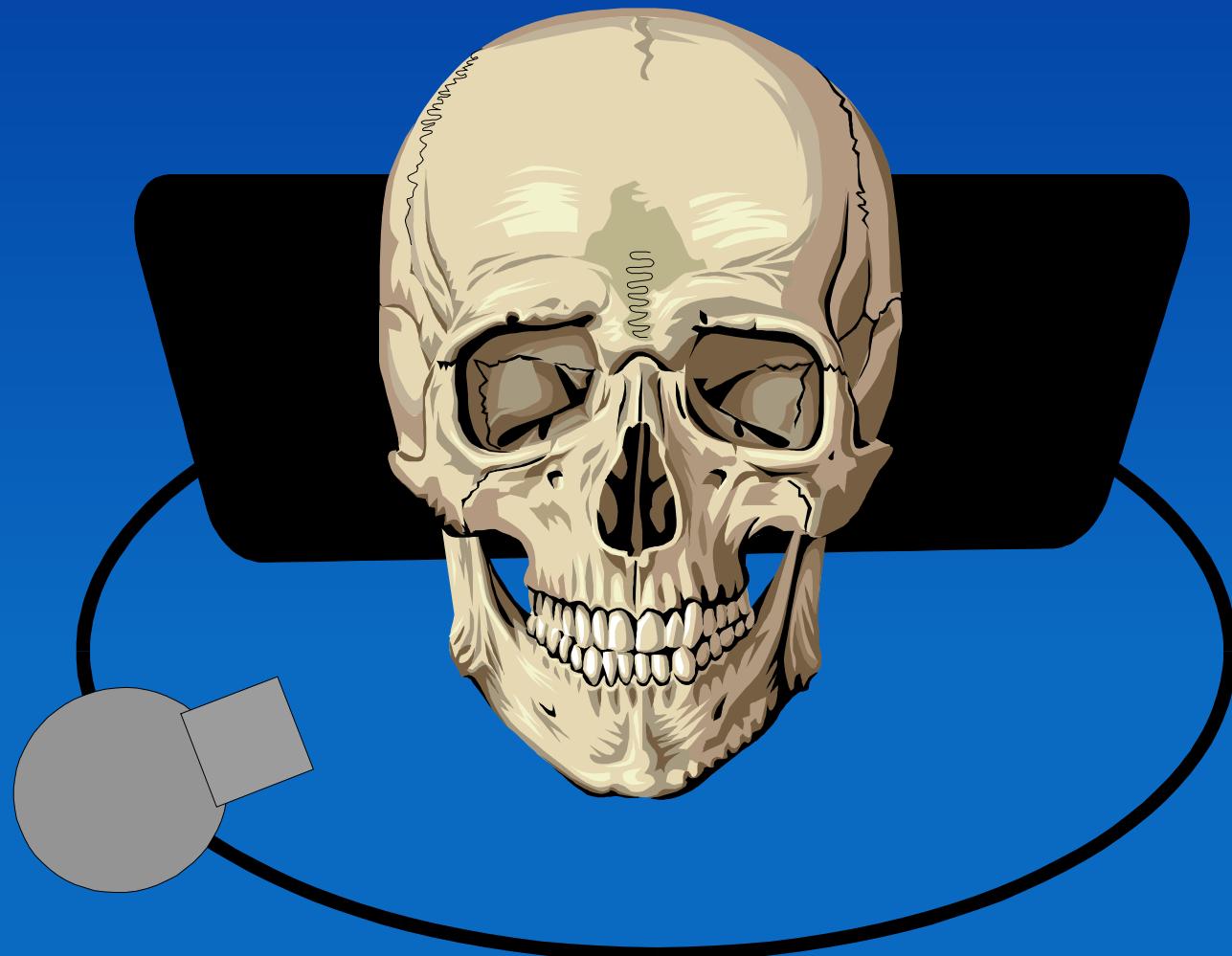


CT



Rtg.

Ortopantomografi



Dentes molares

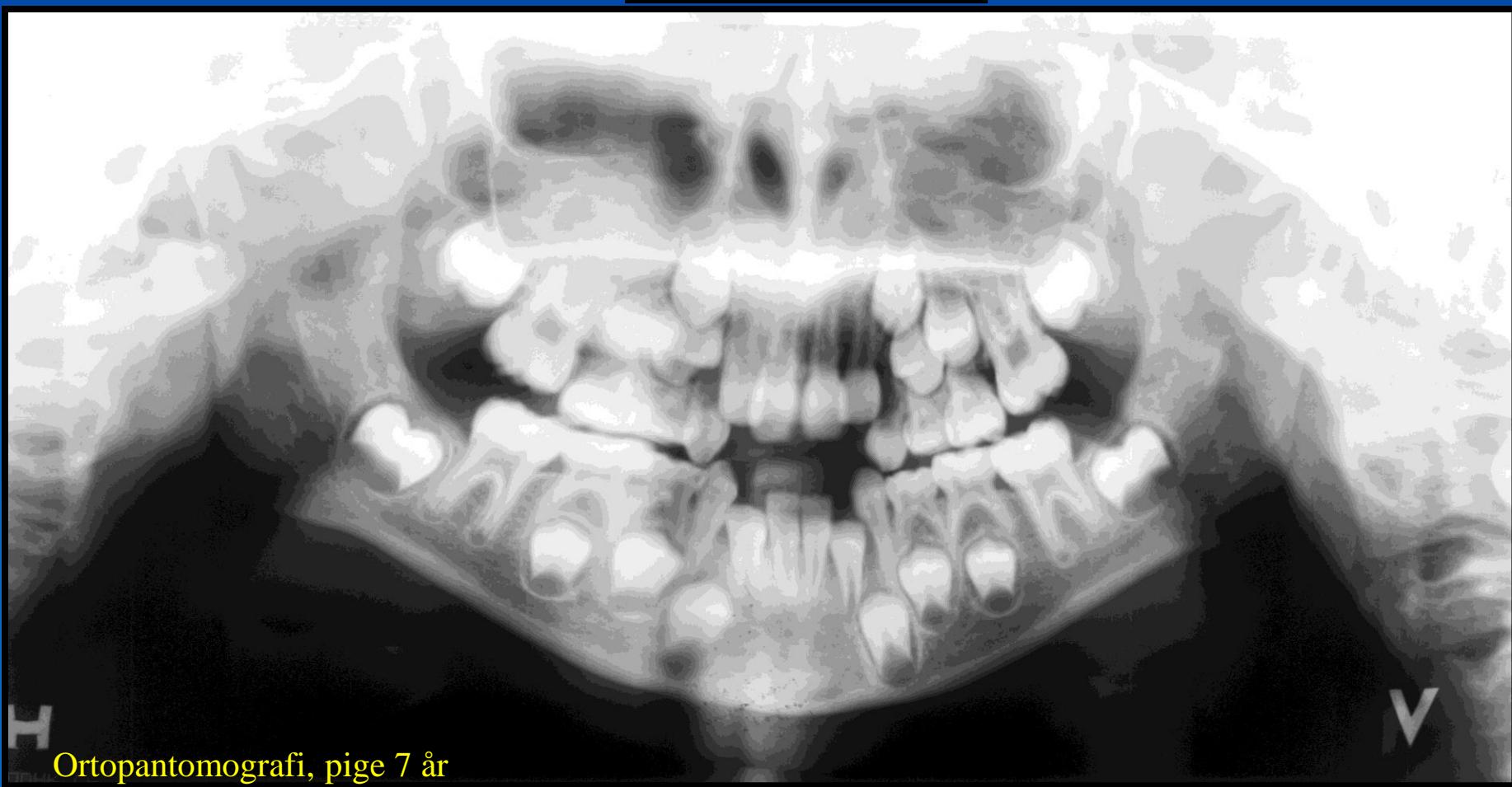
Dentes premolares

Dentes decudui: 20 stk.

Dentes canini

Dentes permanentes: 32 stk.

Dentes incisivi



Dentes molares

Dentes premolares

Dentes decudui: 20 stk.

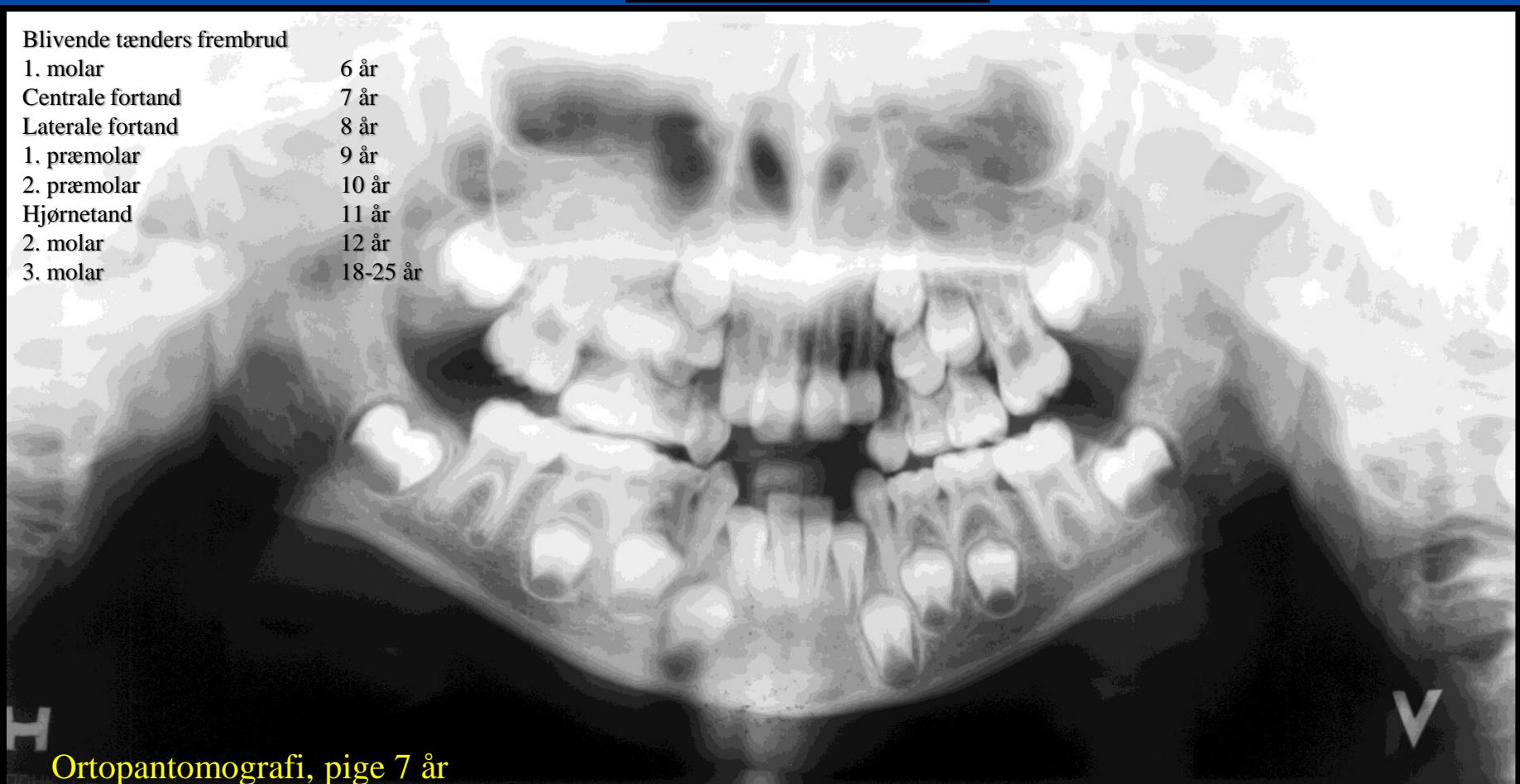
Dentes canini

Dentes permanentes: 32 stk.

Dentes incisivi

Blivende tænders frembrud

1. molar	6 år
Centrale fortand	7 år
Laterale fortand	8 år
1. præmolar	9 år
2. præmolar	10 år
Hjørnetand	11 år
2. molar	12 år
3. molar	18-25 år



Tanden: CT

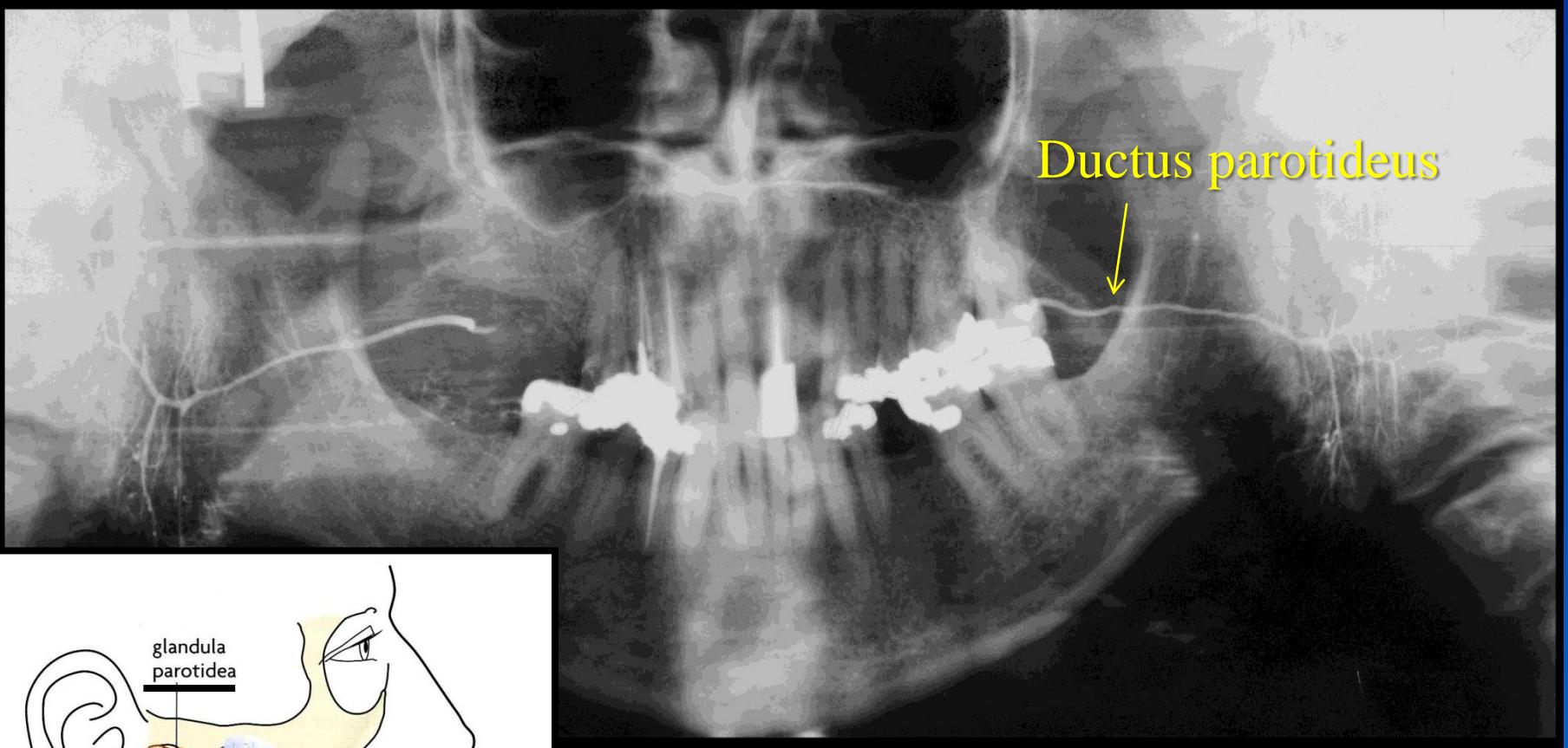


Tanden: CT

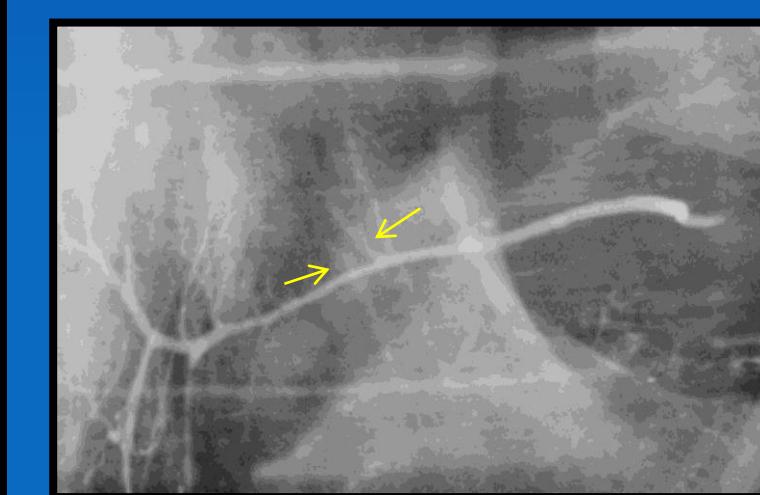
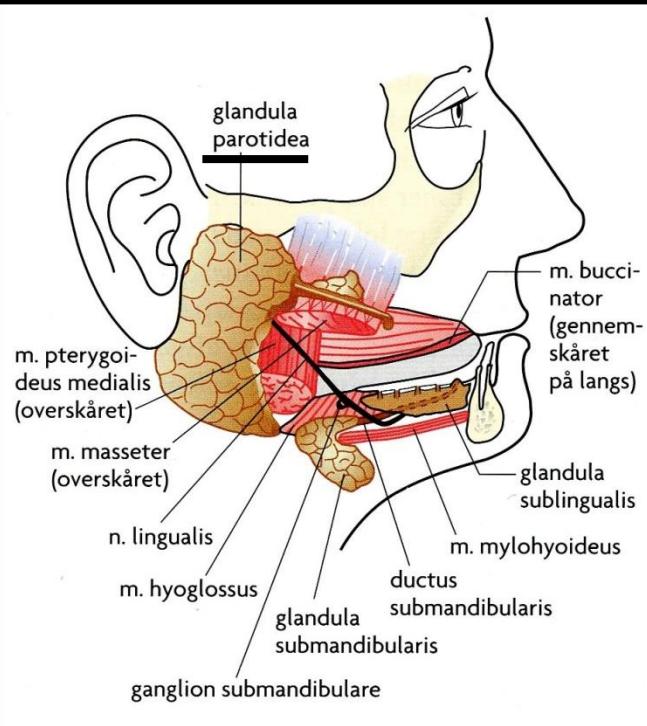


1. Canalis mandibulae
2. Corona dentis
3. Radix dentis
4. Cavitas dentis

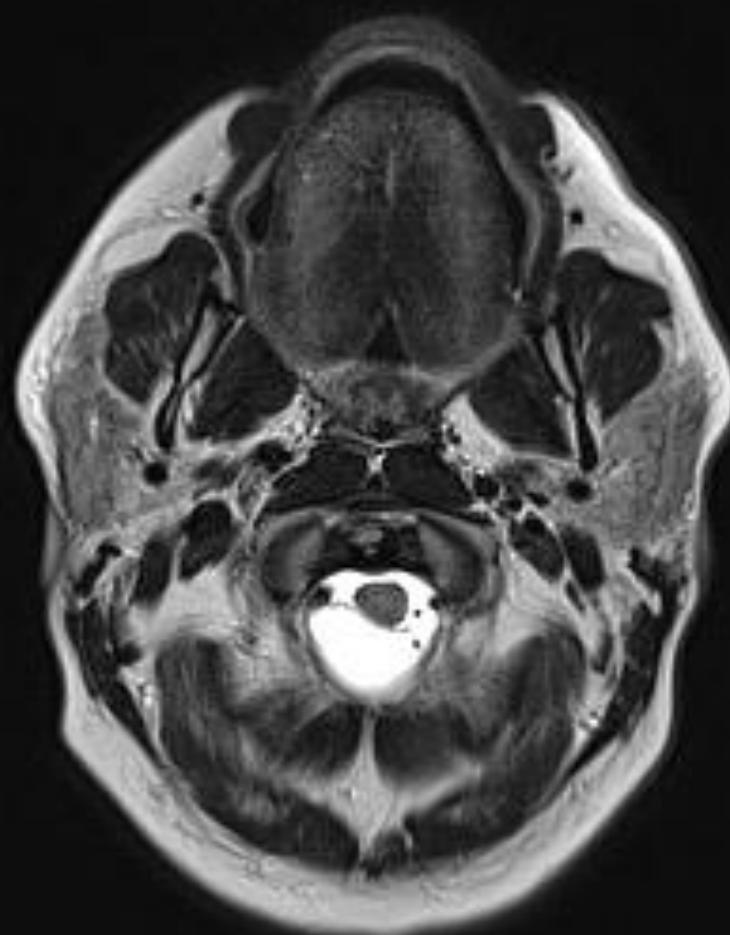
Bemærk at emaljen er mere hvid end dentinen pga. et større indhold af mineralindhold, og dermed større absorption af røntgenstrålerne.



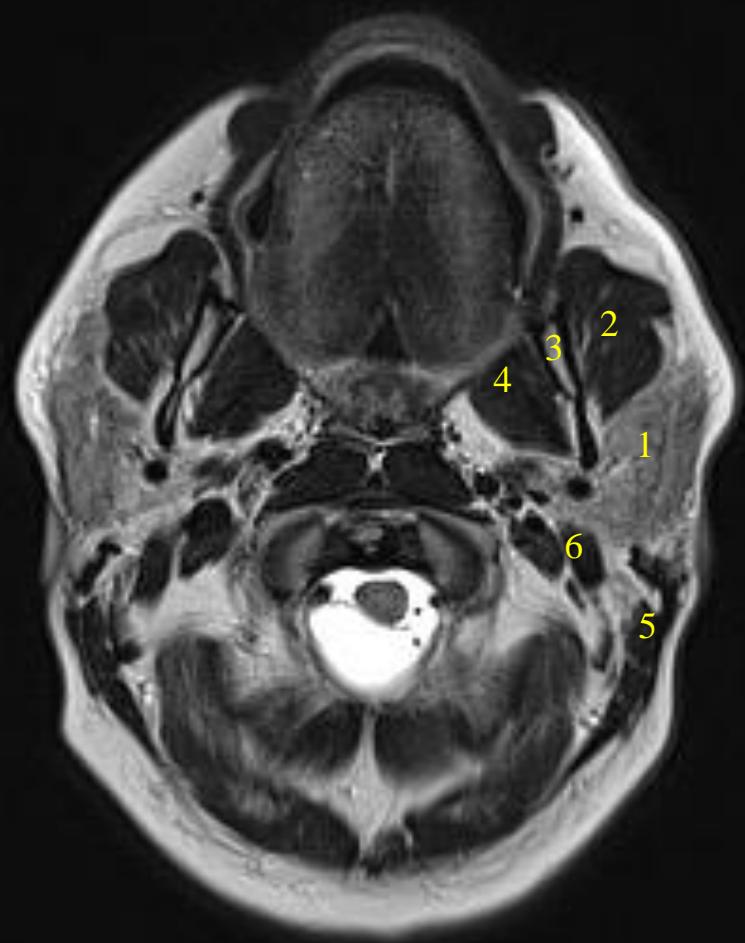
Ductus parotideus



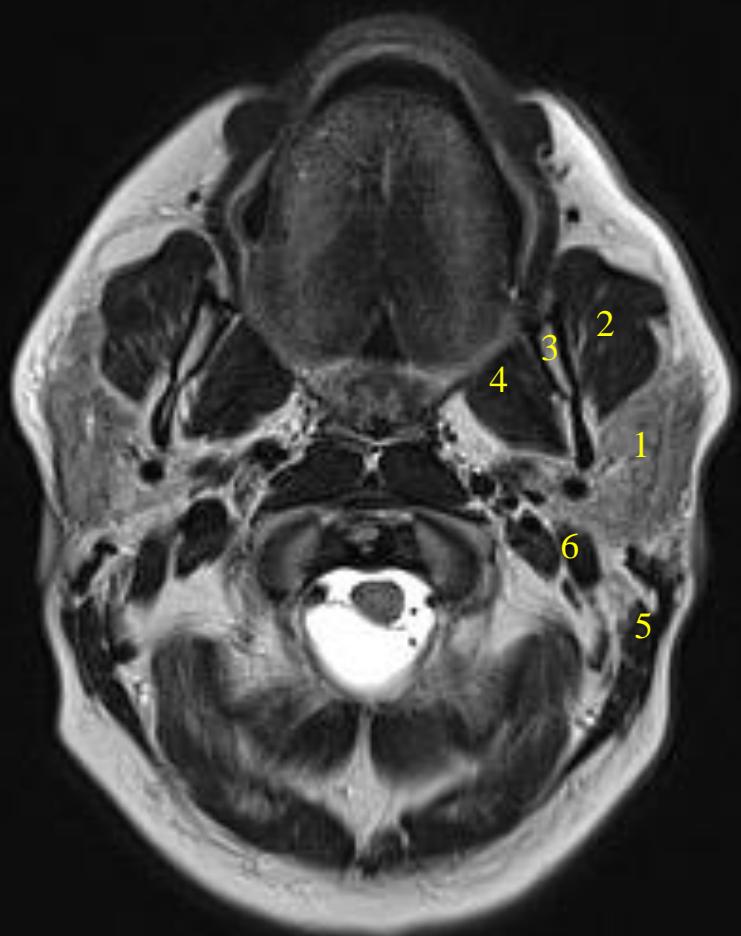
Gld. parotidea
accessoria



MR: T2

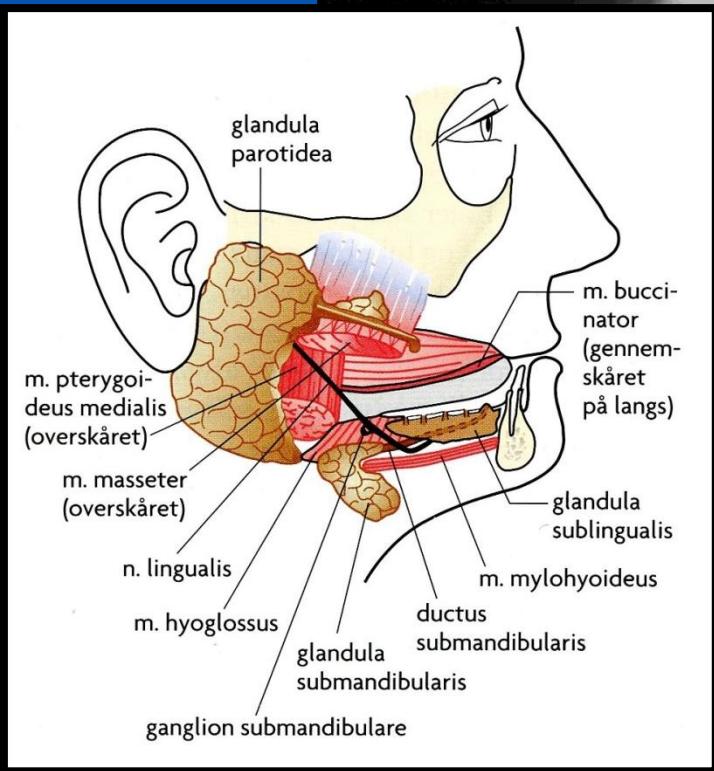
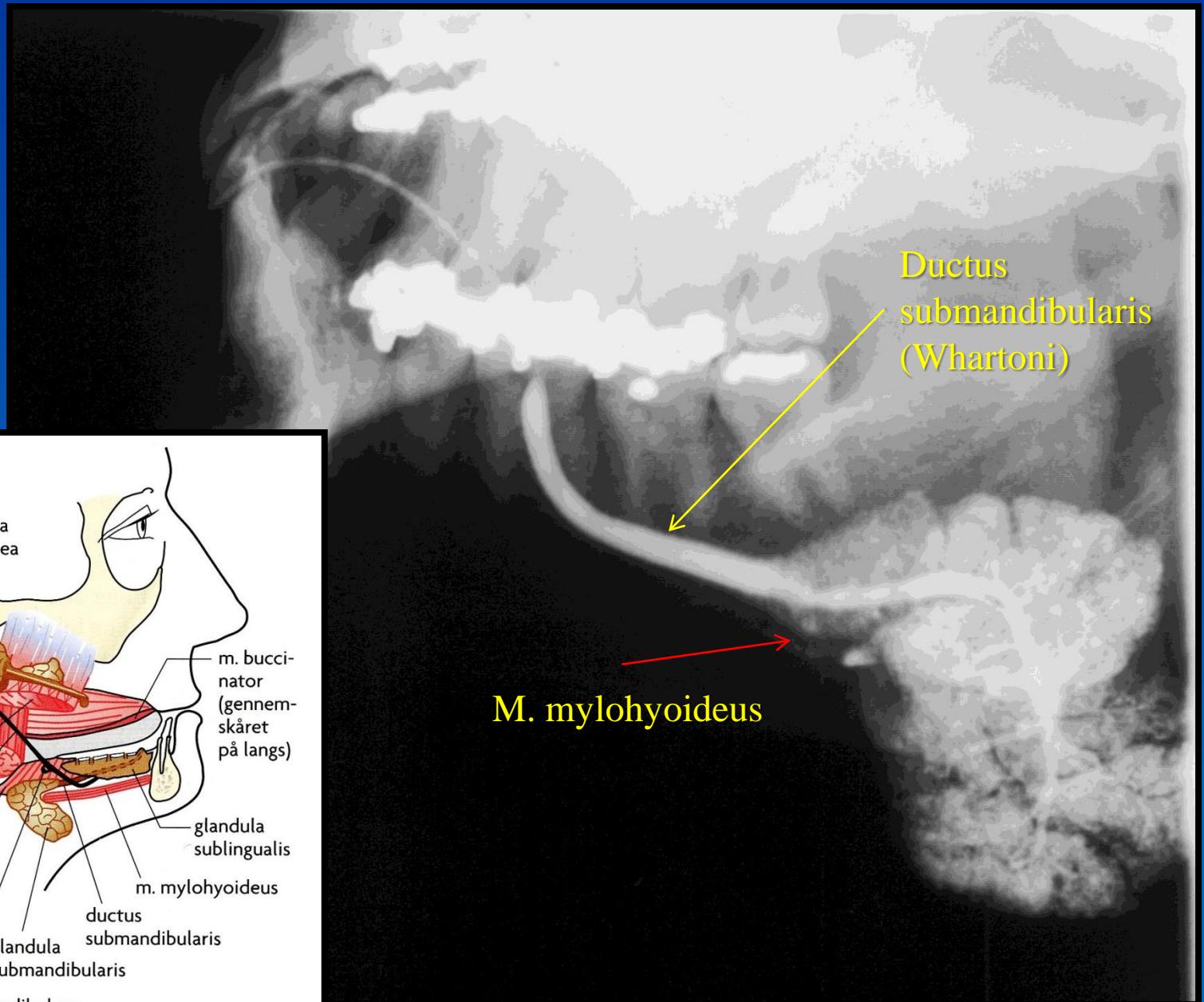


MR: T2

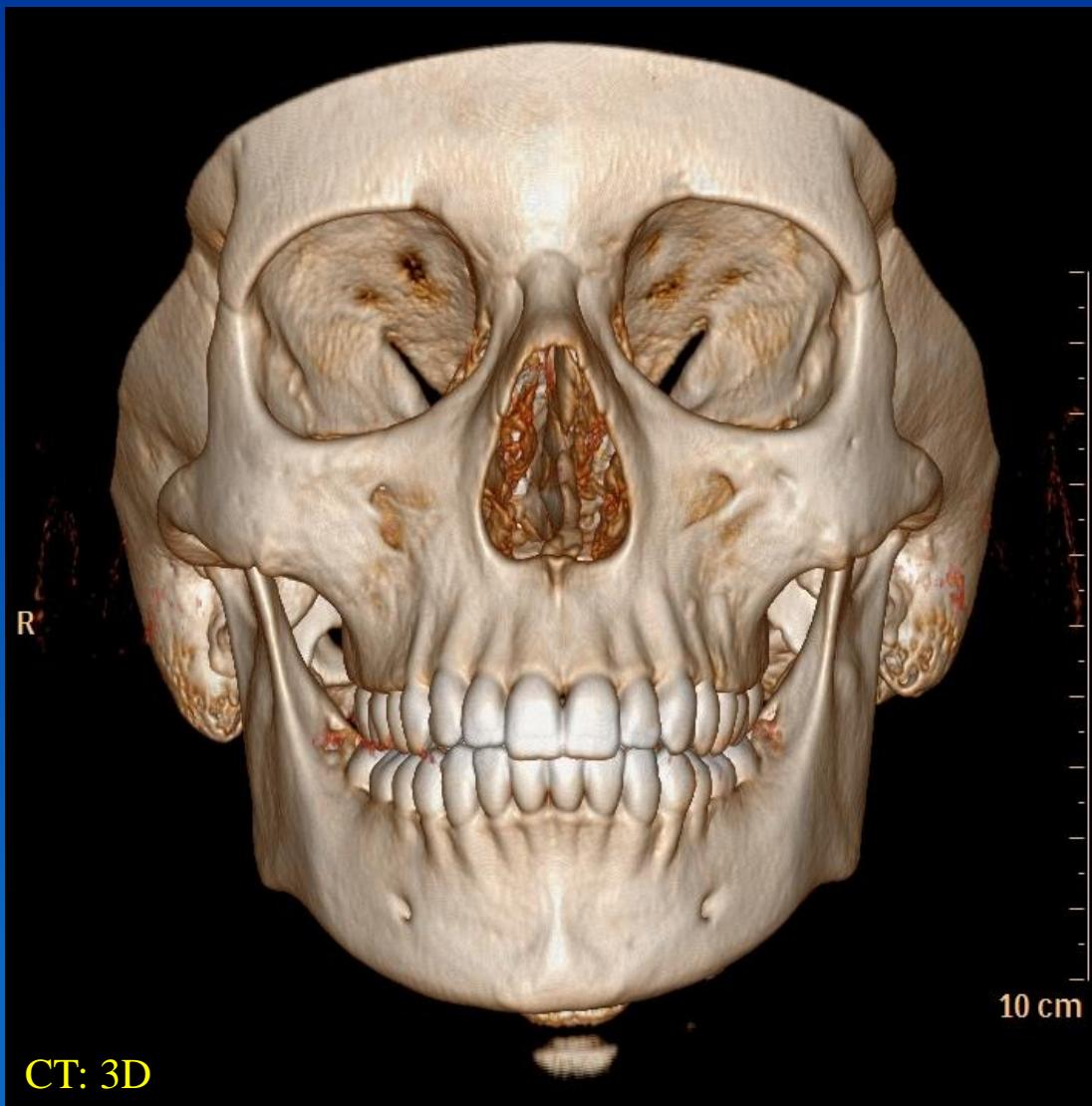


- 1) Gld. Parotidea
- 2) M. masseter
- 3) Ramus mandibulae
- 4) M. pterygoideus medialis
- 5) M. sternocleidomastoideus
- 6) M. digastricus (vent. post.)

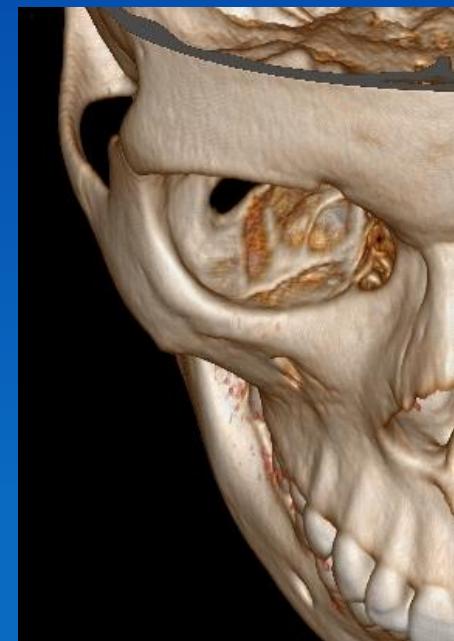
MR: T2

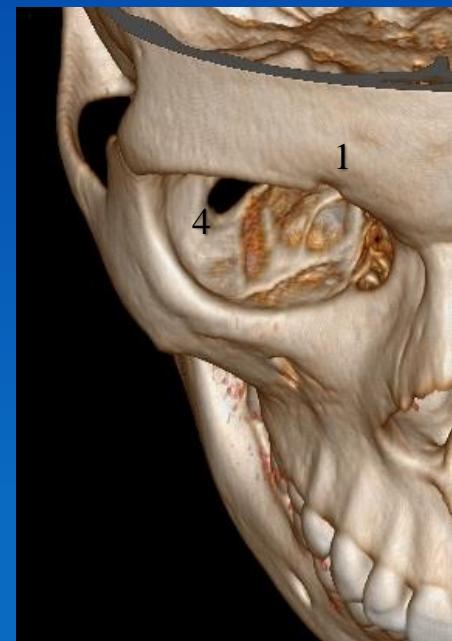
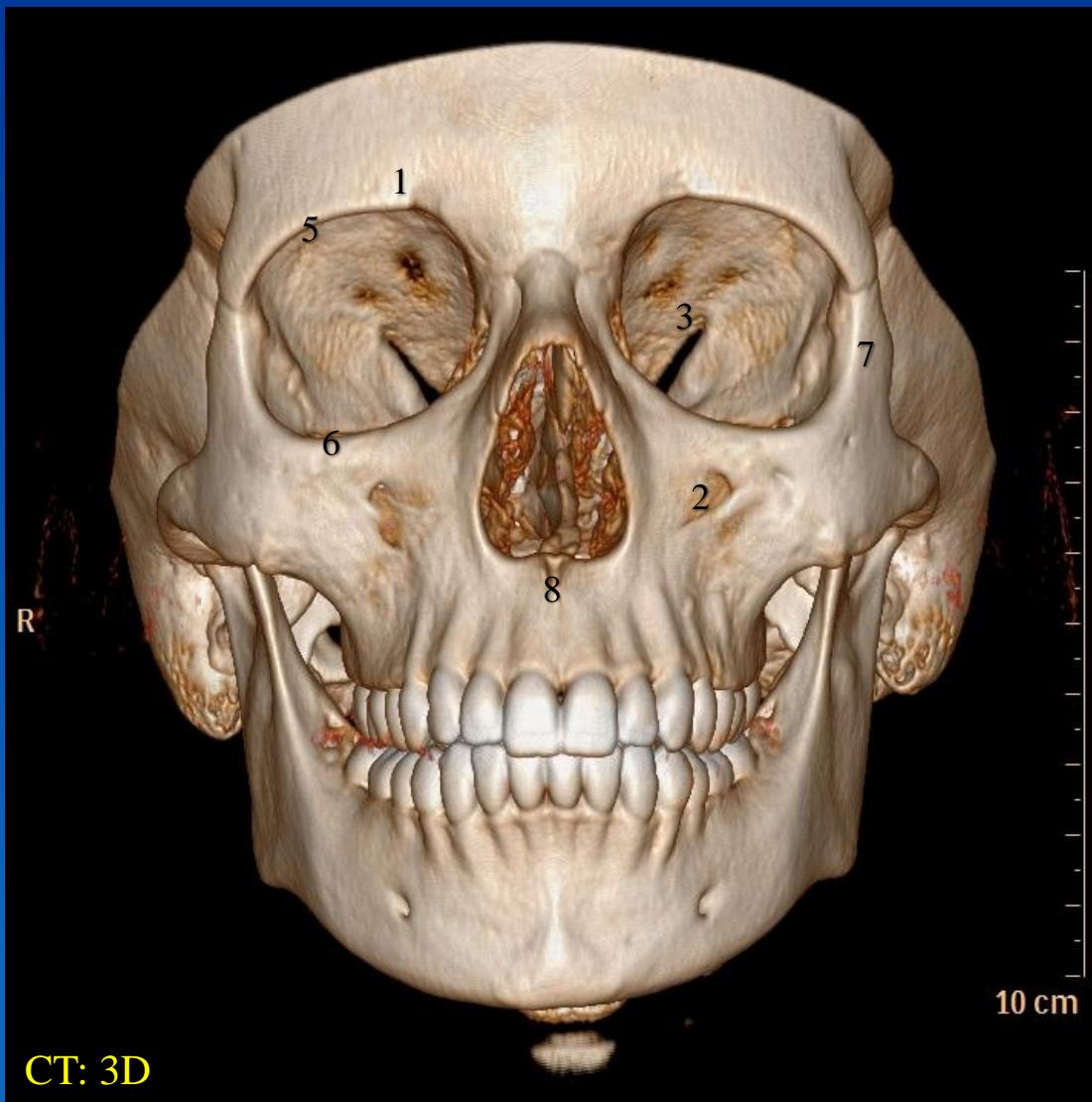


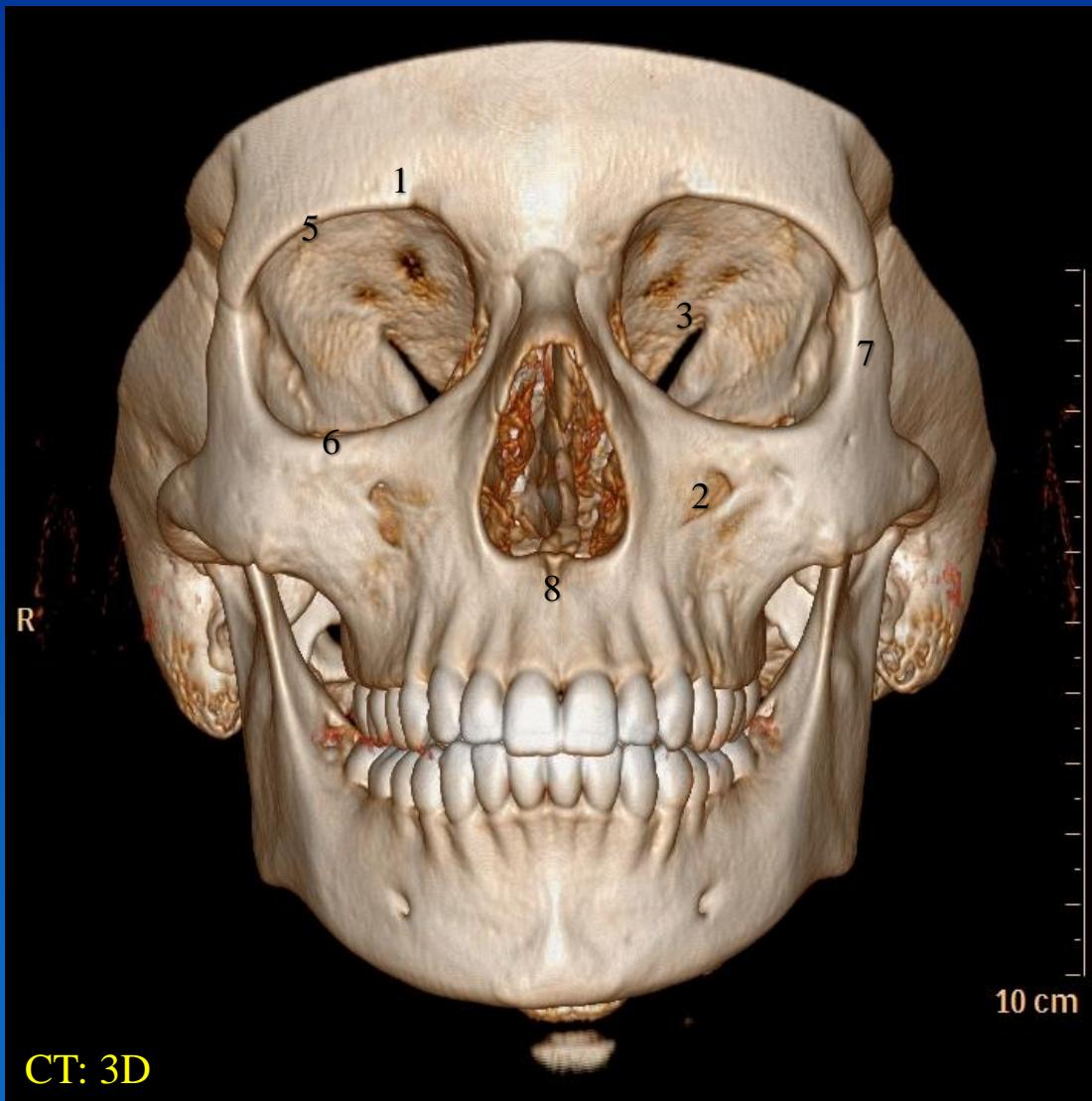
Orbita



CT: 3D

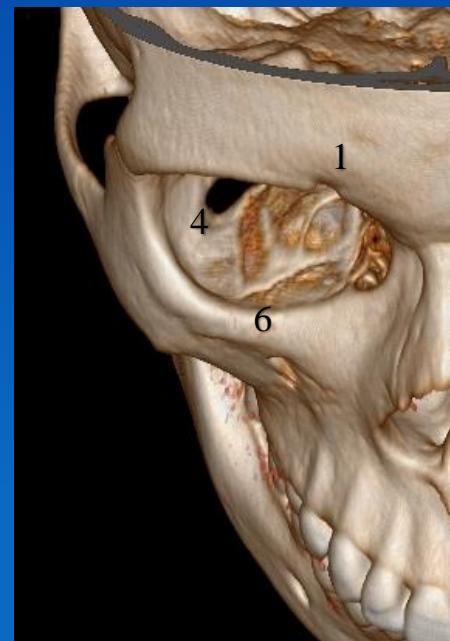






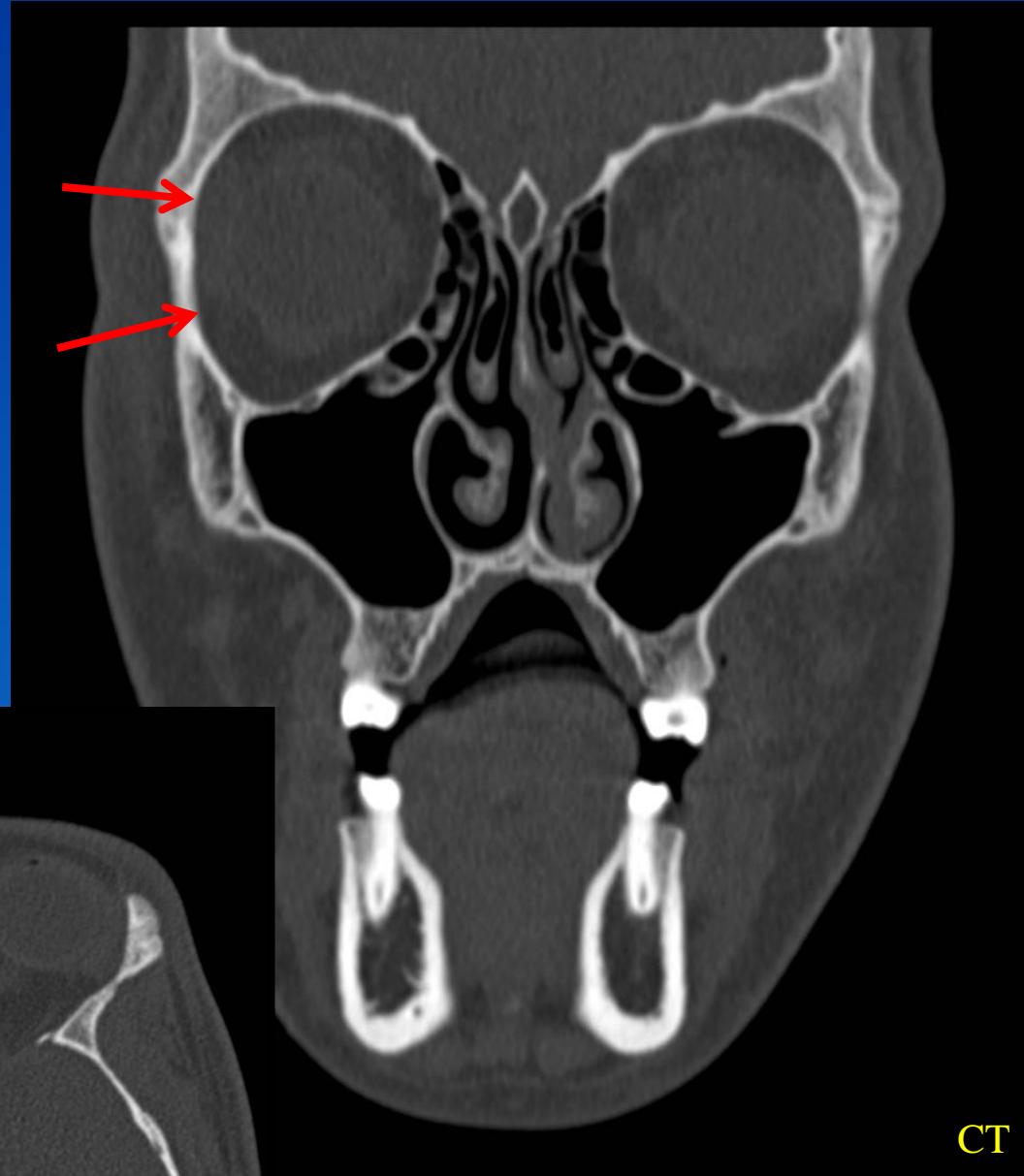
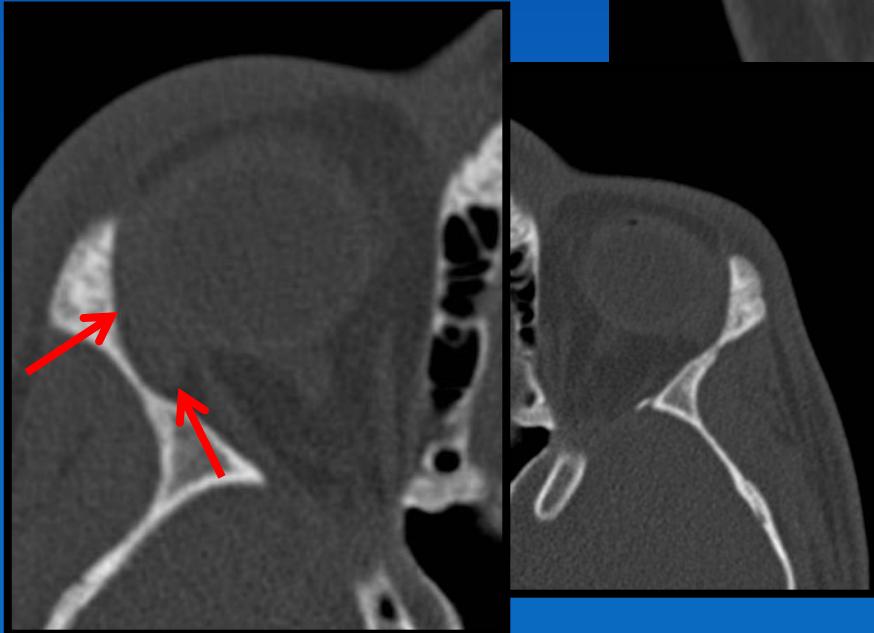
CT: 3D

- 1) Incisura supraorbitalis
- 2) Foramen infraorbitale
- 3) Fissura orbitalis superior
- 4) Fissura orbitalis inferior
- 5) Margo supraorbitale
- 6) Margo infraorbitale
- 7) Processus frontalis ossis zygomatici
- 8) Spina nasalis ant.



Lateralvæggen
Loftet
Medialvæggen
Gulvet

Glandula lacrimalis



Normal anatomi?



Normal anatomi?



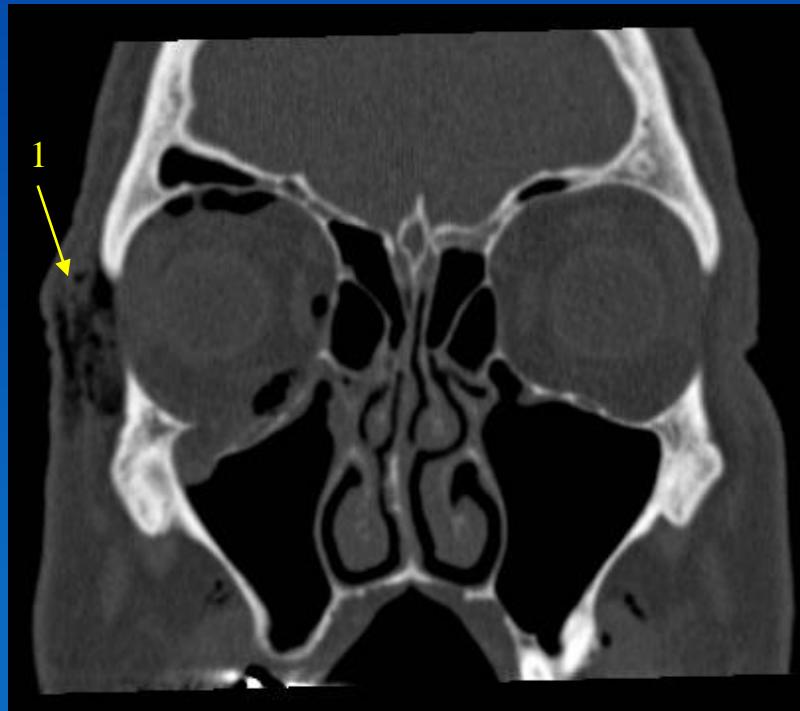
- Gennemgå billedet systematisk. Er der afvigelser fra den forventede normalanatomi?

Normal anatomi?



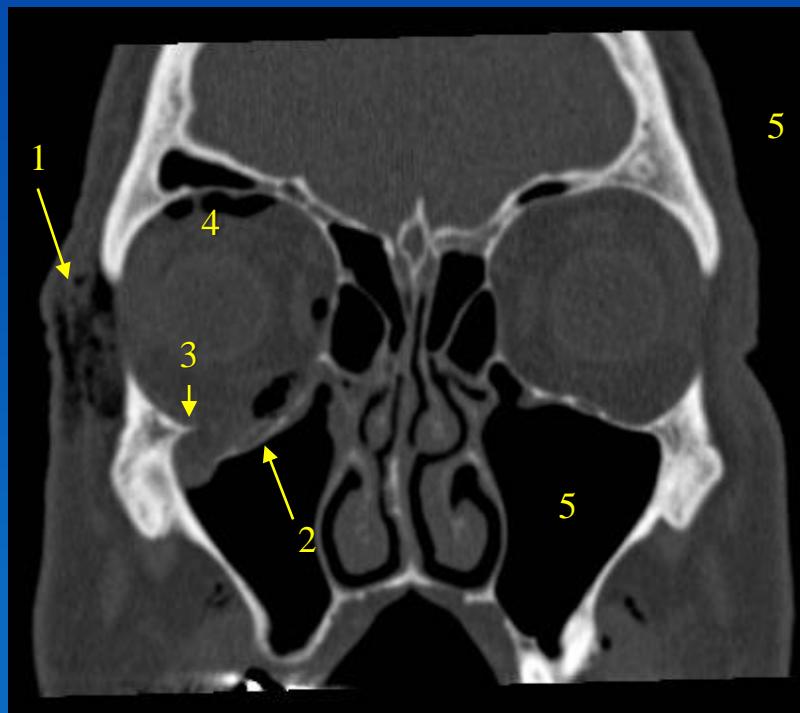
- Gennemgå billedet systematisk. Er der afvigelser fra den forventede normalanatomi?
- Det kan være en fordel at sammenligne højre og venstre side.

Normal anatomi?



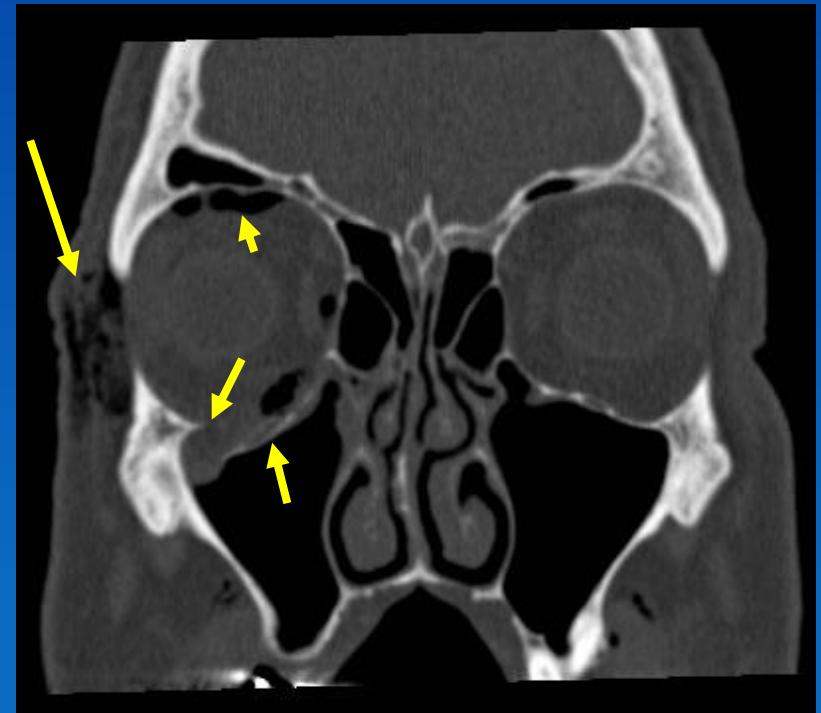
- Gennemgå billedeet systematisk. Er der afvigelser fra den forventede normalanatomi?
- Det kan være en fordel at sammenligne højre og venstre side.
- Hvad skyldes den mørke farve ved (1) ?

”Blow-out” fraktur af gulvet i højre orbita ned i sinus maxillaris

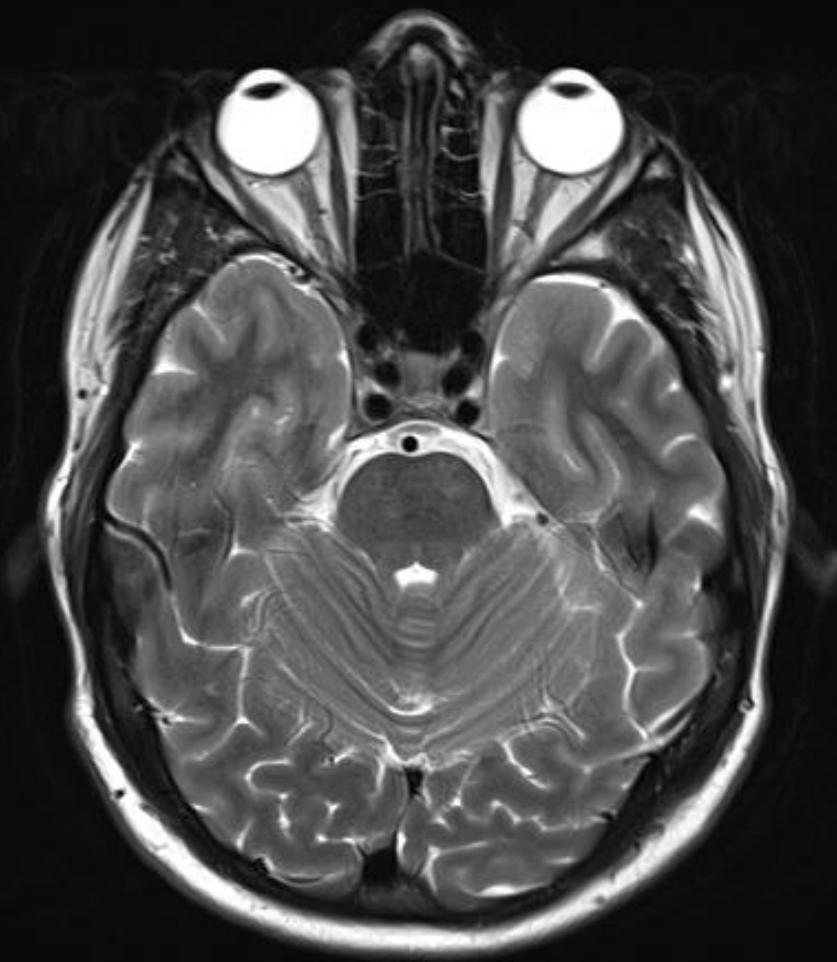


- Gennemgå billedet systematisk. Er der afvigelser fra den forventede normalanatomি?
- Det kan være en fordel at sammenligne højre og venstre side.
- Hvad skyldes den mørke farve ved (1) ? Der er tale om luft i bløddelene lateralt for orbita på højre side. Gulvet i højre orbita ligger for lavt i forhold til venstre side og vinkler mere kaudalt lateralt (2) , hvor der er et brud i knoglen. Endelig ses luft i orbita (4). Læg mærke til at luften i sinus maxillaris og udenfor personen er sort (5)

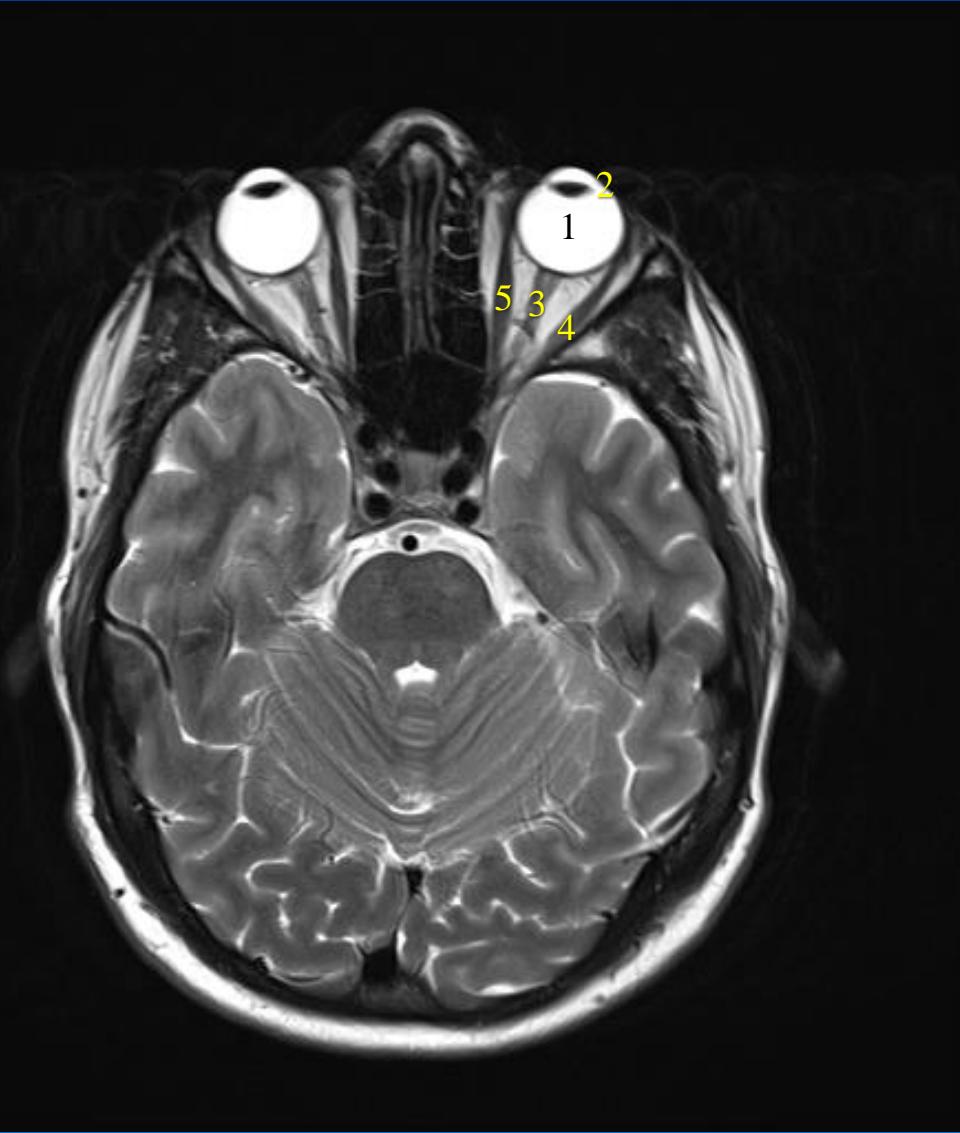
”Blow-out” fraktur af gulvet i højre orbita ned i sinus maxillaris



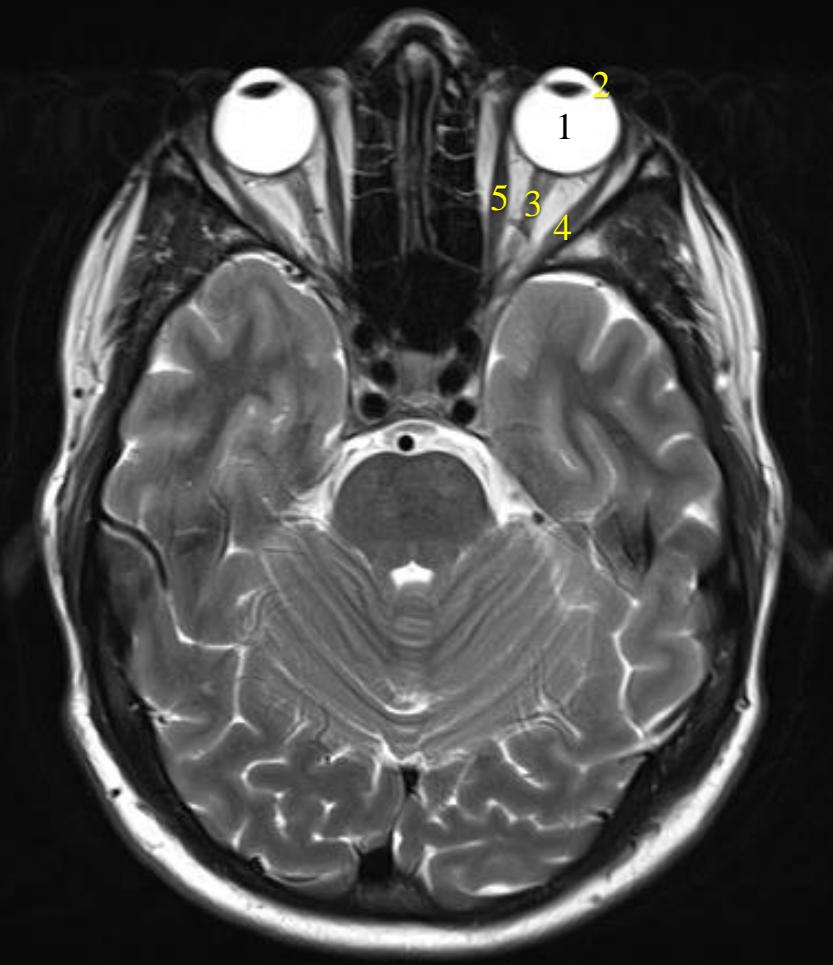
Bulbus oculi og nervus opticus



MR: T2



MR: T2



- 1) Bulbus oculi
- 2) Lens (Signal fattig (mørk))
- 3) N. opticus
- 4) M. rectus lateralis
- 5) M. rectus medialis

MR: T2

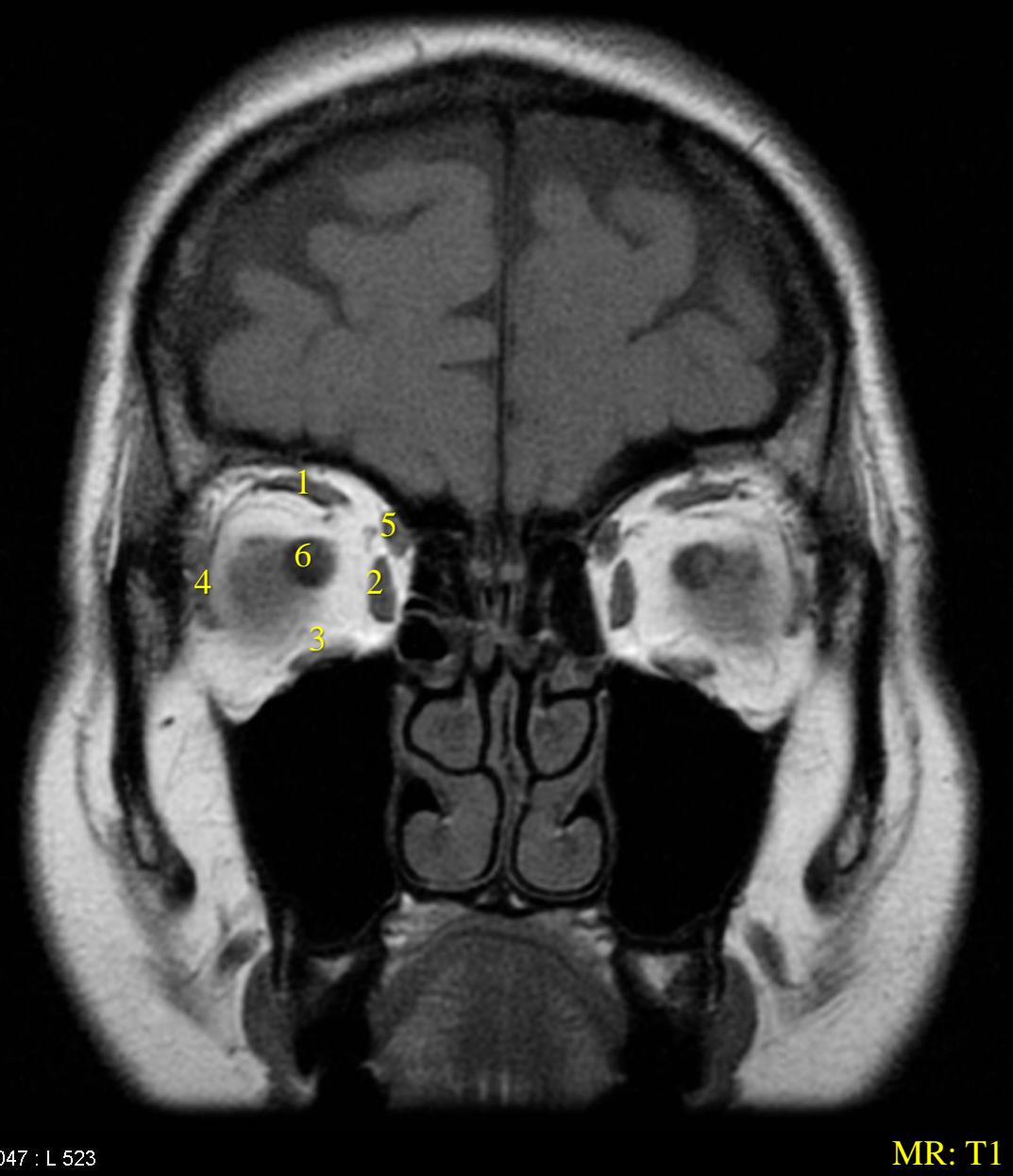
Strukturene i orbita:



MR: T1

047 : L 523

Strukturene i orbita:

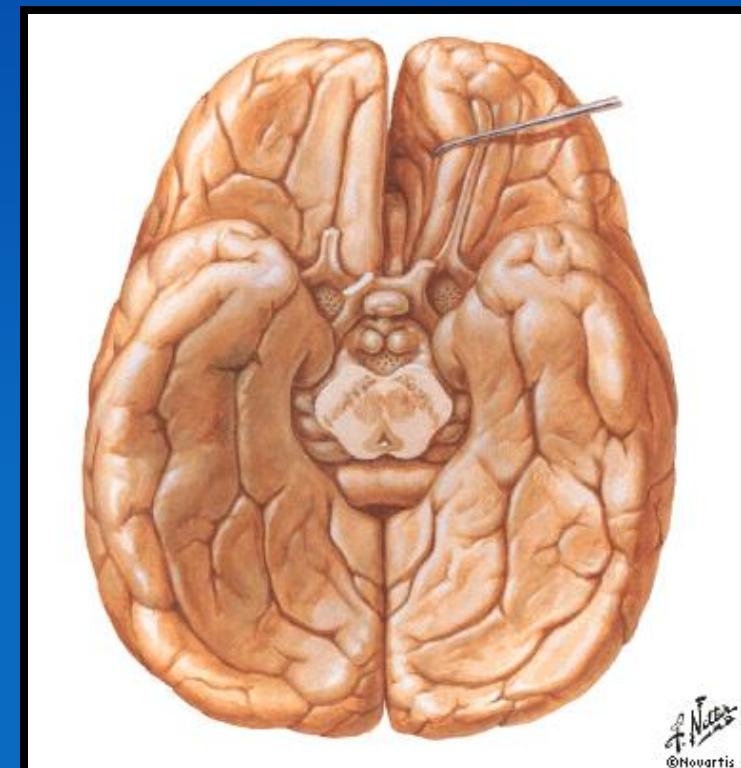
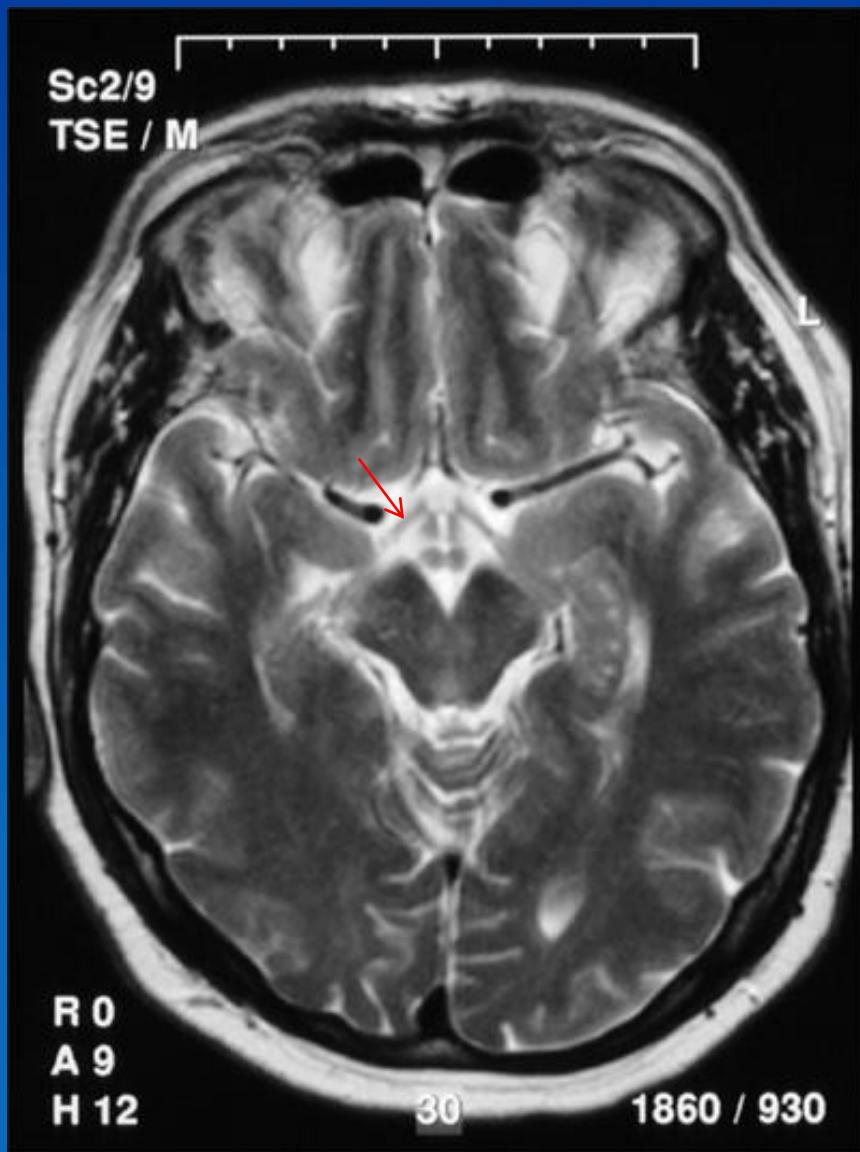




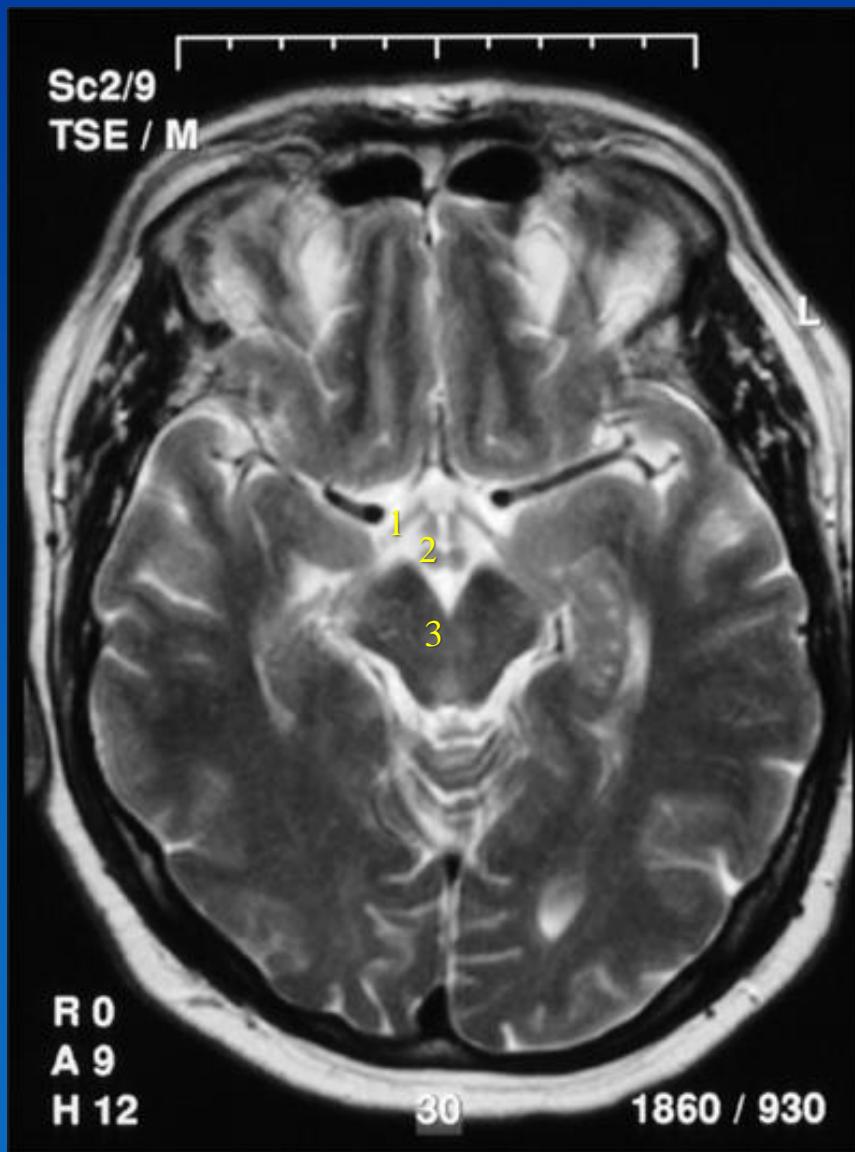
Strukterne i orbita:

- 1) M. rectus superior
- 2) M. rectus medialis
- 3) M. rectus inferior
- 4) M. rectus lateralis
- 5) M. obliquus sup.
- 6) N. opticus

MR cerebrum, mand 34 år: Tractus opticus

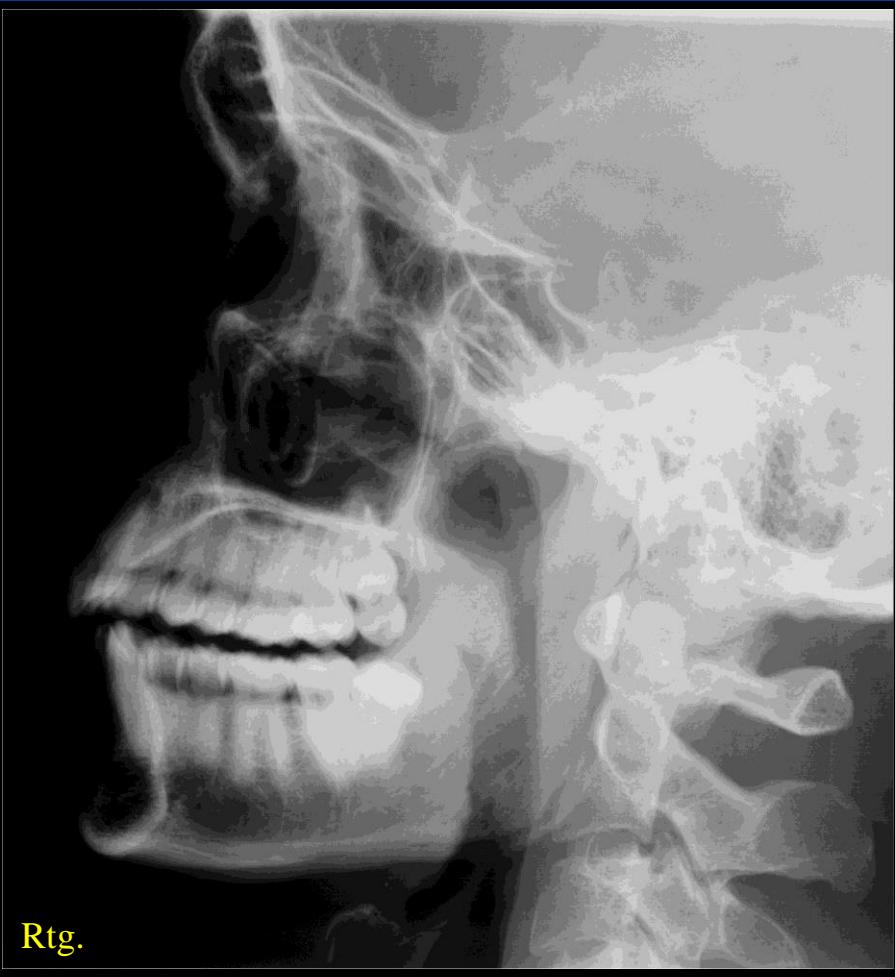


MR cerebrum, mand 34 år: Tractus opticus

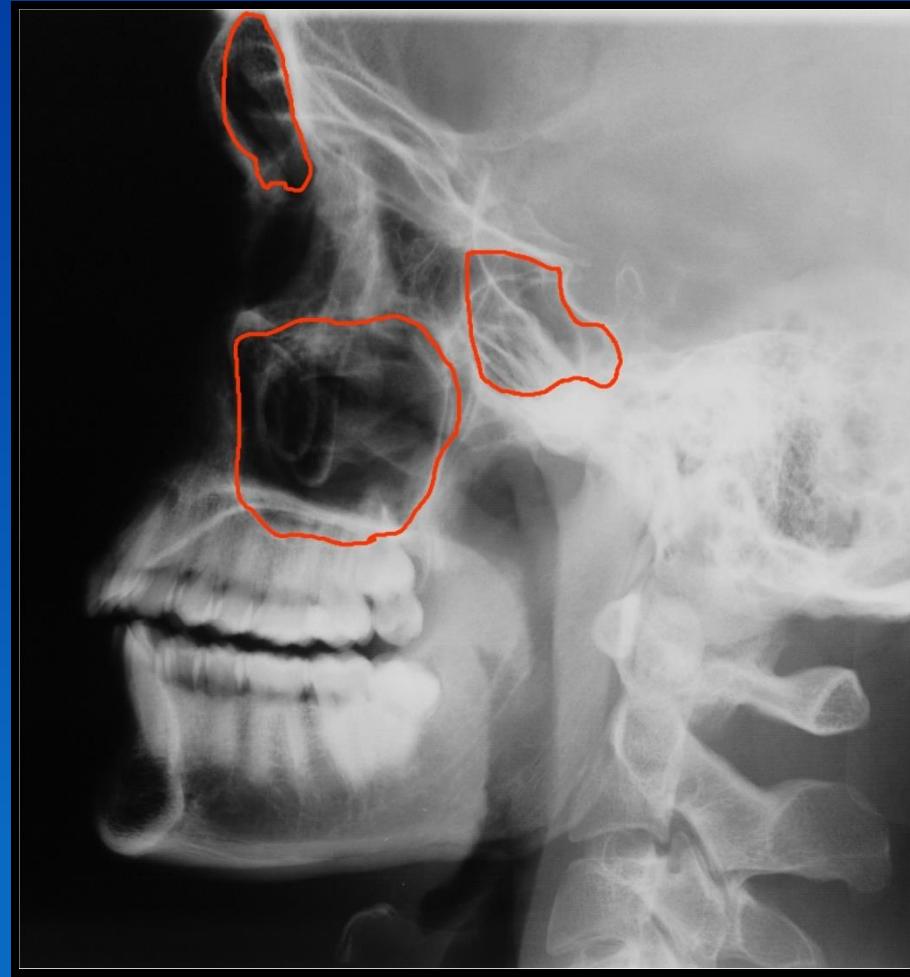


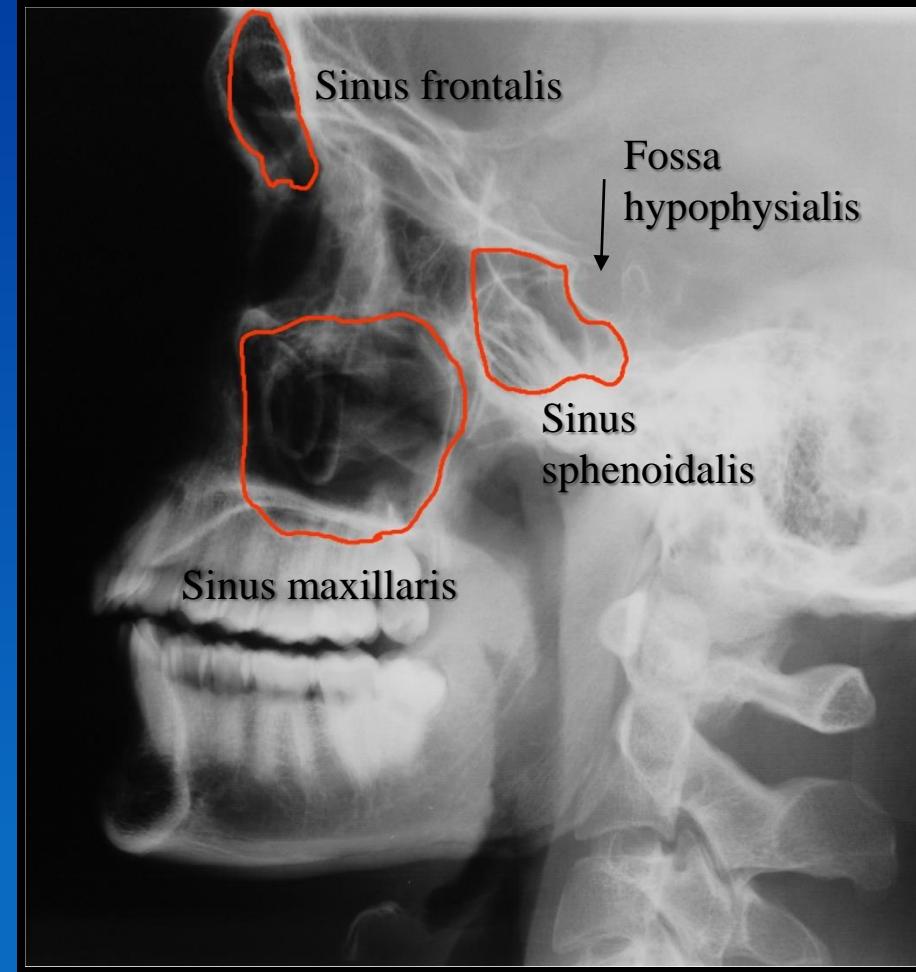
- 1) Tractus opticus
- 2) Corpus mammilare
- 3) Mesencephalon

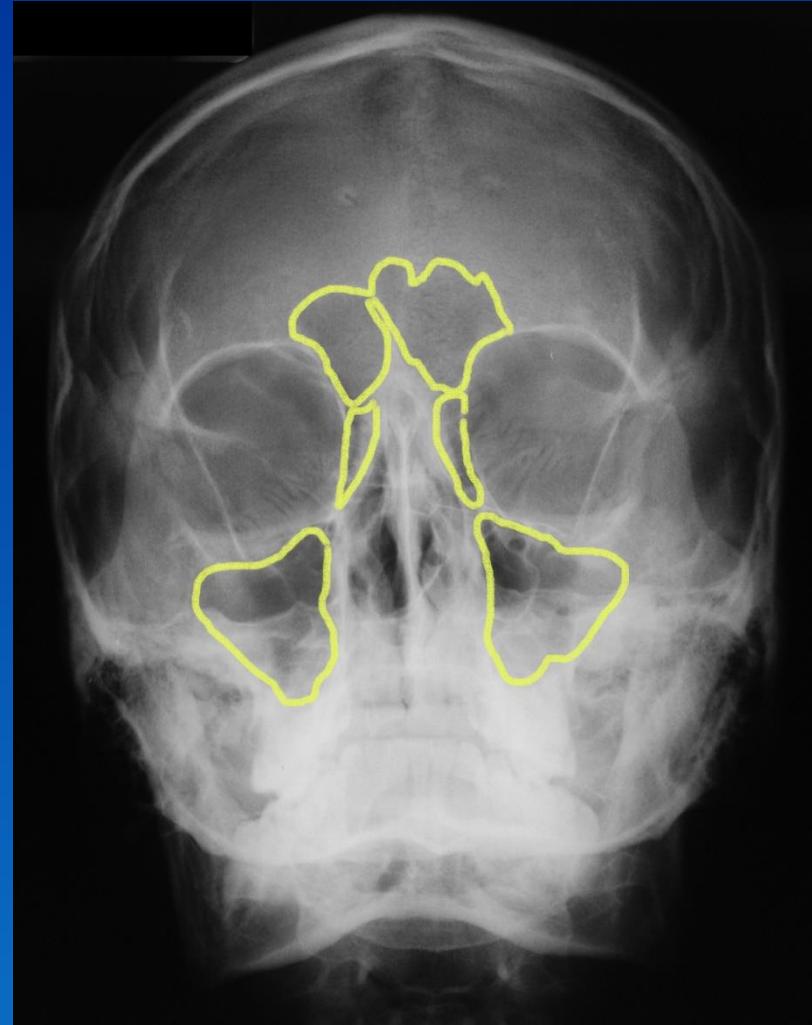
Sinus paranasales
Cavitas nasi

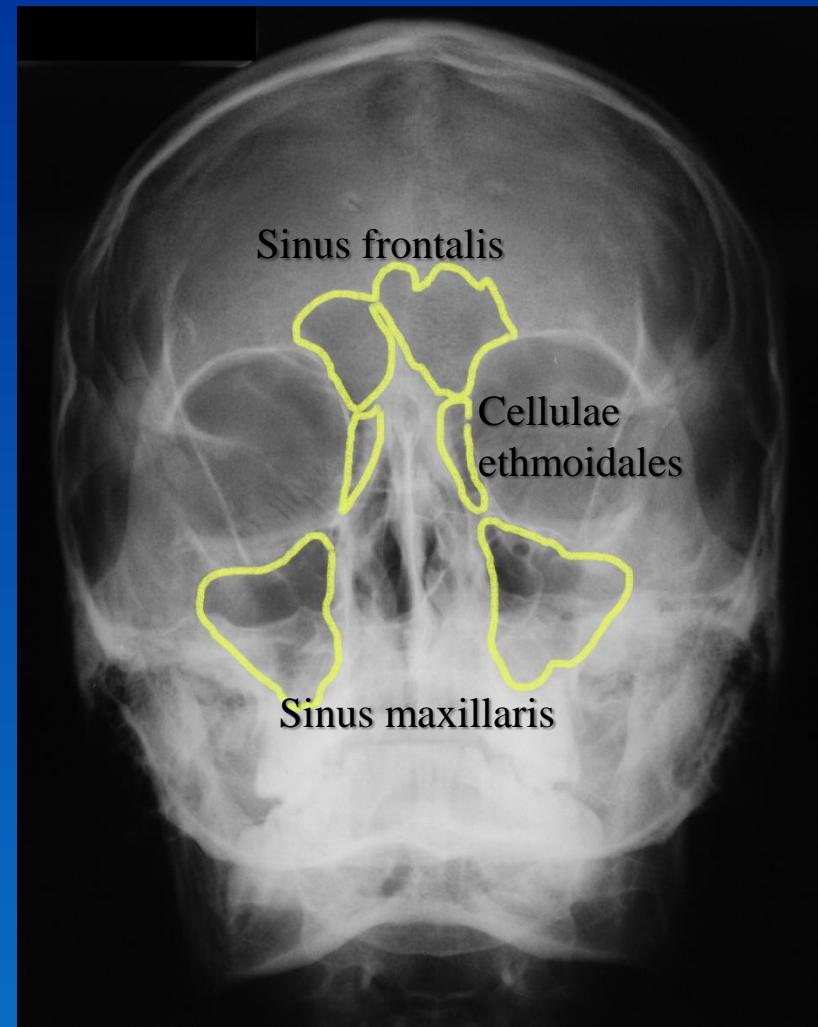


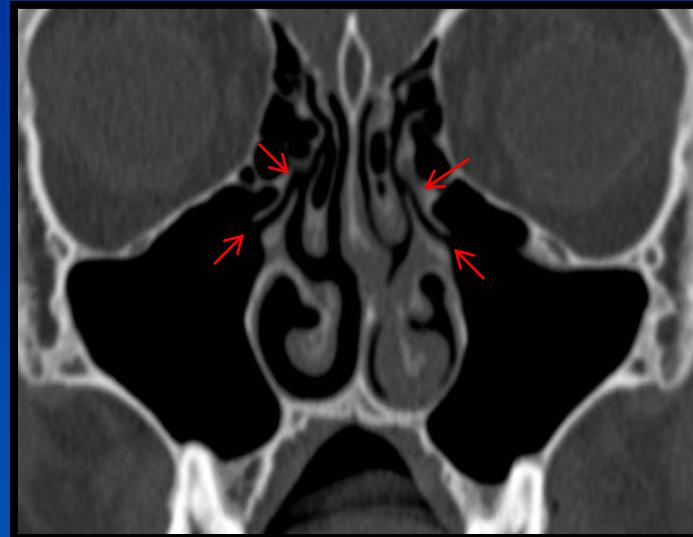
Rtg.



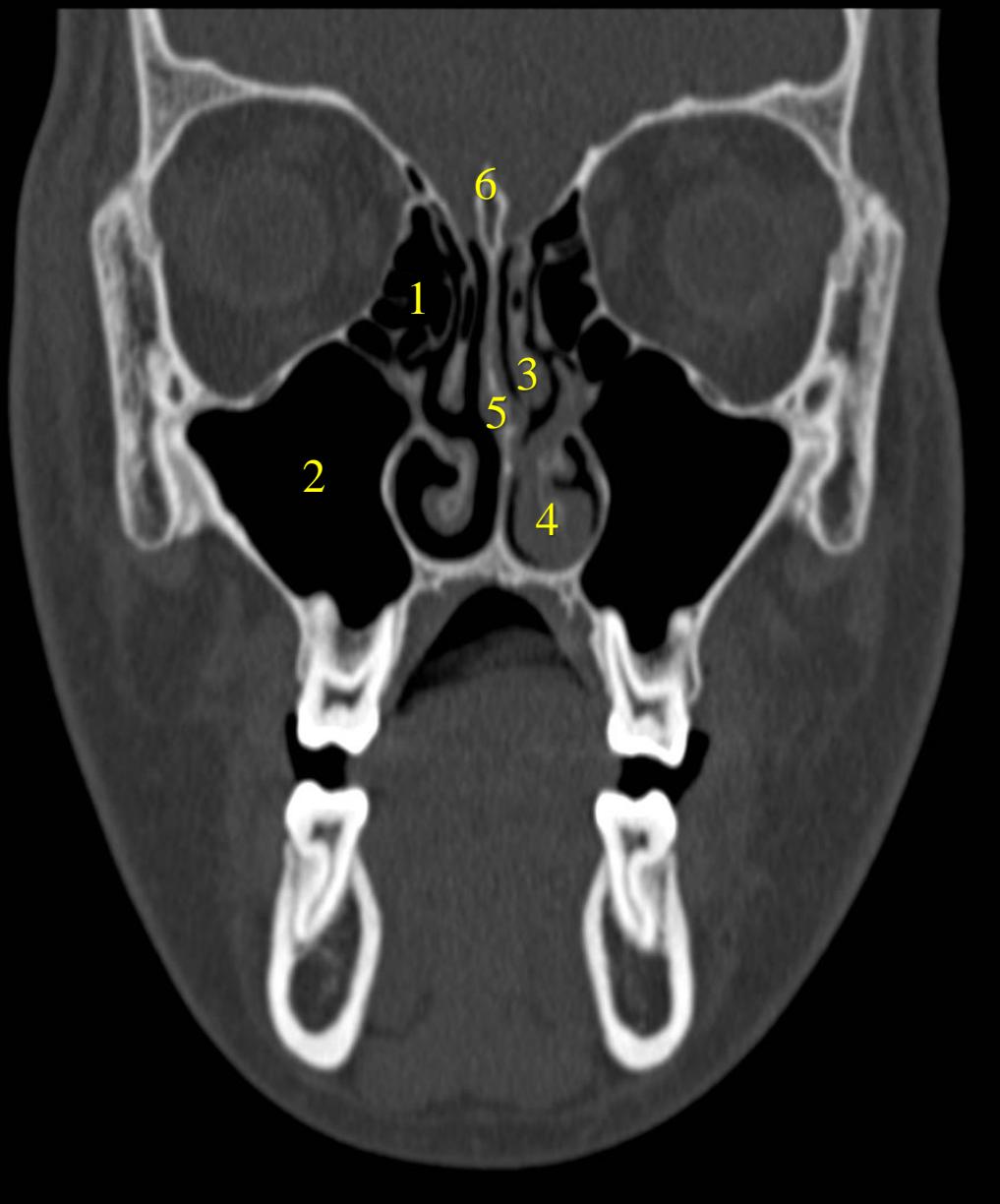


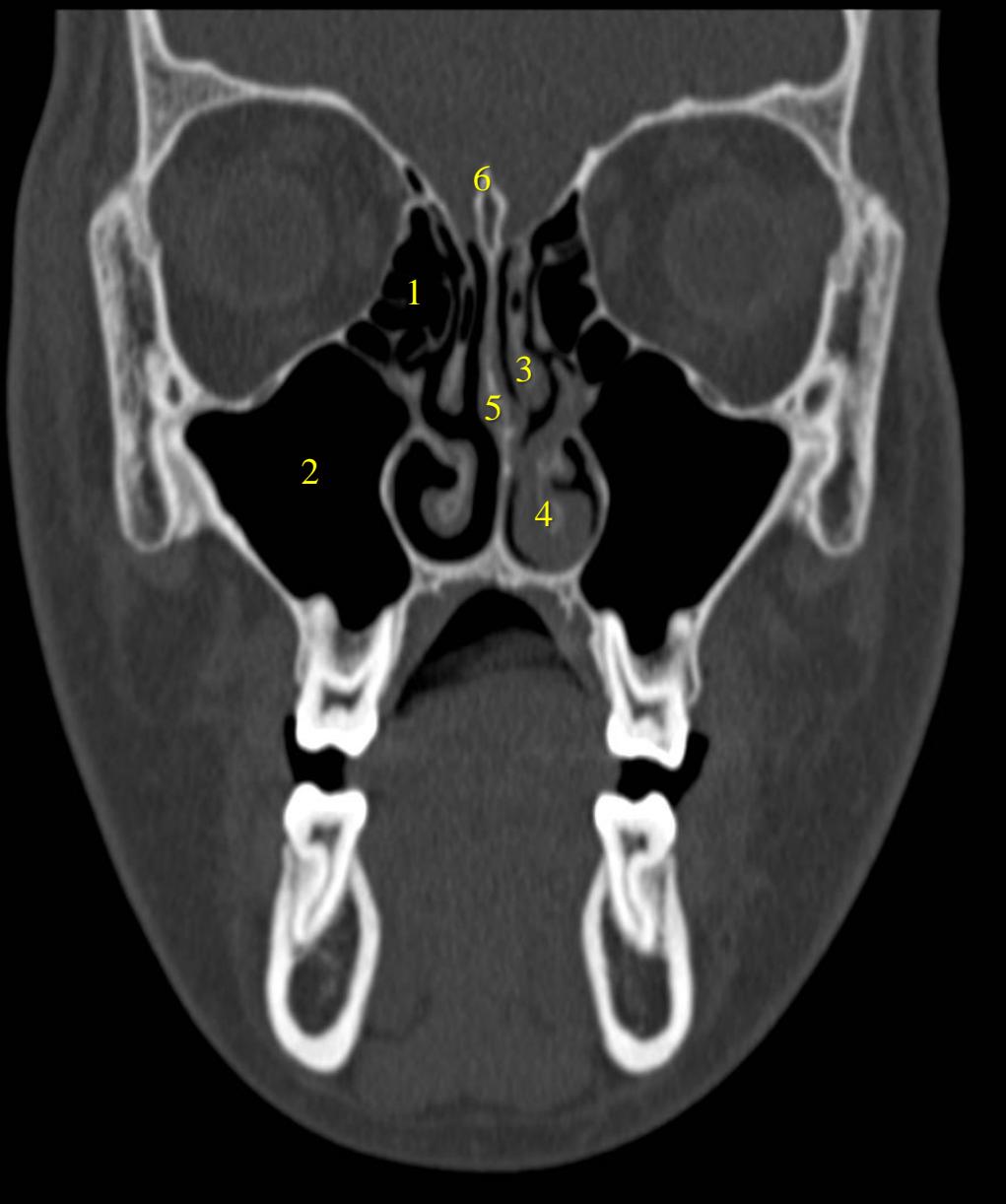






Sinus paranasales og cavitas nasi:

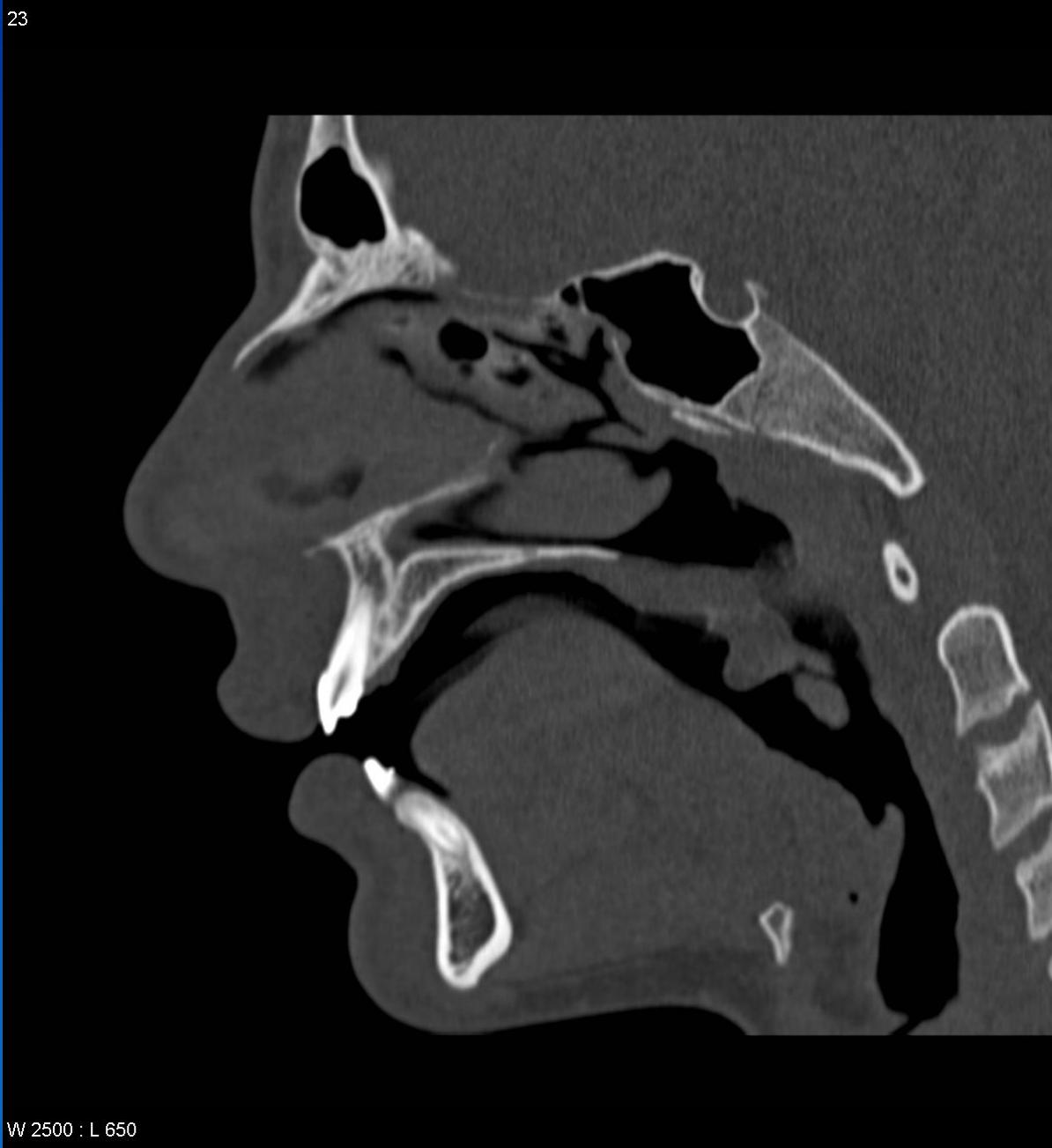




Sinus paranasales og cavitas nasi:

- 1) Cellulae ethmoidales
- 2) Sinus maxillaris
- 3) Chonca nasalis media
- 4) Chonca nasalis inferior
- 5) Septum nasi
- 6) Crista galli



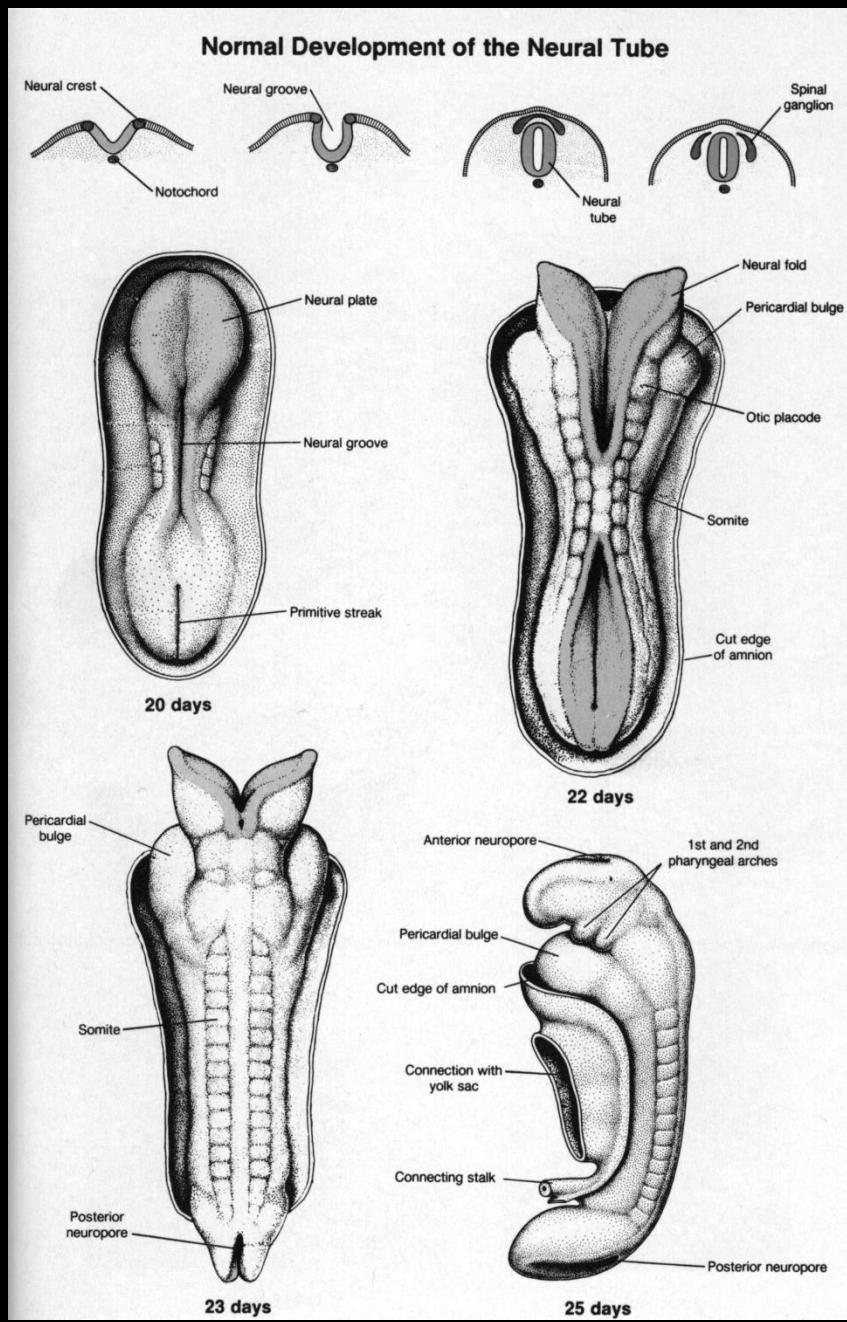


W 2500 : L 650

Neurokraniet

Anencephali (gr. *an* uden, *kefalos* hjerne)



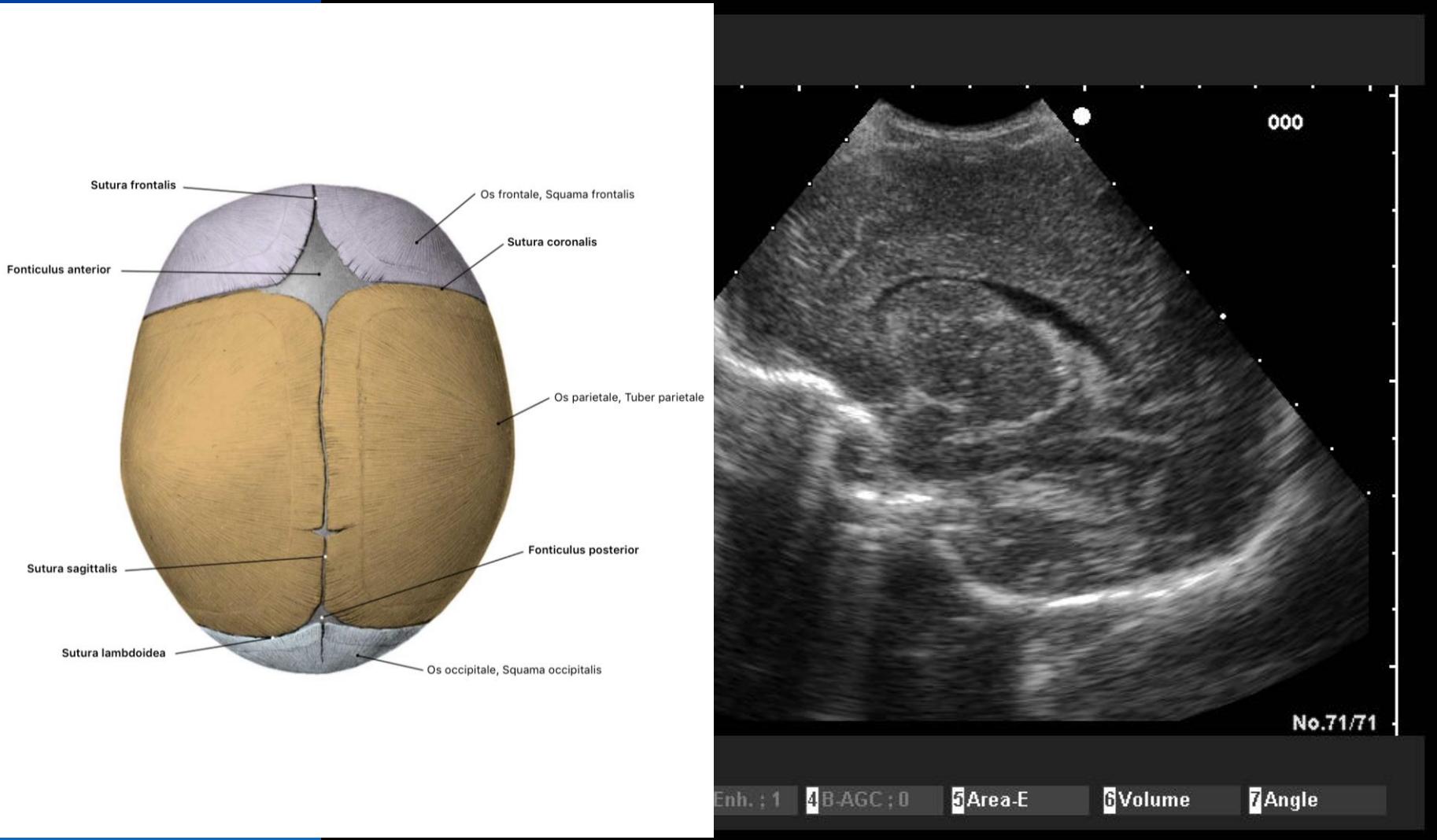


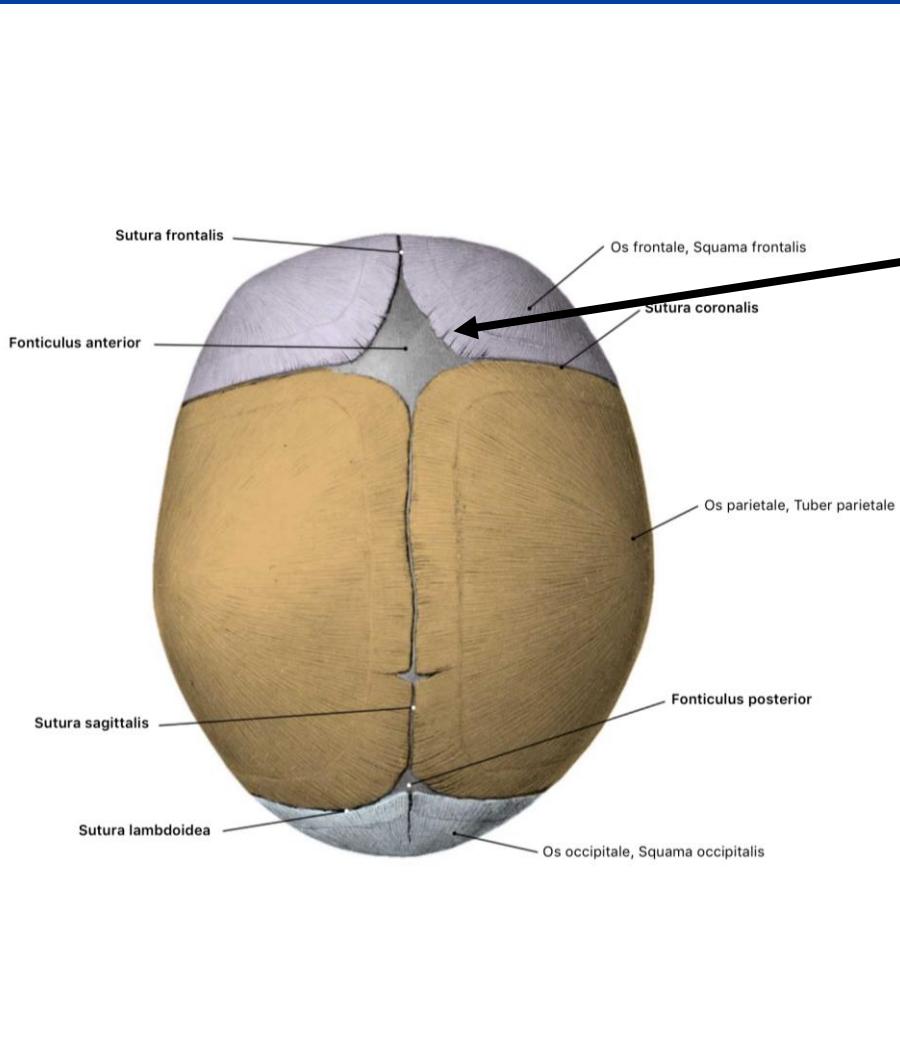
Udviklingen af neuralrøret frem til dannelsen af den anteriore og posteriore neuropore. Disse lukkes normalt hhv. 25. og 27. dag. Anencephali er kendetegnet ved at den cephale ende af neuralrøret ikke lukker.

Neuralrørsdefekt:

Forøget mængde alfa-foetoprotein i amnionvæske og moderens blod

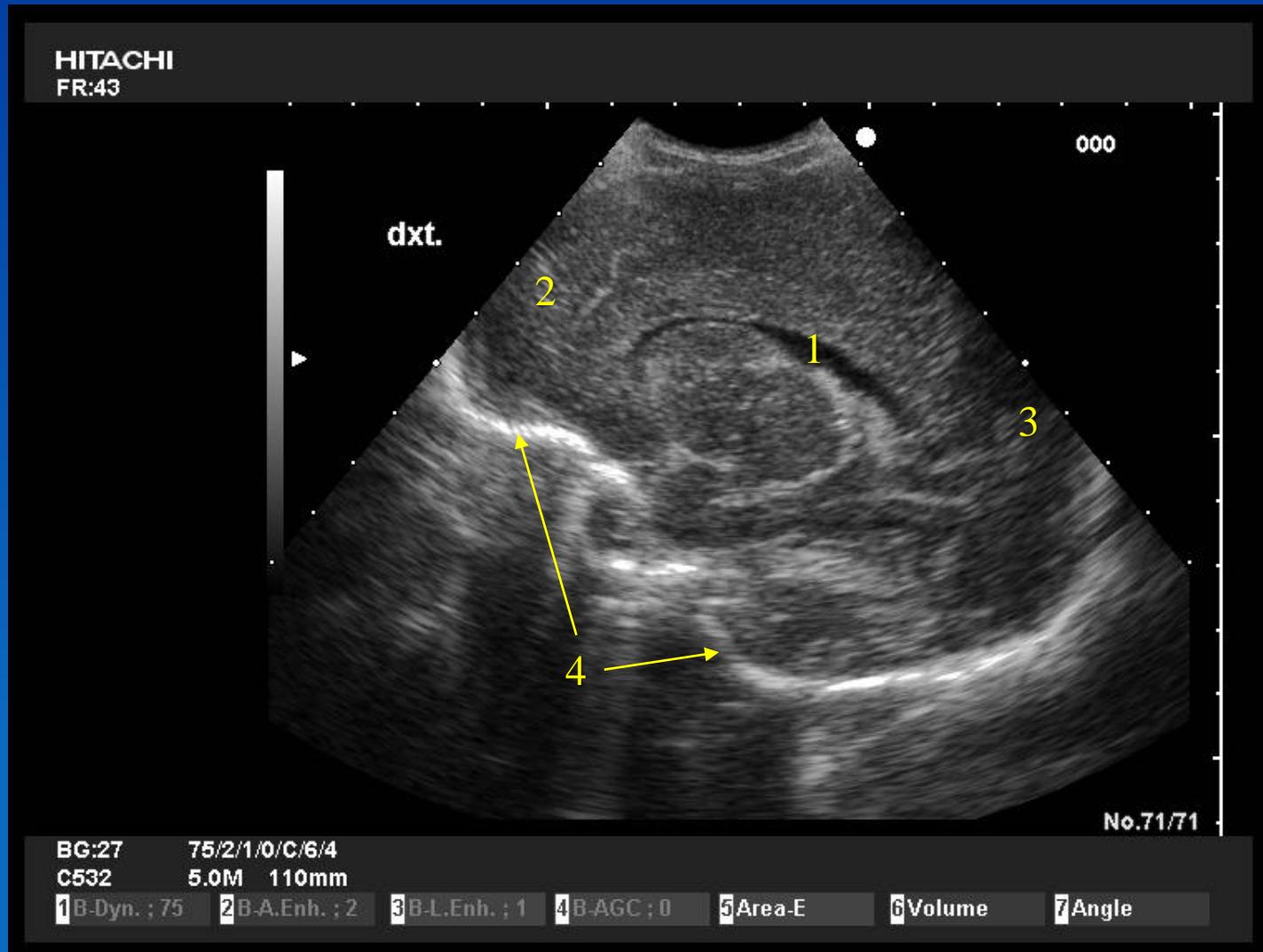
Indtagelse af folsyre tre måneder før ønsket graviditet nedsætter risikoen for neuralrørsdefekt betydeligt (75%).

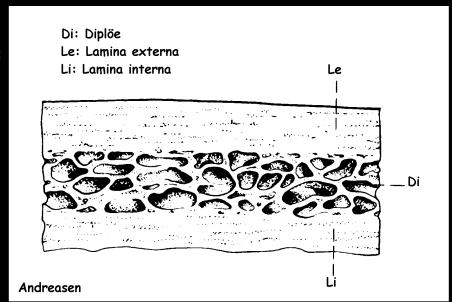
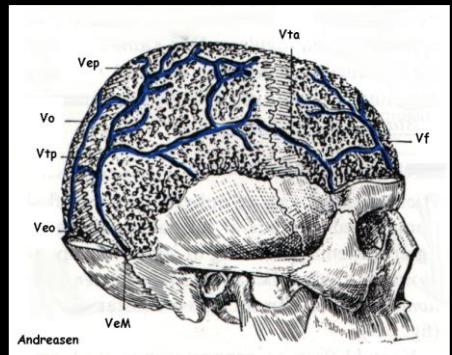
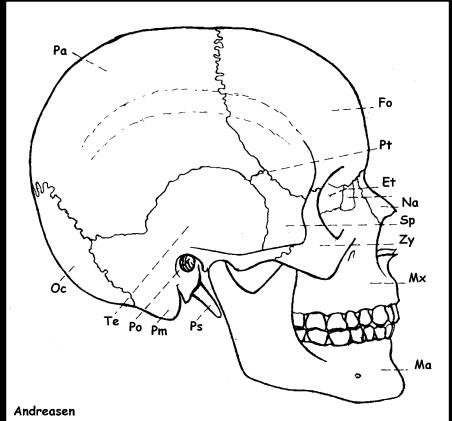


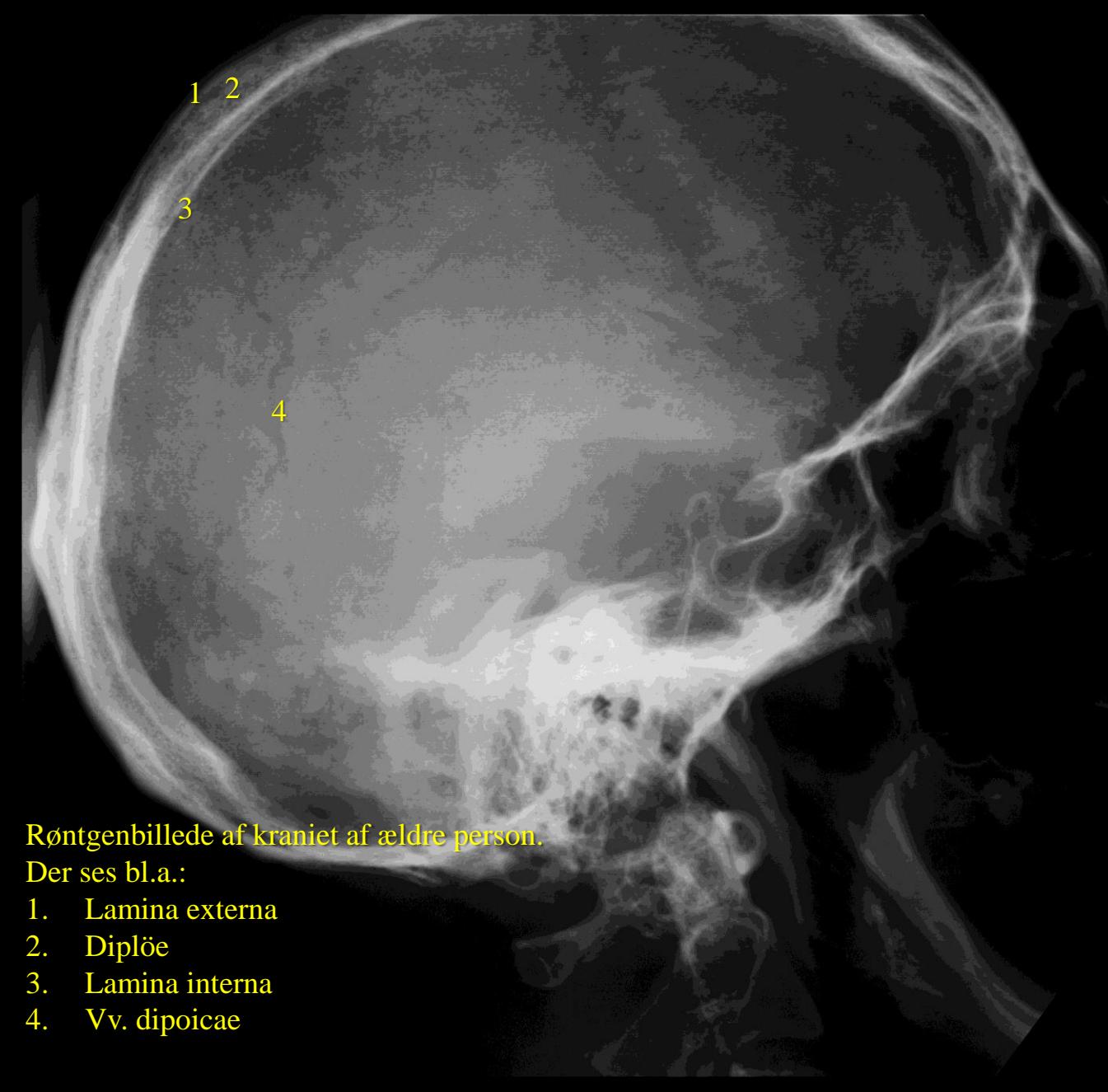


Fra fødslen og nogle måneder frem, kan fonticulus anterior benyttes som akustisk vindue for ultralydskanning af cerebrum. På et tidspunkt bliver fonticulus anterior under normale omstændigheder så lille, at indblikket bliver for dårligt, og ultralyd kan således ikke benyttes til diagnostik længere.

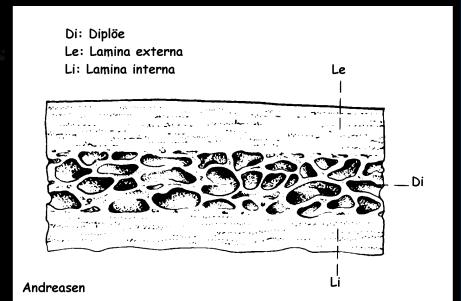
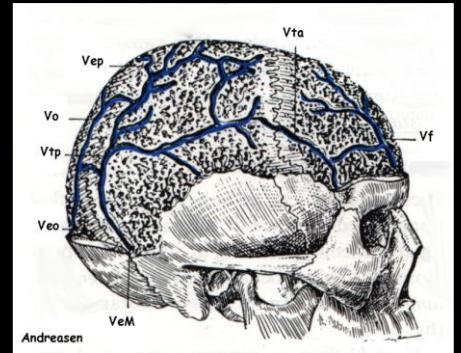
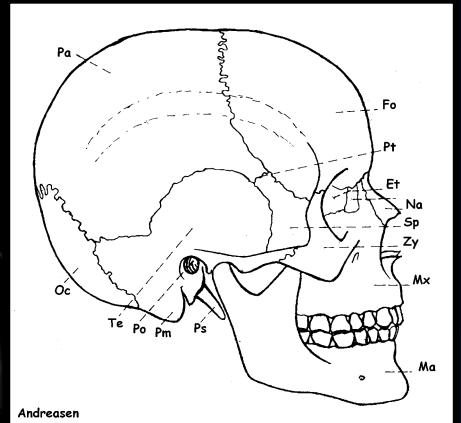
- 1) Ventriculus lateralis
- 2) Lobus frontalis
- 3) Lobus occipitalis
- 4) Basis cranii





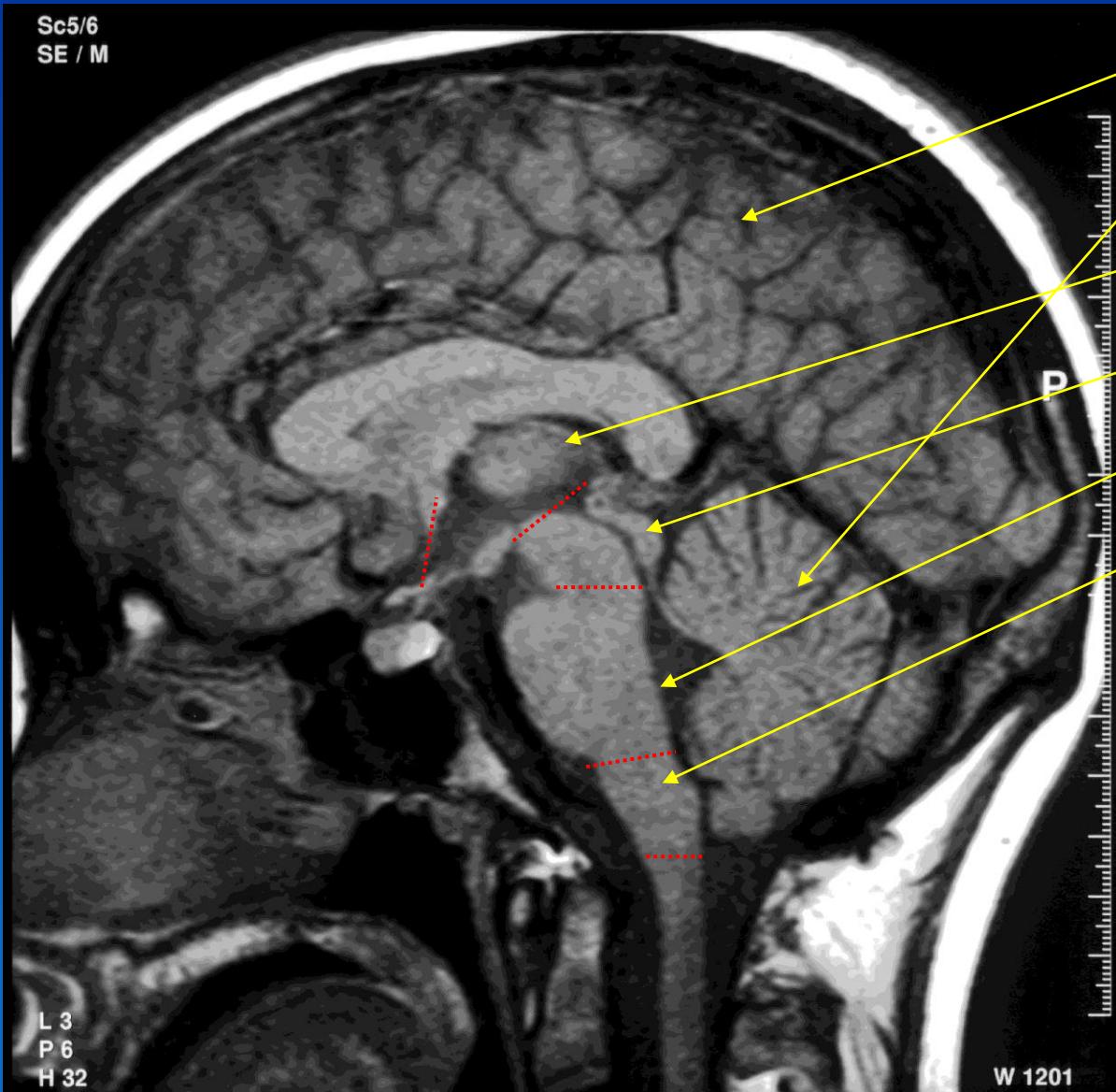


1. Lamina externa
2. Diplöe
3. Lamina interna
4. Vv. diploicae



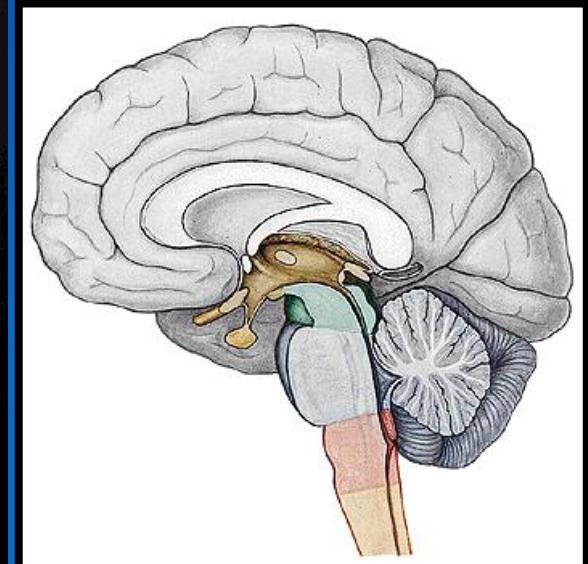
Encephalon

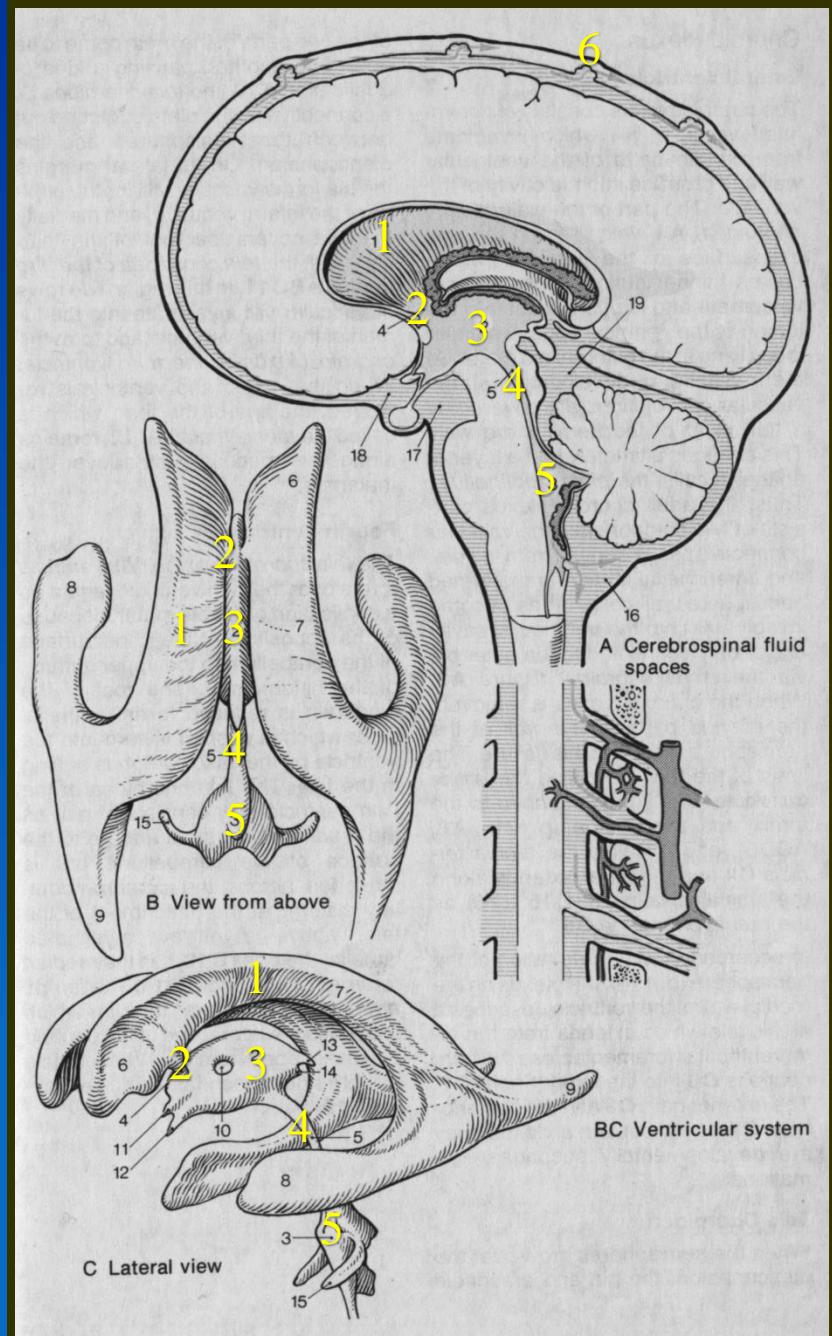
Sc5/6
SE / M

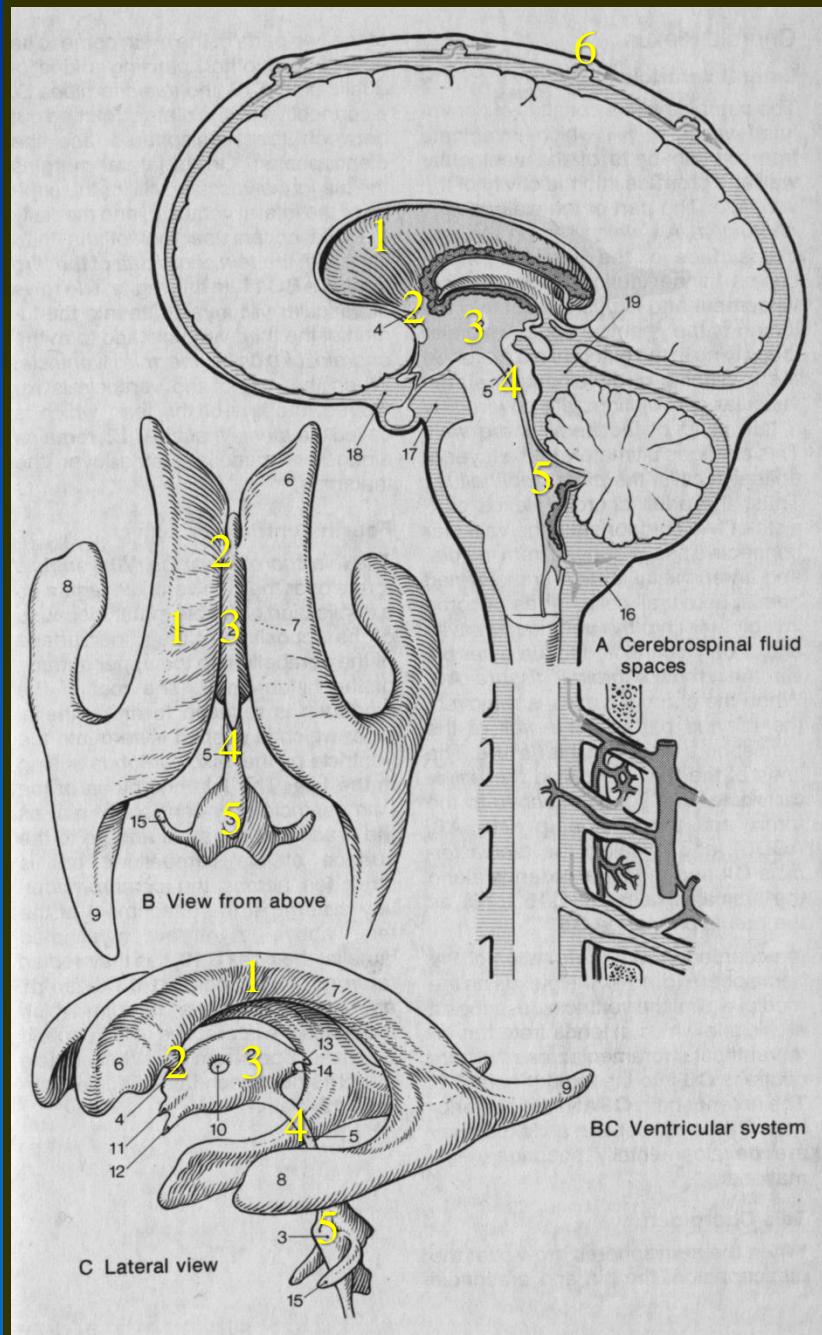


MR: T1

Cerebrum
Cerebellum
Diencephalon
Mesencephalon
Pons
Medulla obl.

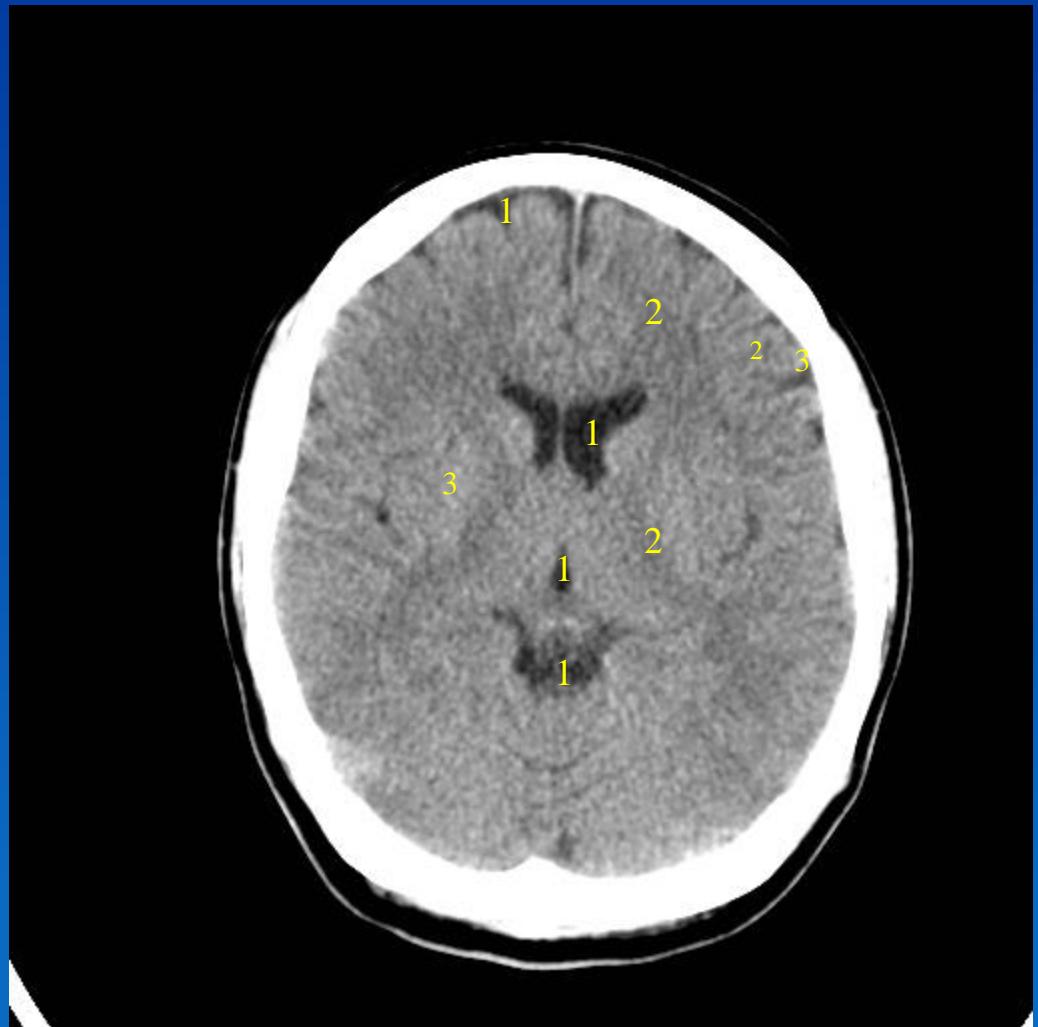
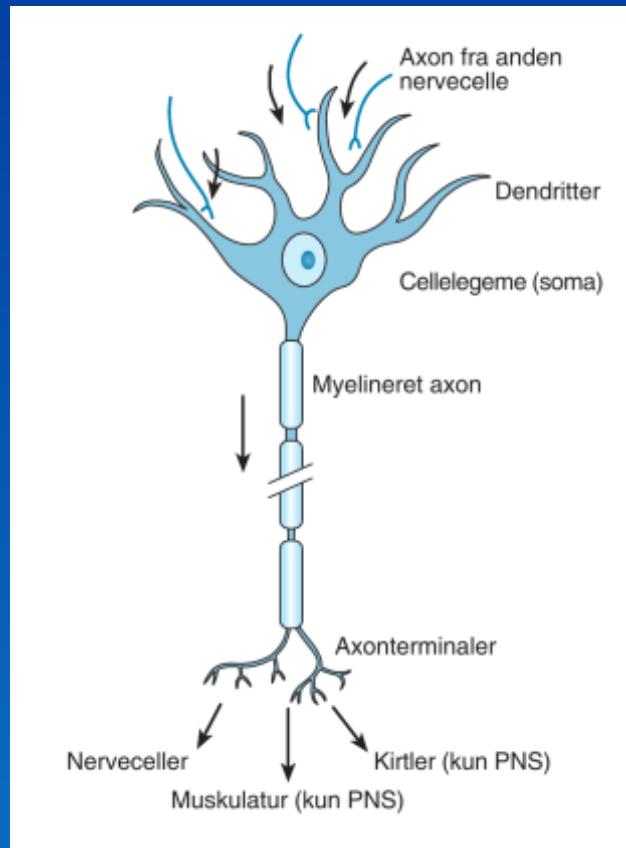




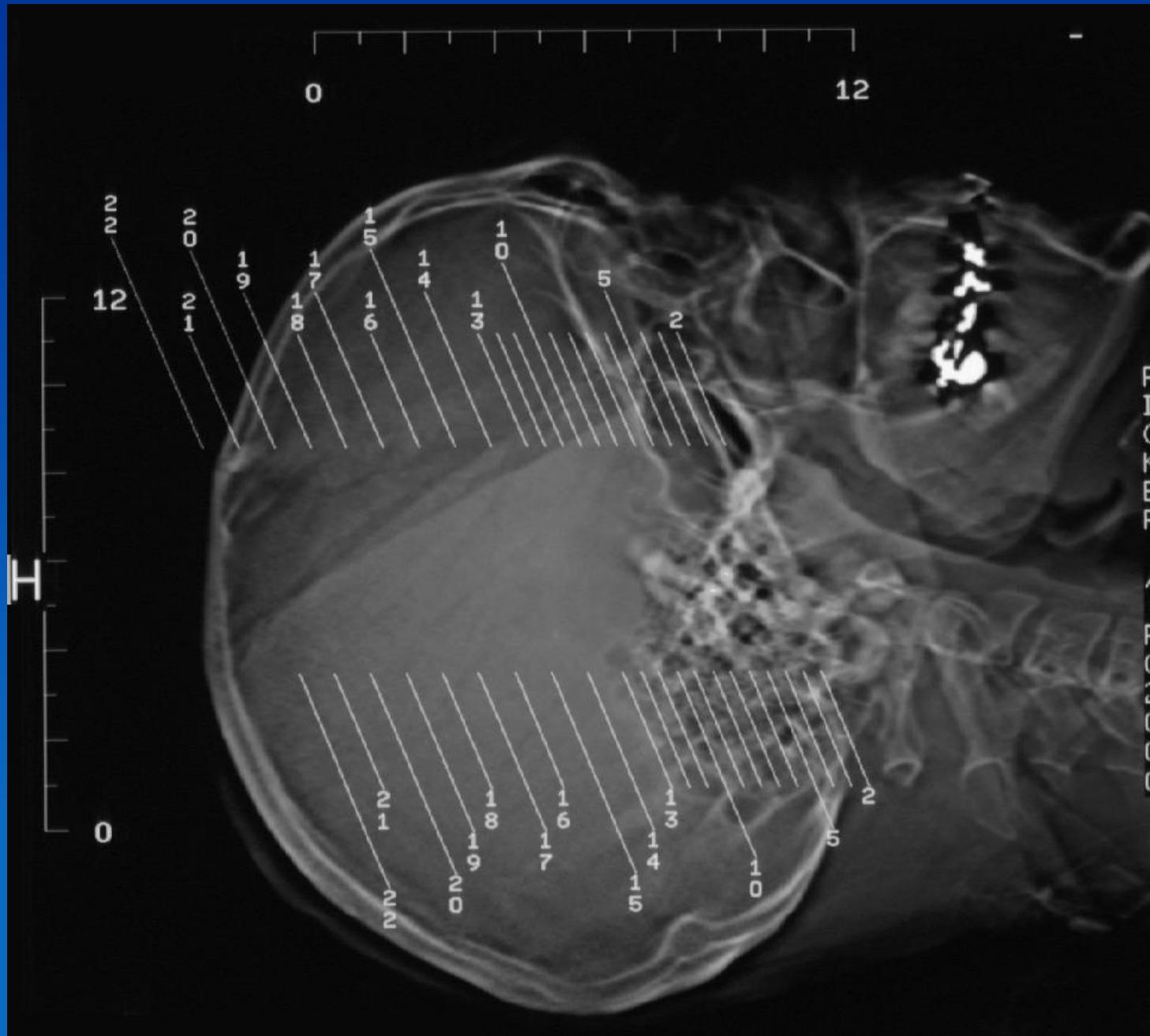


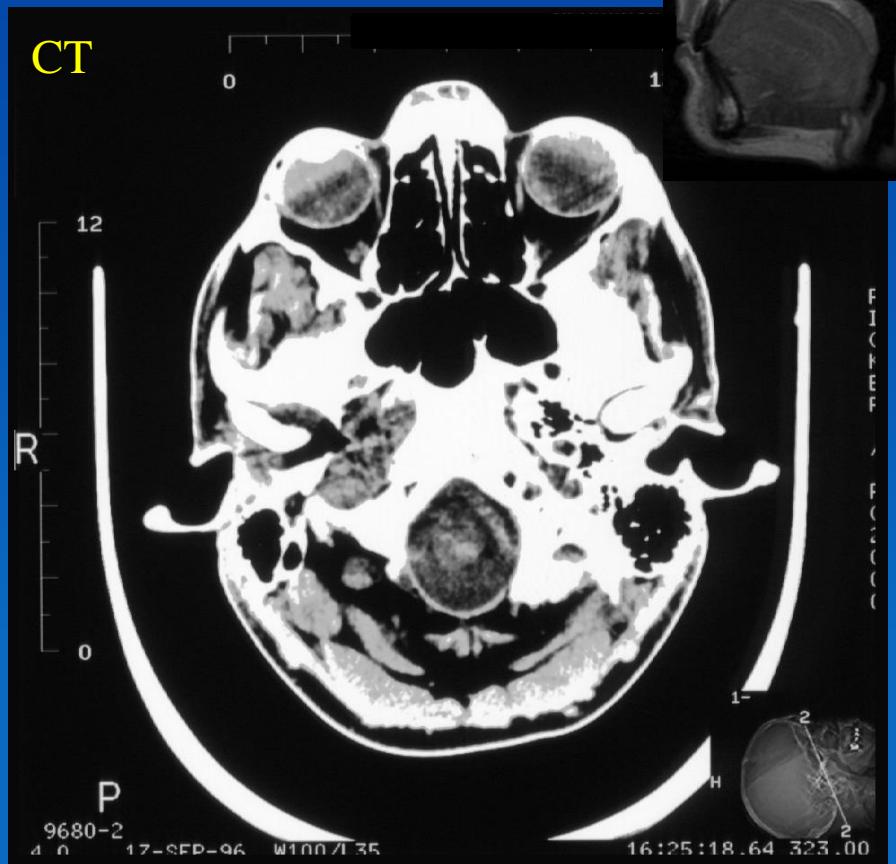
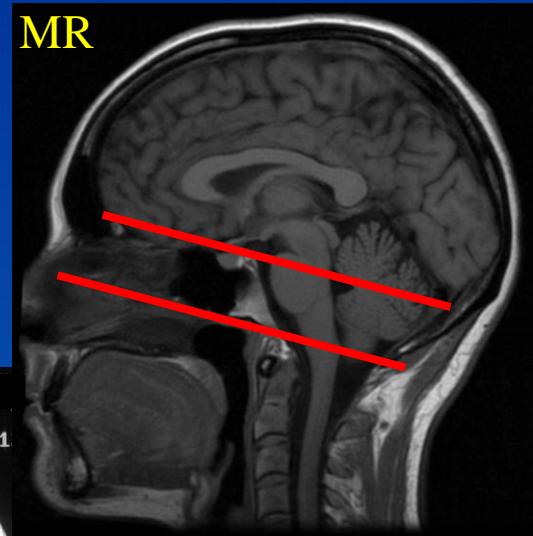
Ventrikelsystemet:

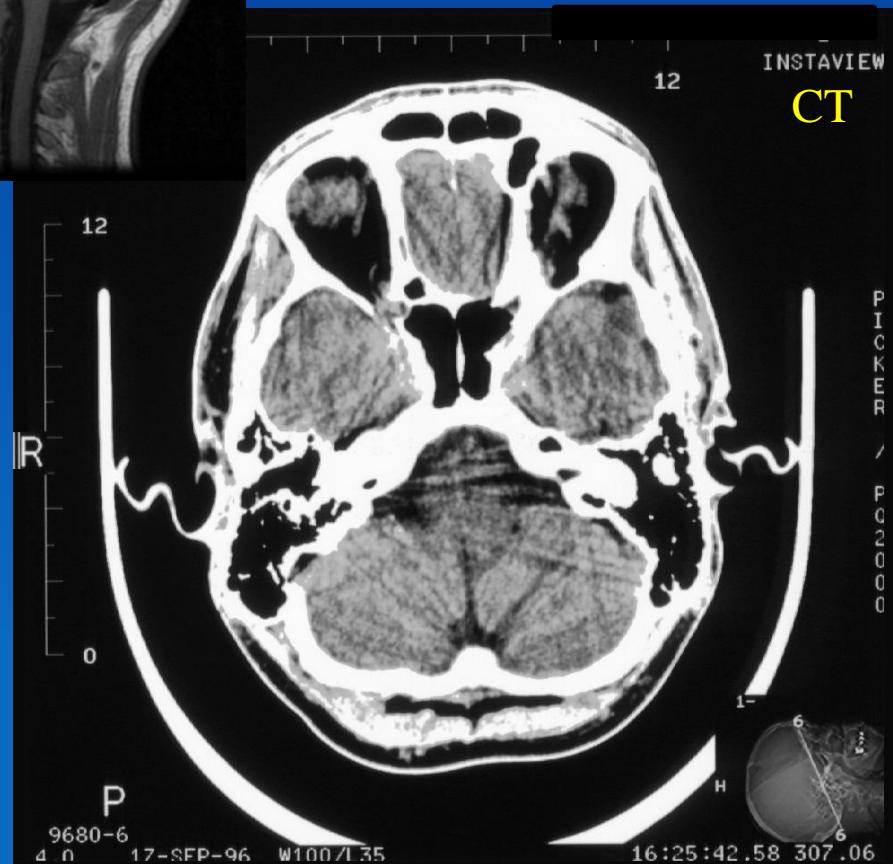
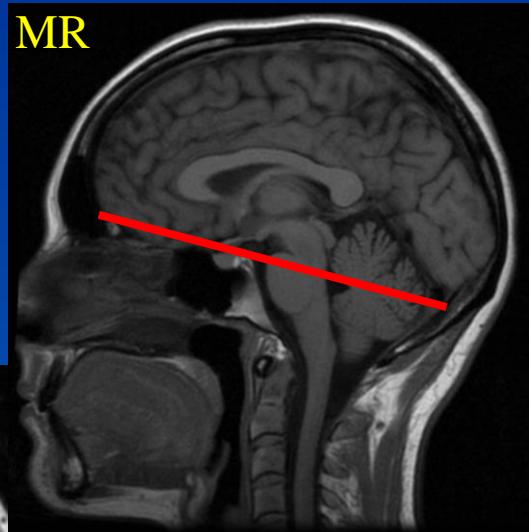
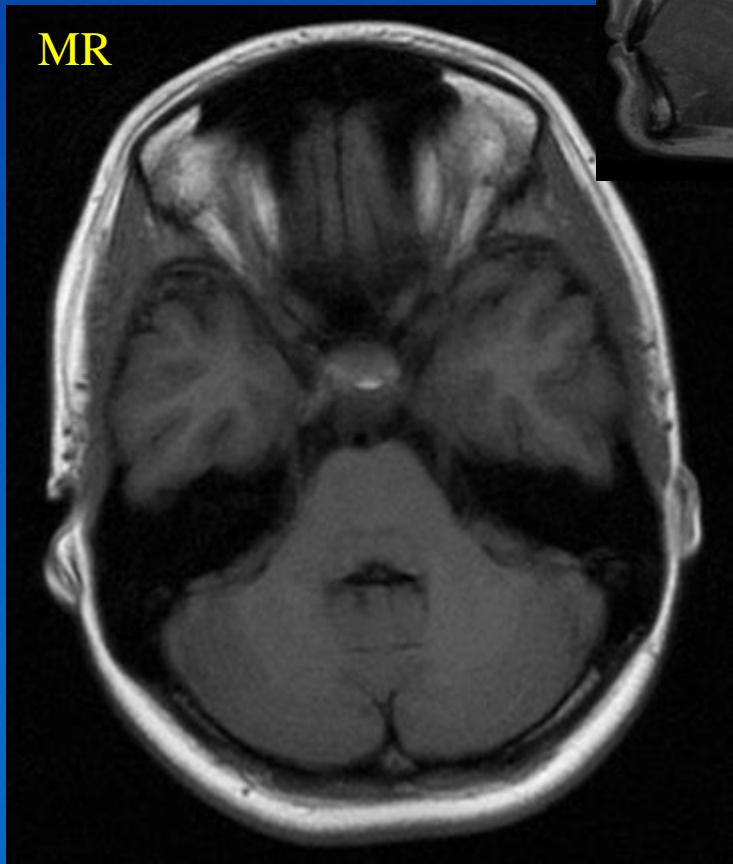
- 1) Ventriculus lateralis
- 2) Foramen interventriculare
- 3) Ventriculus tertius
- 4) Aquaductus cerebri
- 5) Ventriculus quartus
- 6) Granulatio arachnoidea

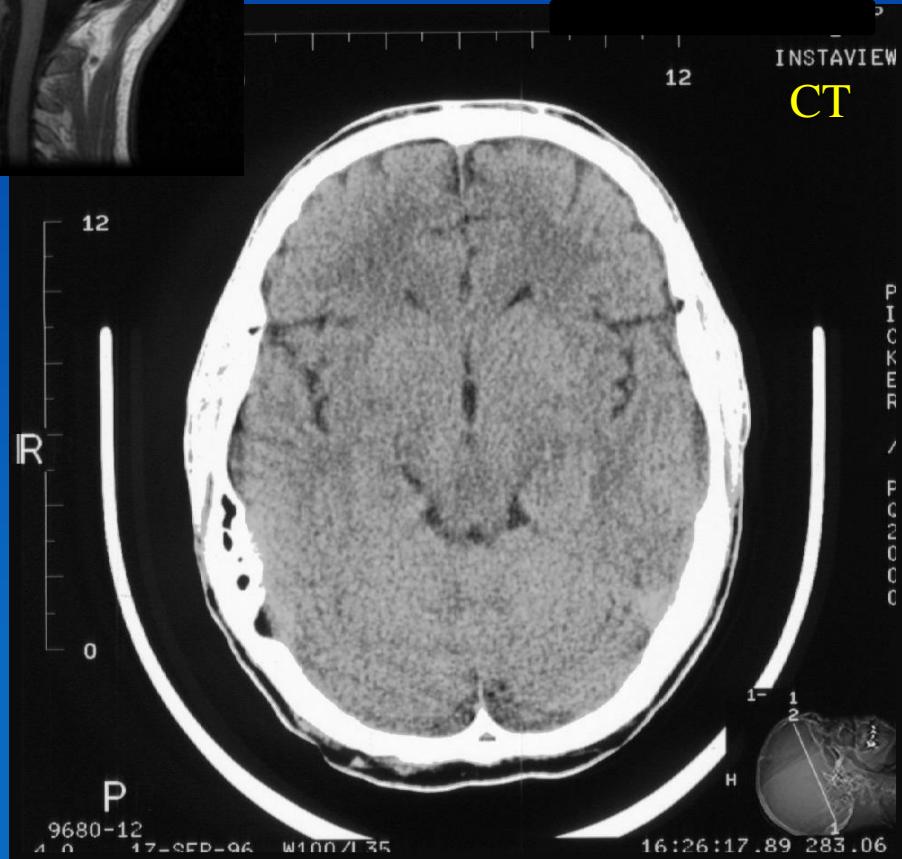
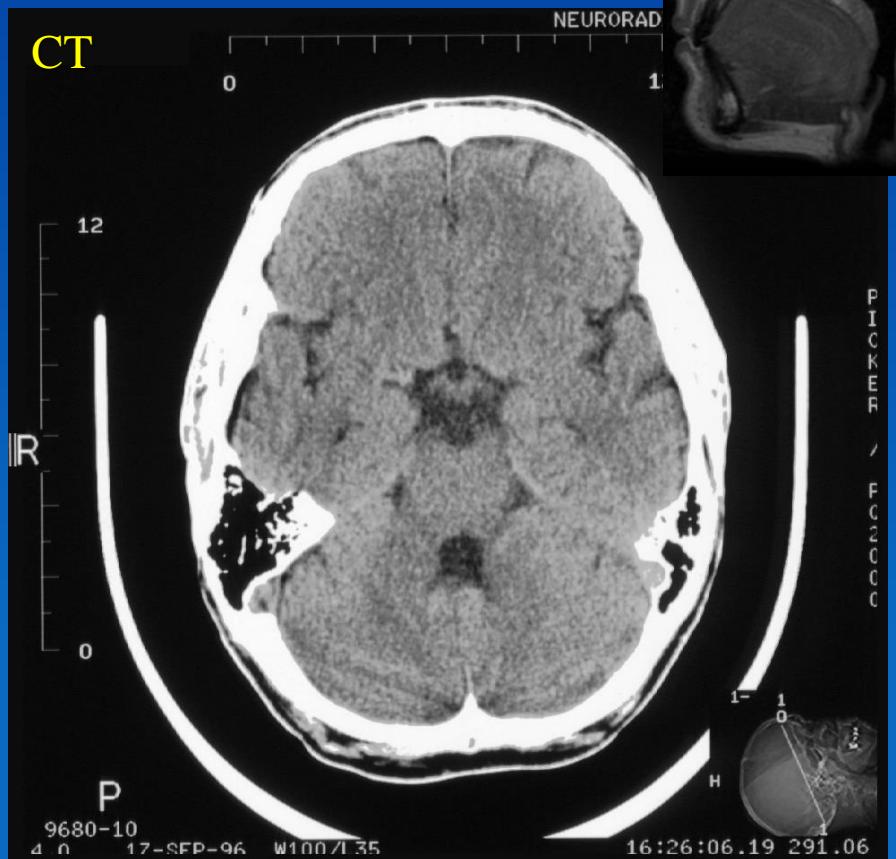
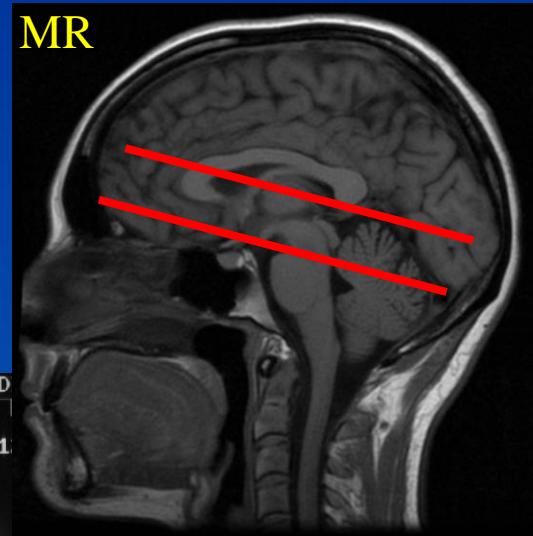


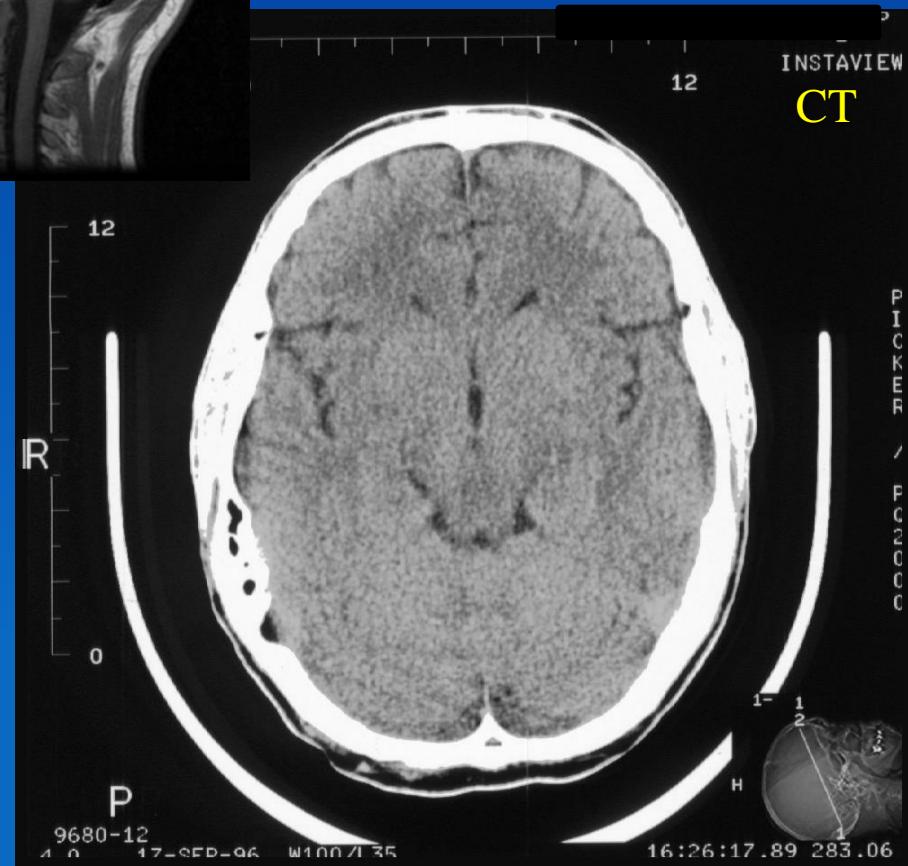
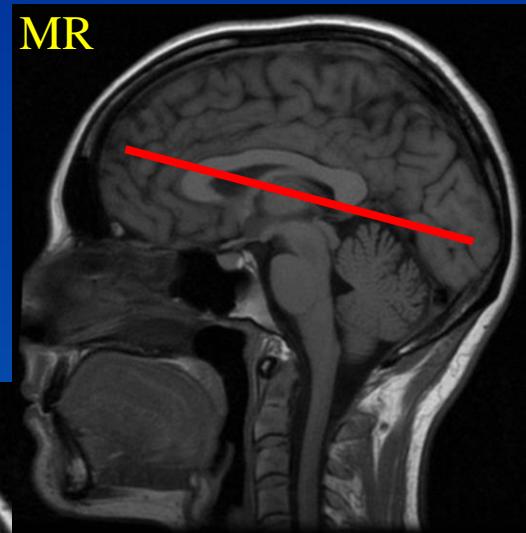
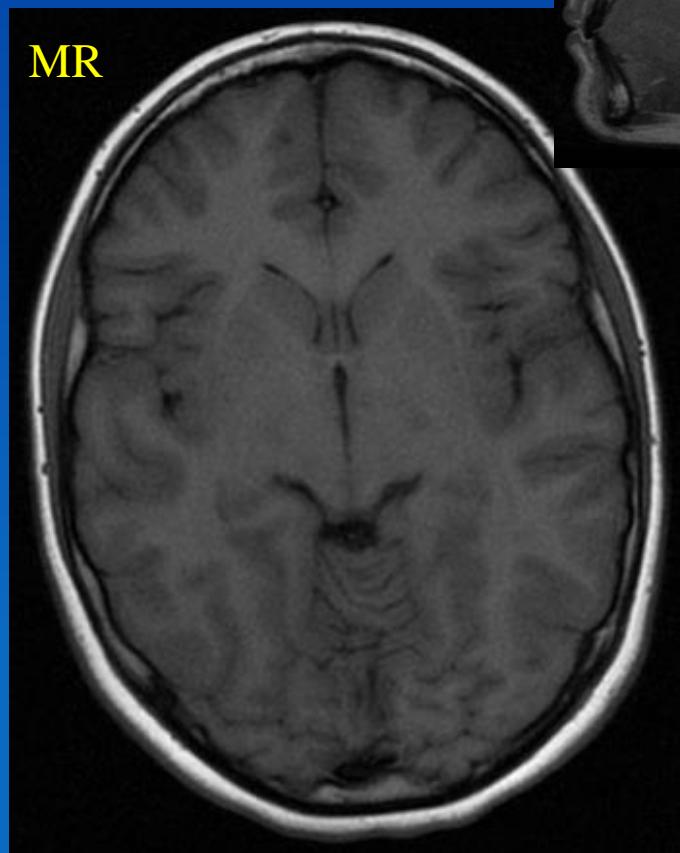
Enkelt snit fra CT skanning af cerebrum. De helt sorte områder (1) er cerebrospinalvæske. De mørk grå områder er den hvide substans (2) – samlinger af axoner – og de lys grå områder er den grå substans – samlinger af somaer (3).

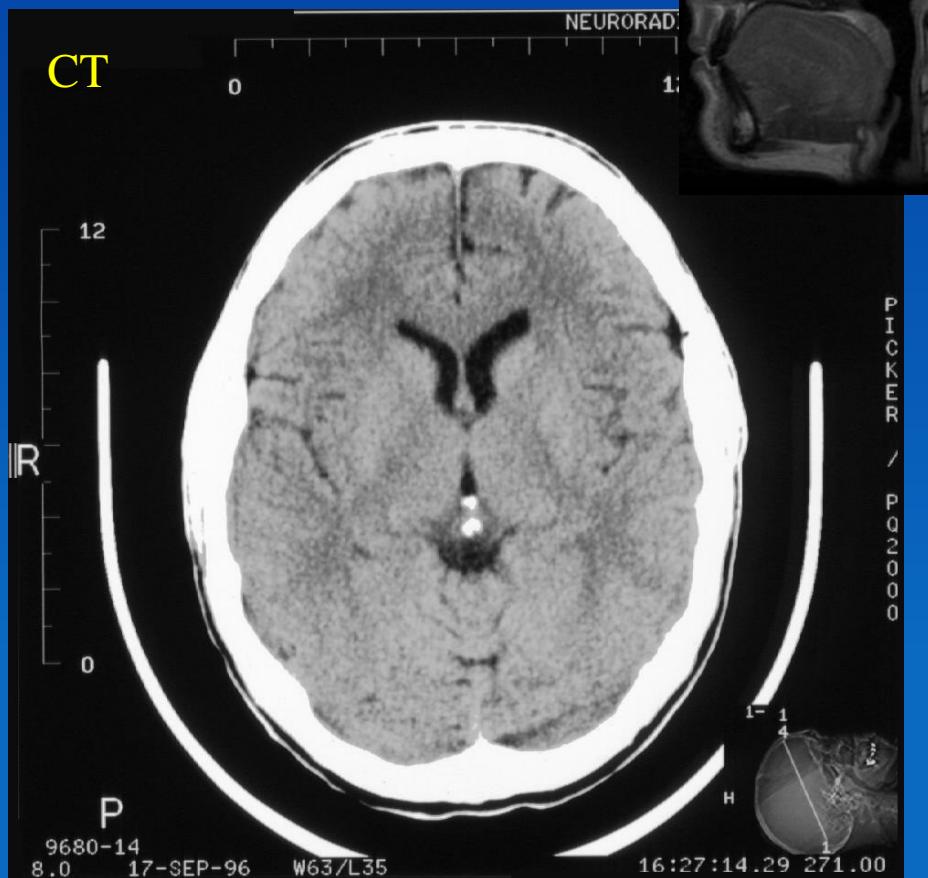
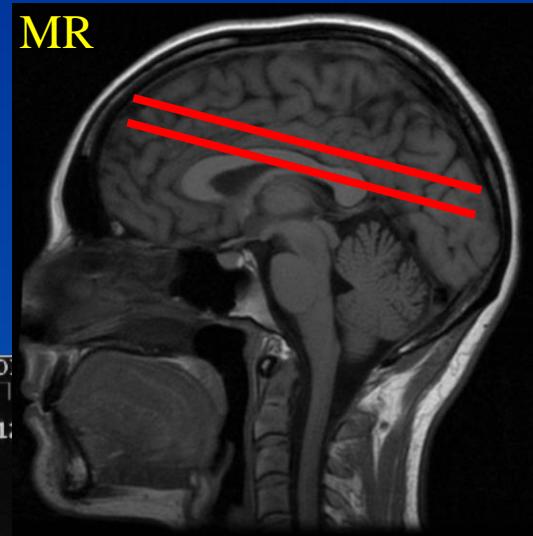


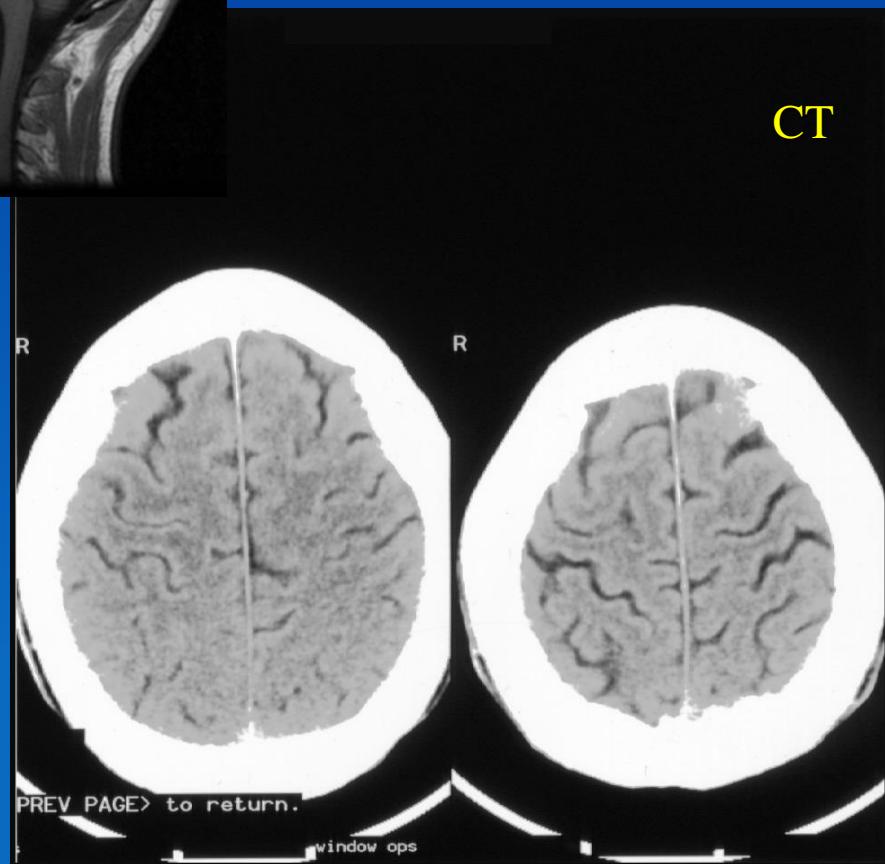
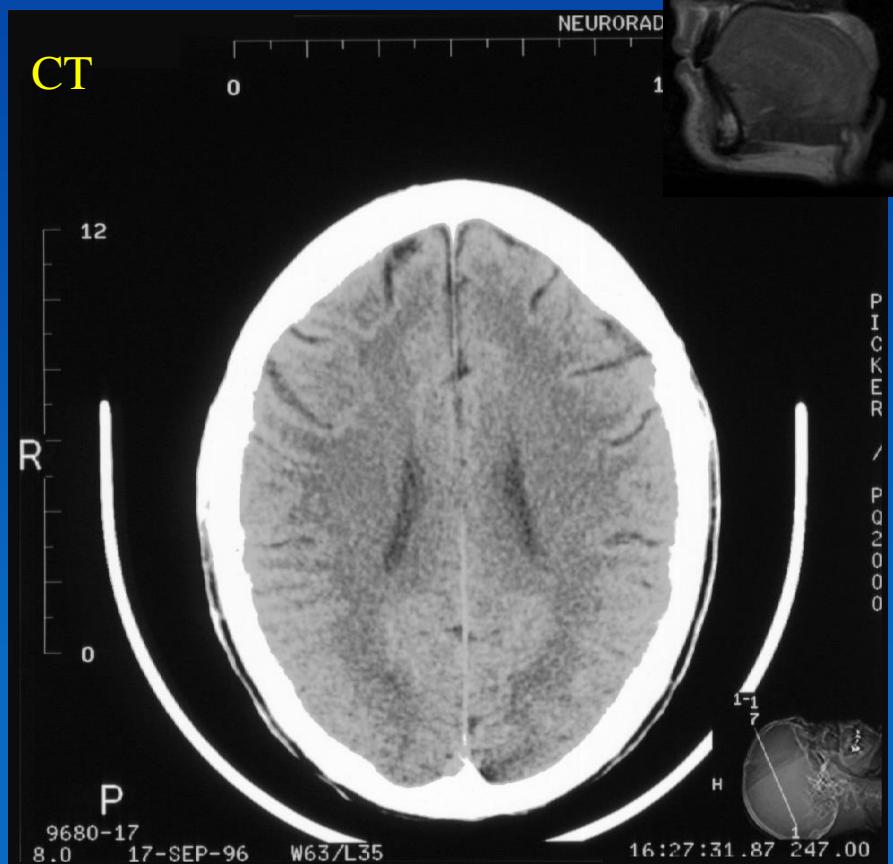
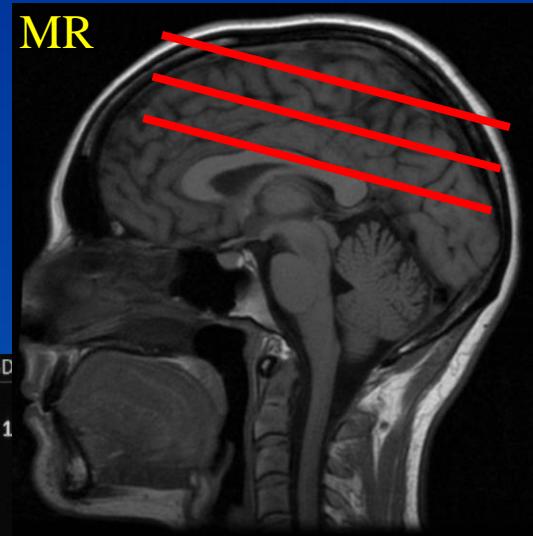










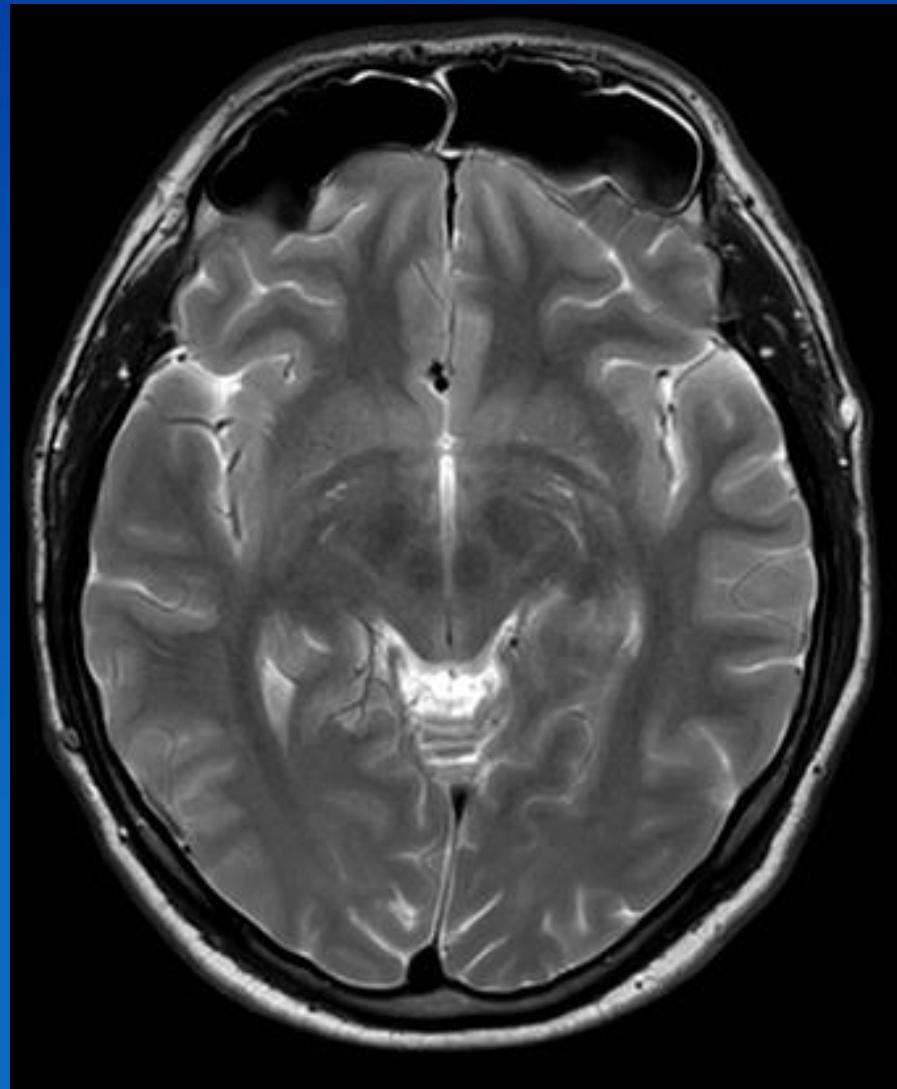
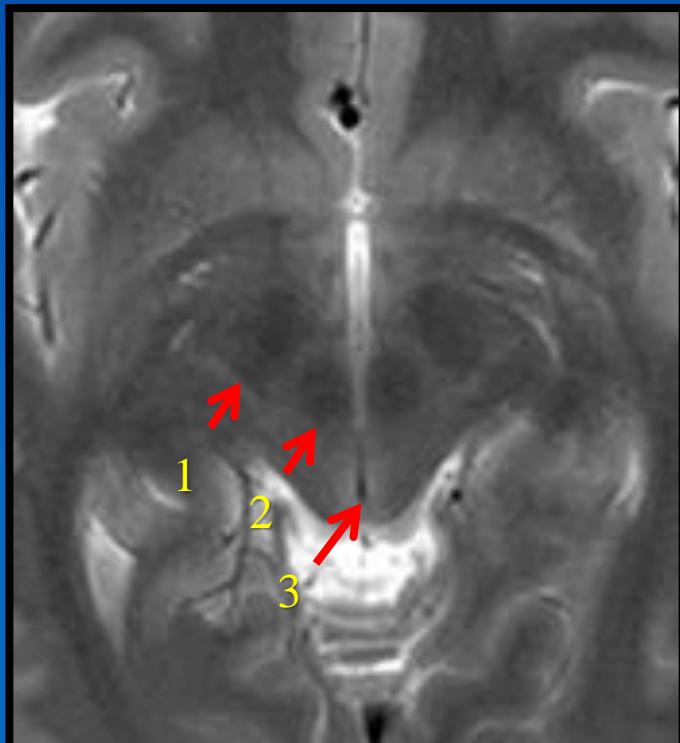


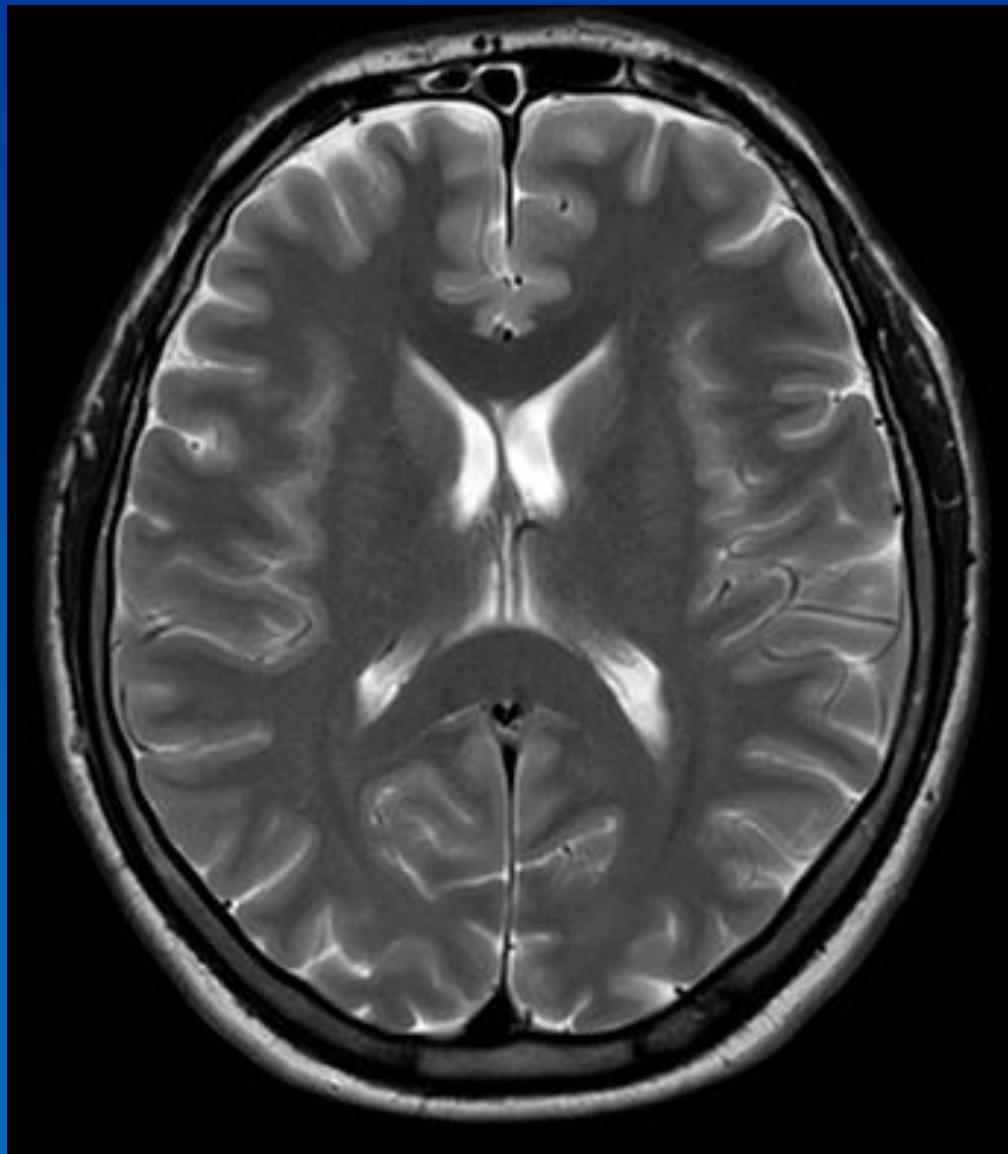
Mesencephalon

Substantia nigra (Melanin) 1

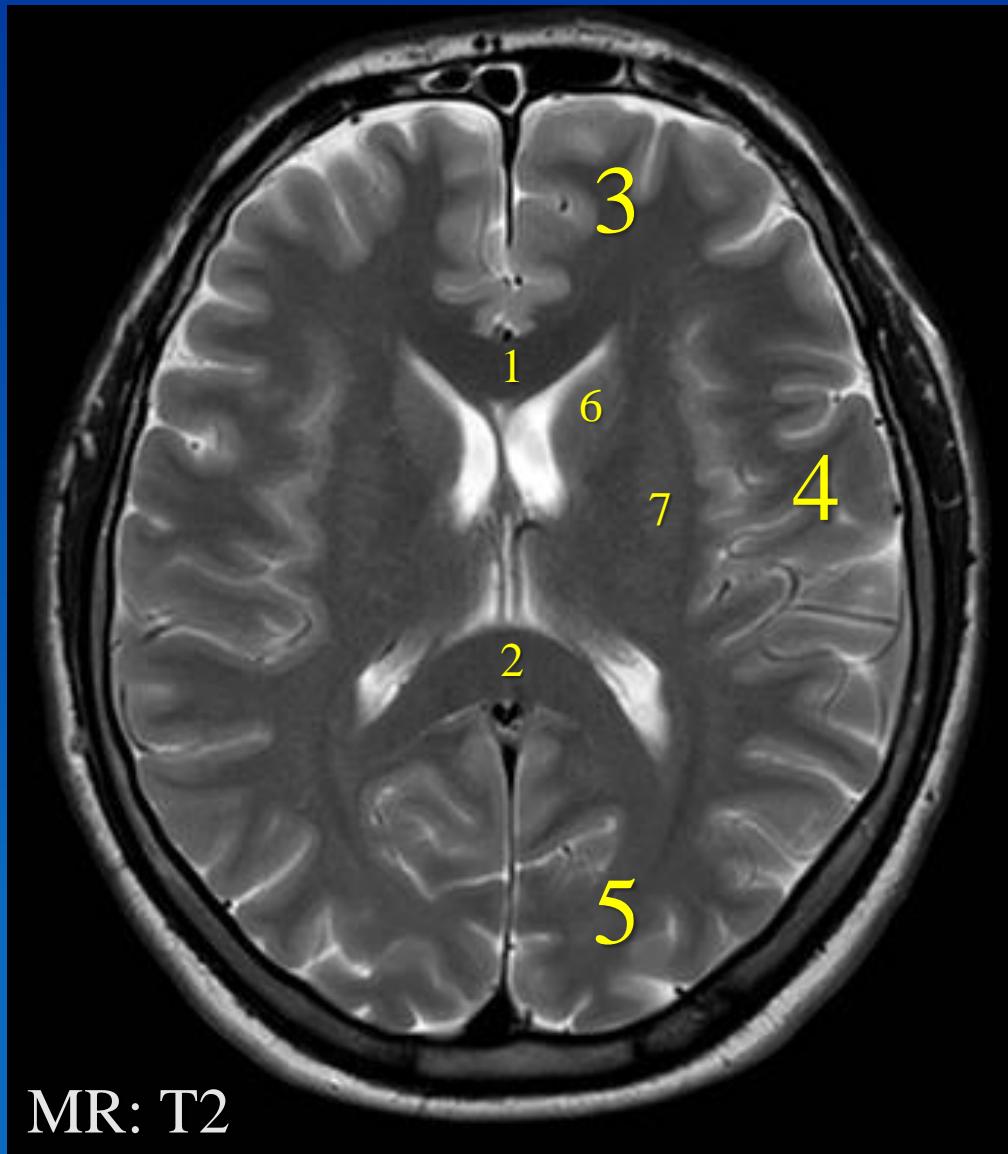
Nucleus ruber (Jern) 2

Aqueductus cerebri 3



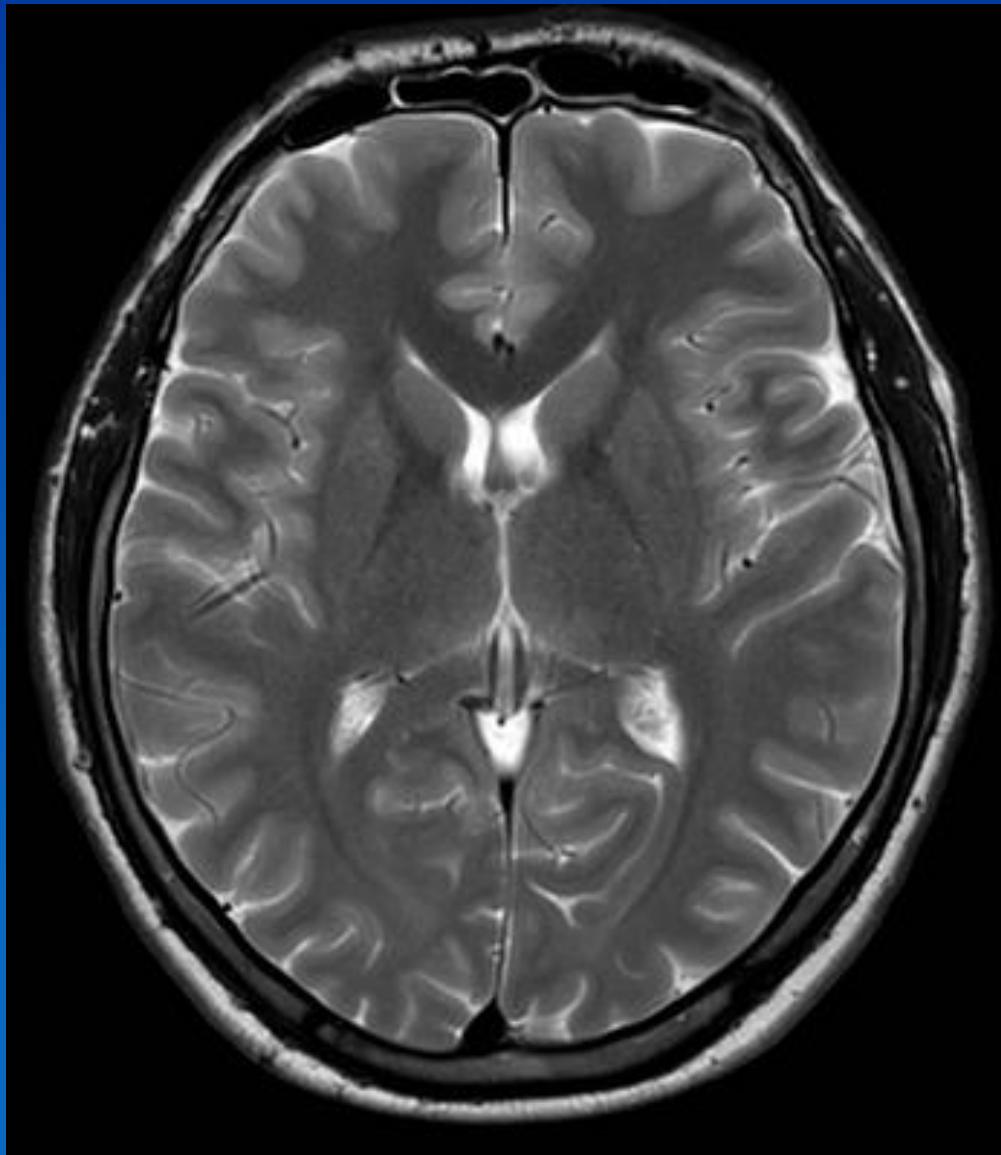


- 1) Genu corporis callosi
- 2) Splenium corporis callosi
- 3) Lobus frontalis
- 4) Lobus parietalis
- 5) Lobus occipitalis
- 6) Caput nuclei caudati
- 7) Putamen

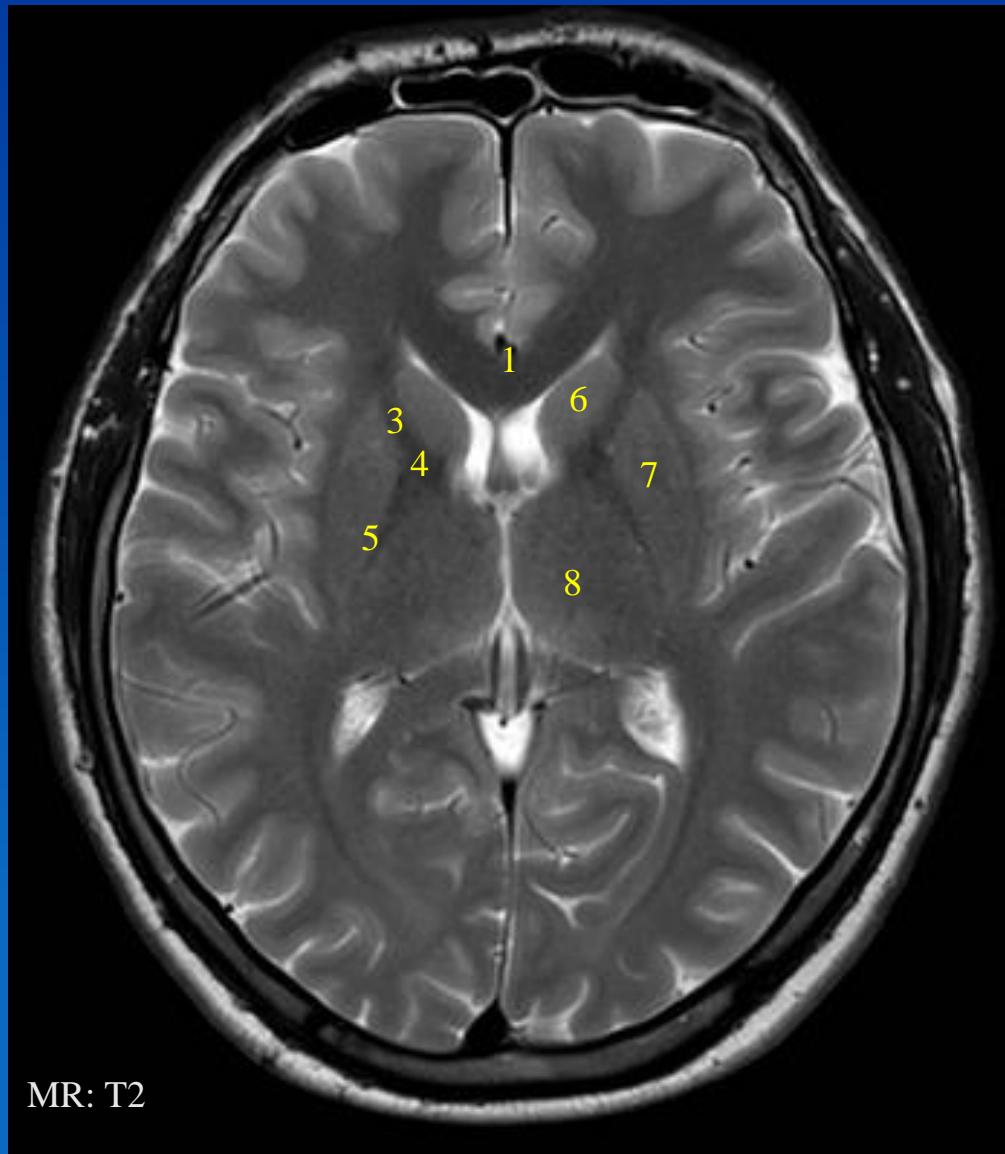


MR: T2

- 1) Genu corporis callosi
- 2) Splenium corporis callosi
- 3) Lobus frontalis
- 4) Lobus parietalis
- 5) Lobus occipitalis
- 6) Caput nuclei caudati
- 7) Putamen



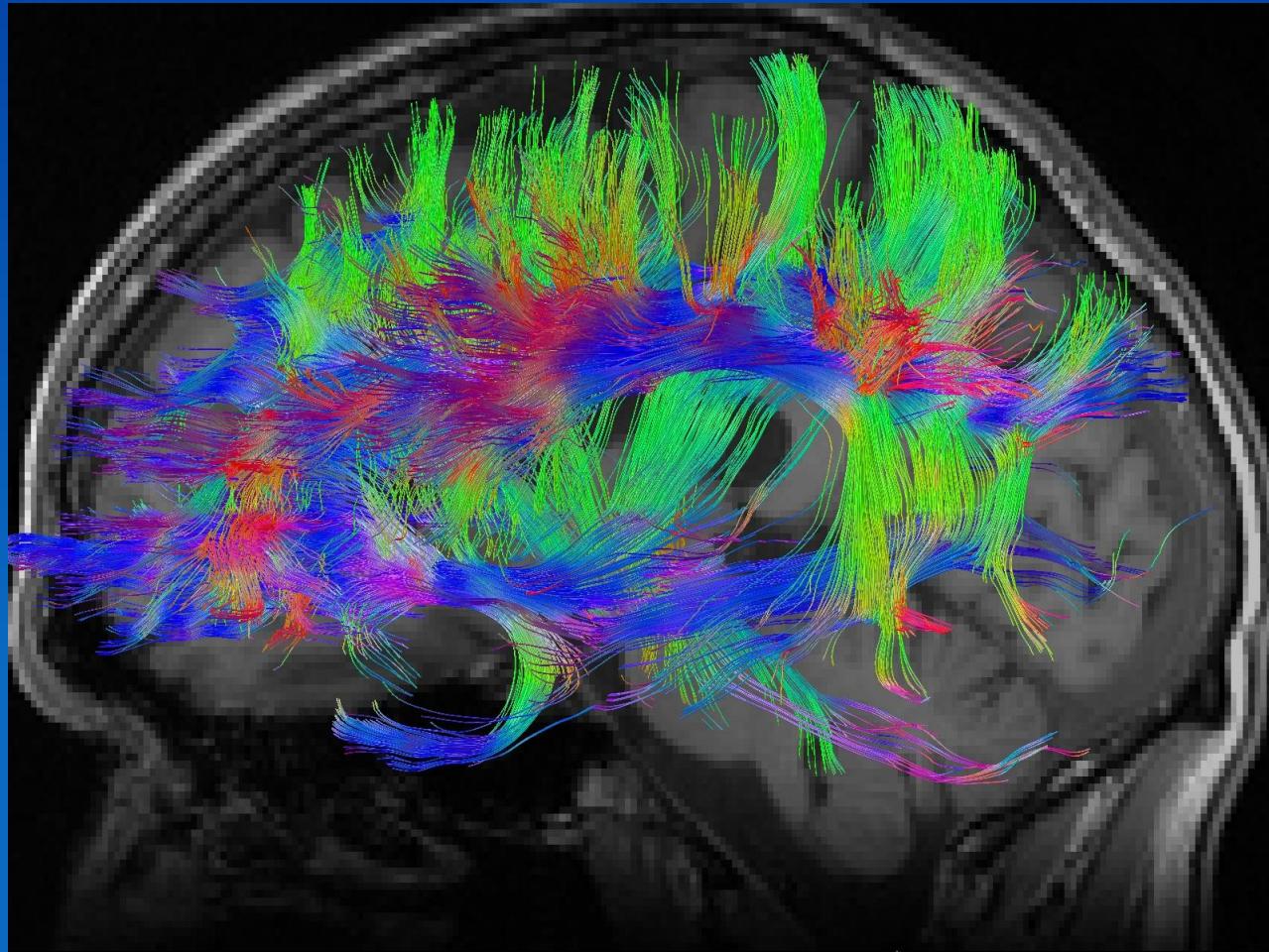
- 1) Genu corporis callosi
- 2) Capsula interna:
- 3) Crus anterius
- 4) Genu
- 5) Crus posterius
- 6) Caput nuclei caudati
- 7) Nucleus lentiforme
- 8) Thalamus



MR: T2

- 1) Genu corporis callosi
- 2) Capsula interna:
- 3) Crus anterius
- 4) Genu
- 5) Crus posterius
- 6) Caput nuclei caudati
- 7) Nucleus lentiforme
- 8) Thalamus

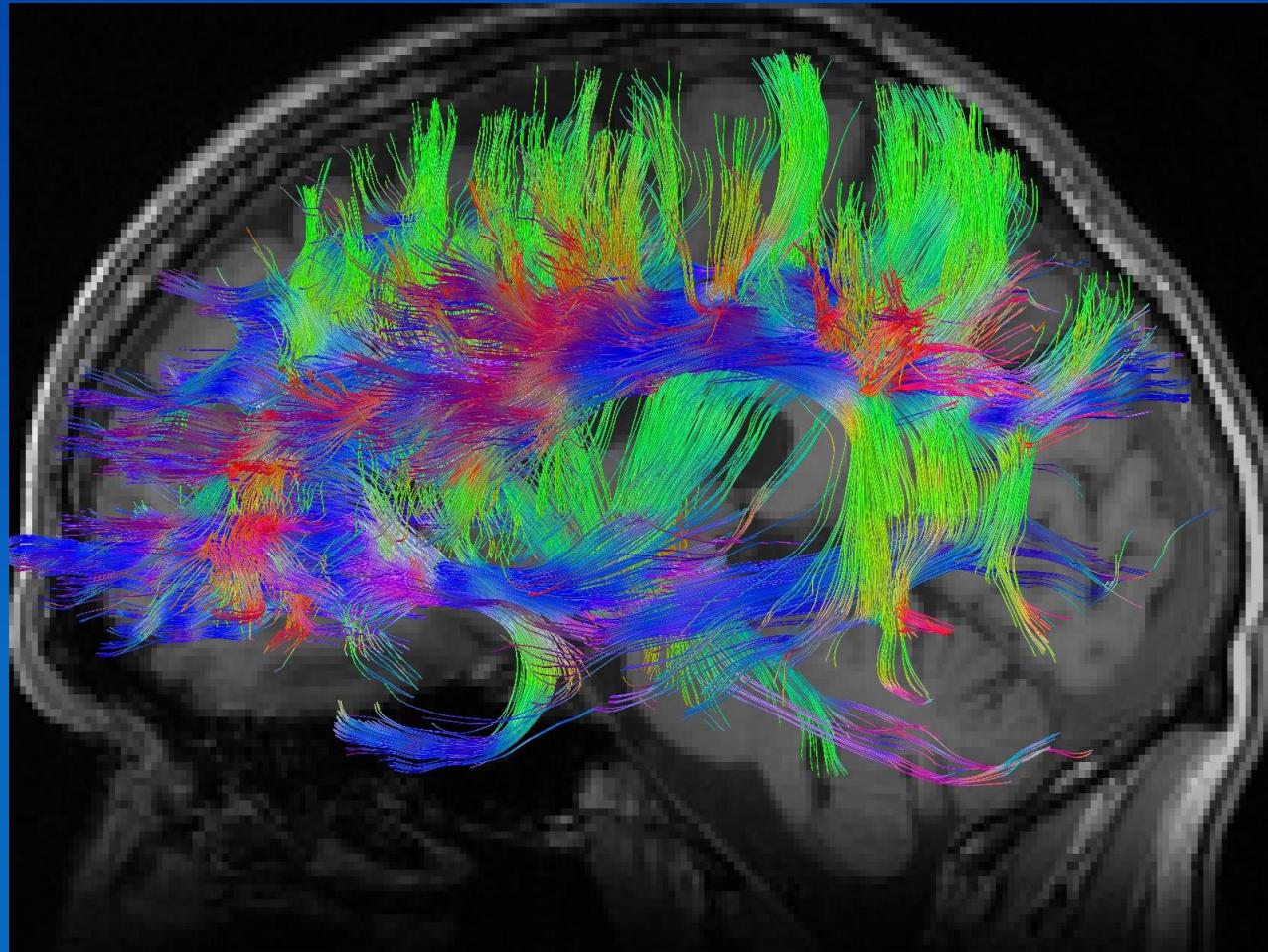
MR: DTI fibertracking



Venligst udlånt af
læge
Rikke Beese Dalby

Rikke Beese Dalby: Kan man se depression I hjernen?

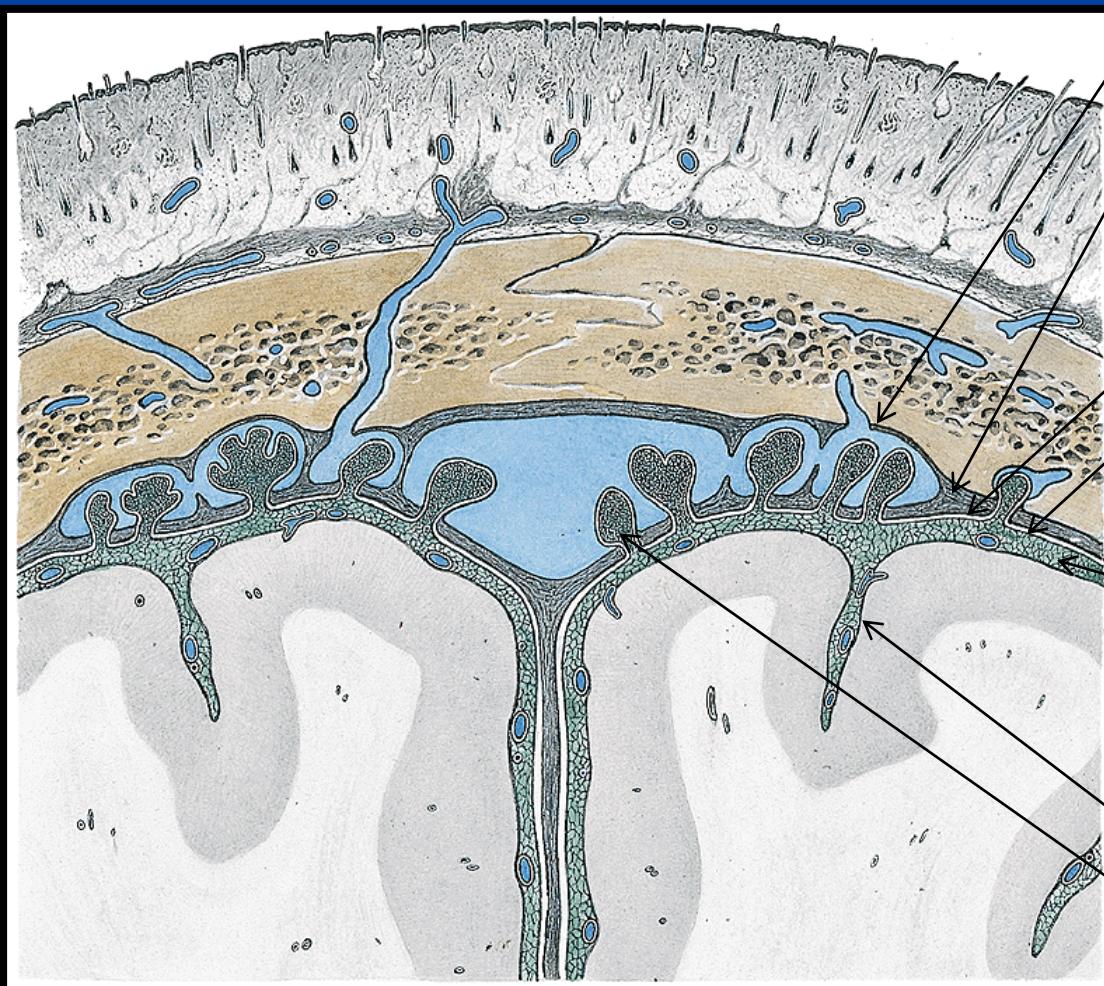
<https://www.youtube.com/watch?v=9CZeddl1hkk>



Venligst udlånt af
læge
Rikke Beese Dalby

Hjernens hinder

Meninges



- *Spatium epidurale **
- *Dura mater encephali*
- *Spatium subdurale**
- *Arachnoidea mater encephali*
- *Spatium subarachnoideum*
- *Pia mater encephali*
- *Granulatio arachnoidea*

(*: Virtuelt spalterum)

Yngre mand udsat for svært
hovedtraume (Epidural
hæmatom)

VIEW STUDY

CUSTOM POSTERIOR FOSSA

134

COUCH: 395.8
TILT: 0.0
FIELD: HALF
THICK: 1.5
INDEX:-256
kV: 130
mA: 30
mAs: 76

H
E
A
D

P
I
C
K
E
R

-
P
Q
2
0
0
0

W: 800
L: 550
SIZE: 256

POSTERIOR

Select feature.

-2

SET ACQ

RESET

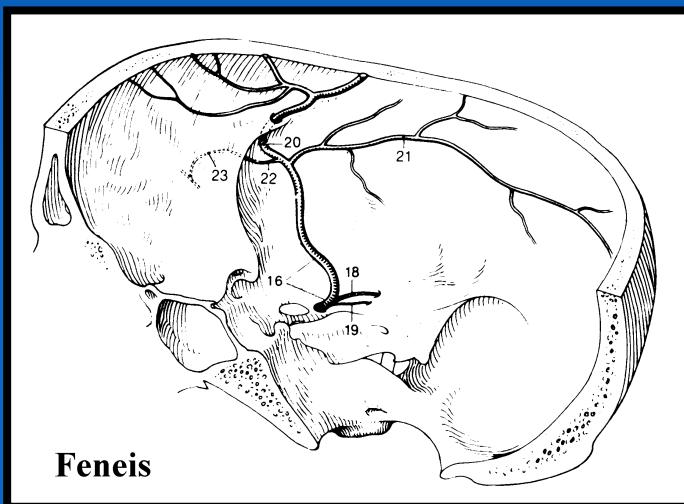
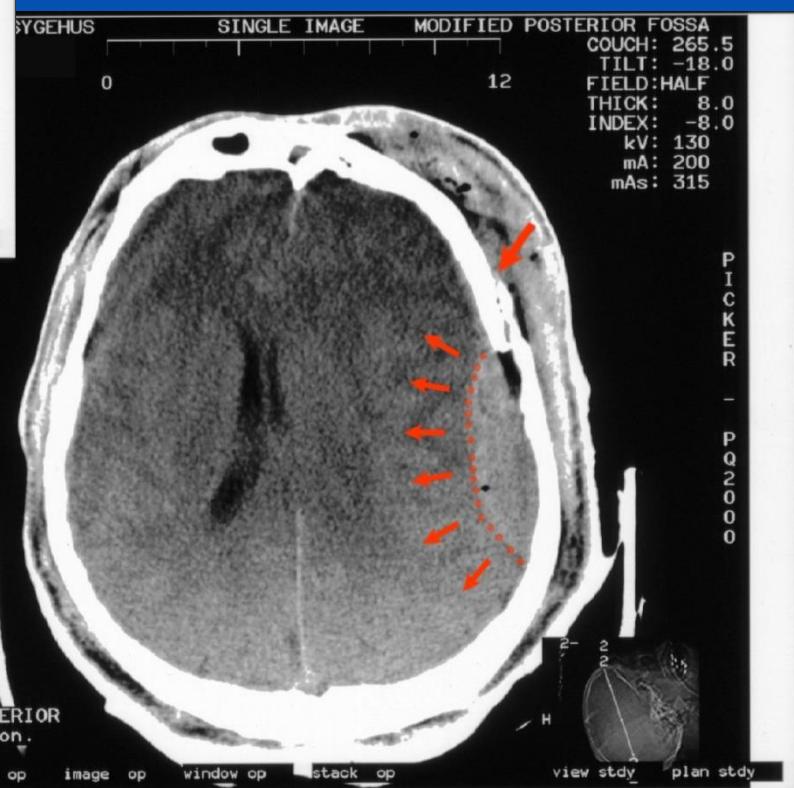
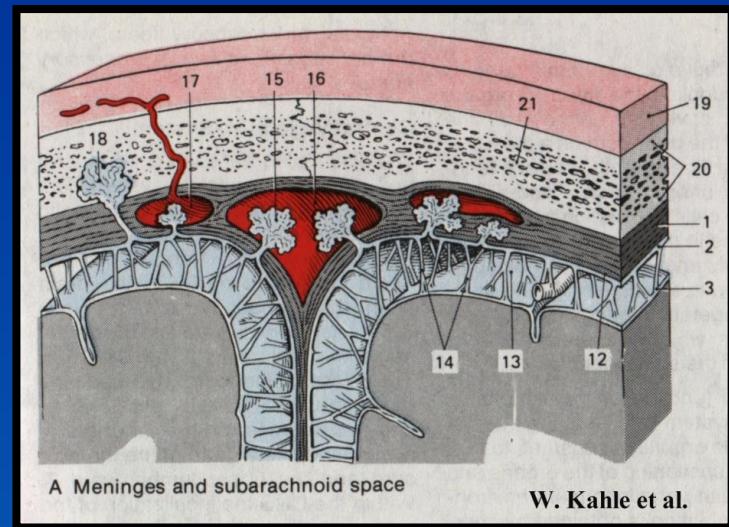
MASK DOTS

MASK LINES

SPLIT

minified

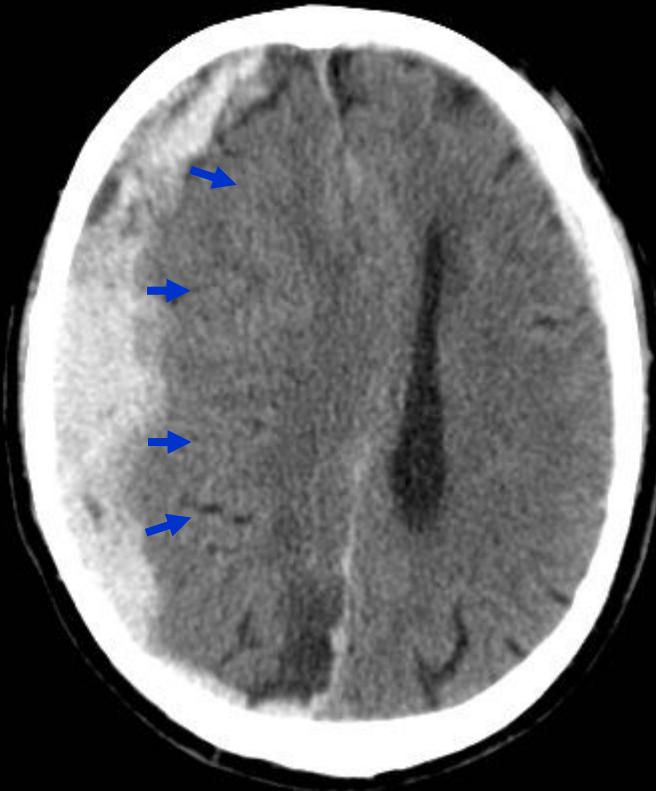
CURSOR



Ældre mand udsat for mindre
hovedtraume (Subduralt
hæmatom)



Tidlige skanning



Skanning efter mindre traume

Aneurismeblødning (Subarachnoidal blødning)

SINGLE IMAGE

POSTERIOR FOSSA

COUCH: 315.5
TILT: -21.0
FIELD: HALF
THICK: 3.0
INDEX: -3.0
kV: 130
mA: 200
mAs: 315

90

R
I
G
H
T

W: 110 0
L: 35
SIZE: 240

POSTERIOR

Press <NEXT/PRIOR> to view images or select feature.

cursor op

multi op

image op

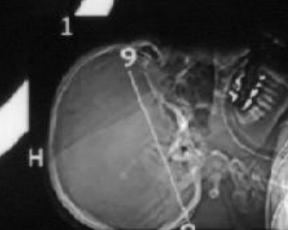
window op

stack op cine

view stdy

plan stdy

-20

P
I
C
K
E
R
-
P
Q
2
0
0
0

SINGLE IMAGE

POSTERIOR FOSSA

COUCH: 315.5
TILT: -21.0
FIELD: HALF
THICK: 3.0
INDEX: -3.0
kV: 130
mA: 200
mAs: 315

90

R
I
G
H
T

W: 110 0
L: 35
SIZE: 240

POSTERIOR

Press <NEXT/PRIOR> to view images or select feature.

cursor op

multi op

image op

window op

stack op

cine

view stdy

plan stdy

-20

P
I
C
K
E
R
-
P
Q
2
0
0
0

SINGLE IMAGE

POSTERIOR FOSSA

COUCH: 315.5
TILT: -21.0
FIELD: HALF
THICK: 3.0
INDEX: -3.0
kV: 130
mA: 200
mAs: 315

90

R
I
G
H
T

12

12

P
I
C
K
E
RP
Q
2
0
0
0

W: 110

0

L: 35

SIZE: 240

POSTERIOR

Press <NEXT/PRIOR> to view images or select feature.

cursor op

multi op

image op

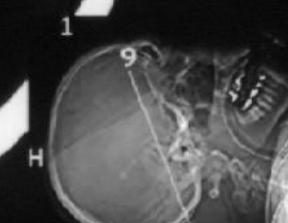
window op

stack op cine

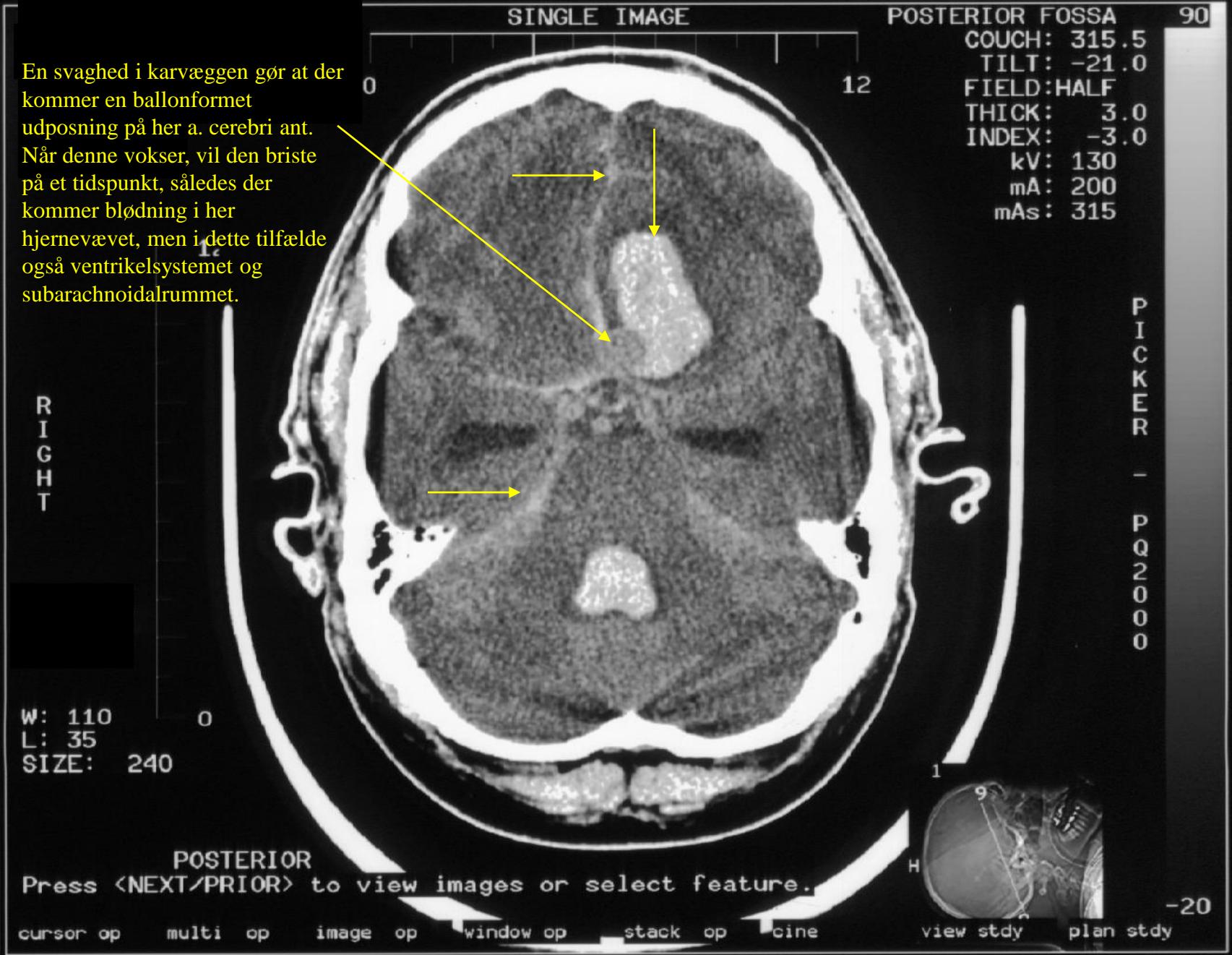
view stdy

plan stdy

-20

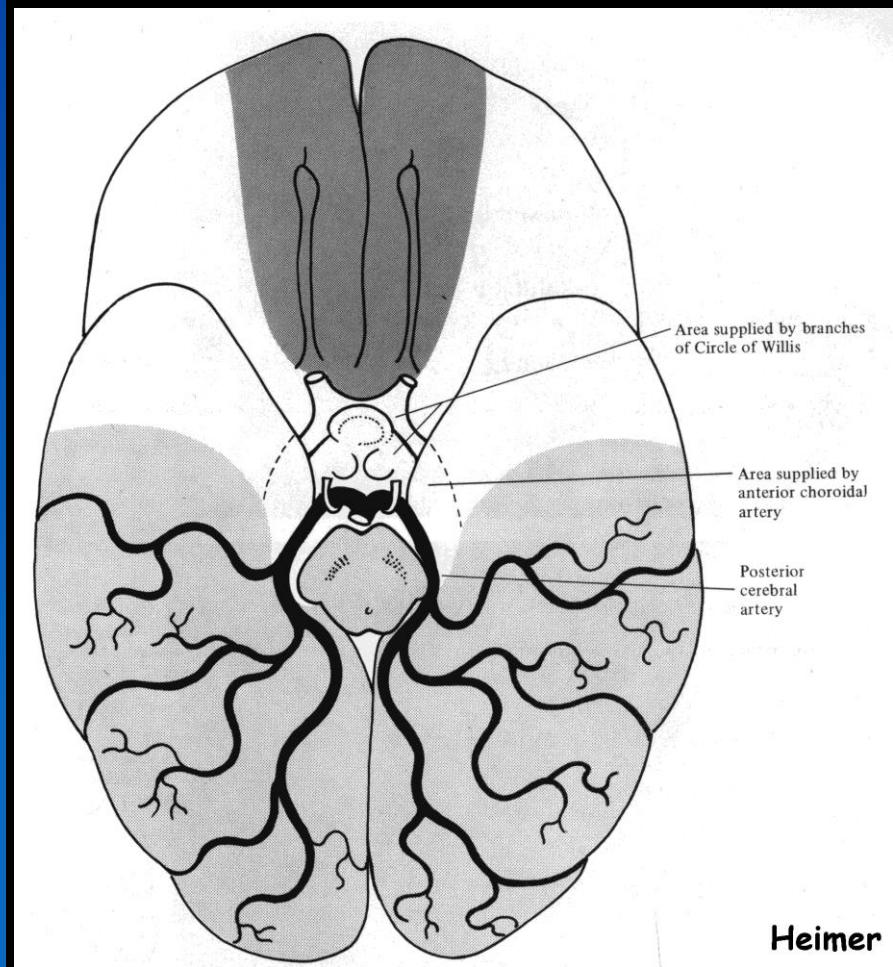
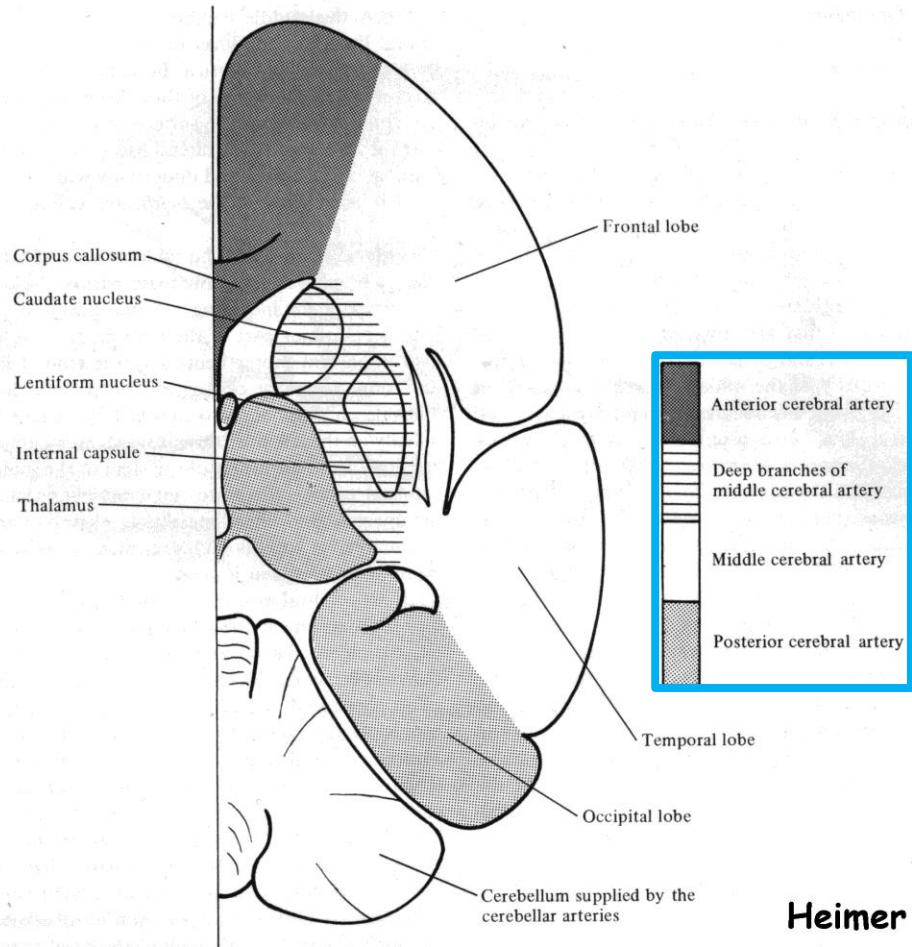


En svaghed i karvæggen gør at der kommer en ballonformet udposning på her a. cerebri ant. Når denne vokser, vil den briste på et tidspunkt, således der kommer blødning i her hjernevævet, men i dette tilfælde også ventrikelsystemet og subarachnoidalrummet.

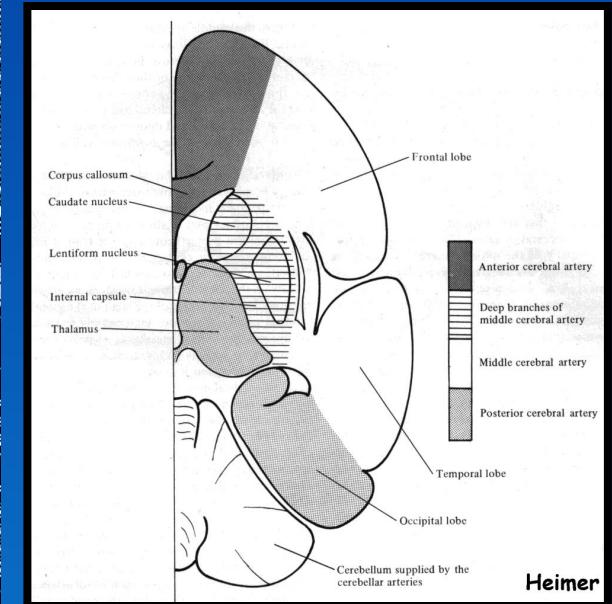
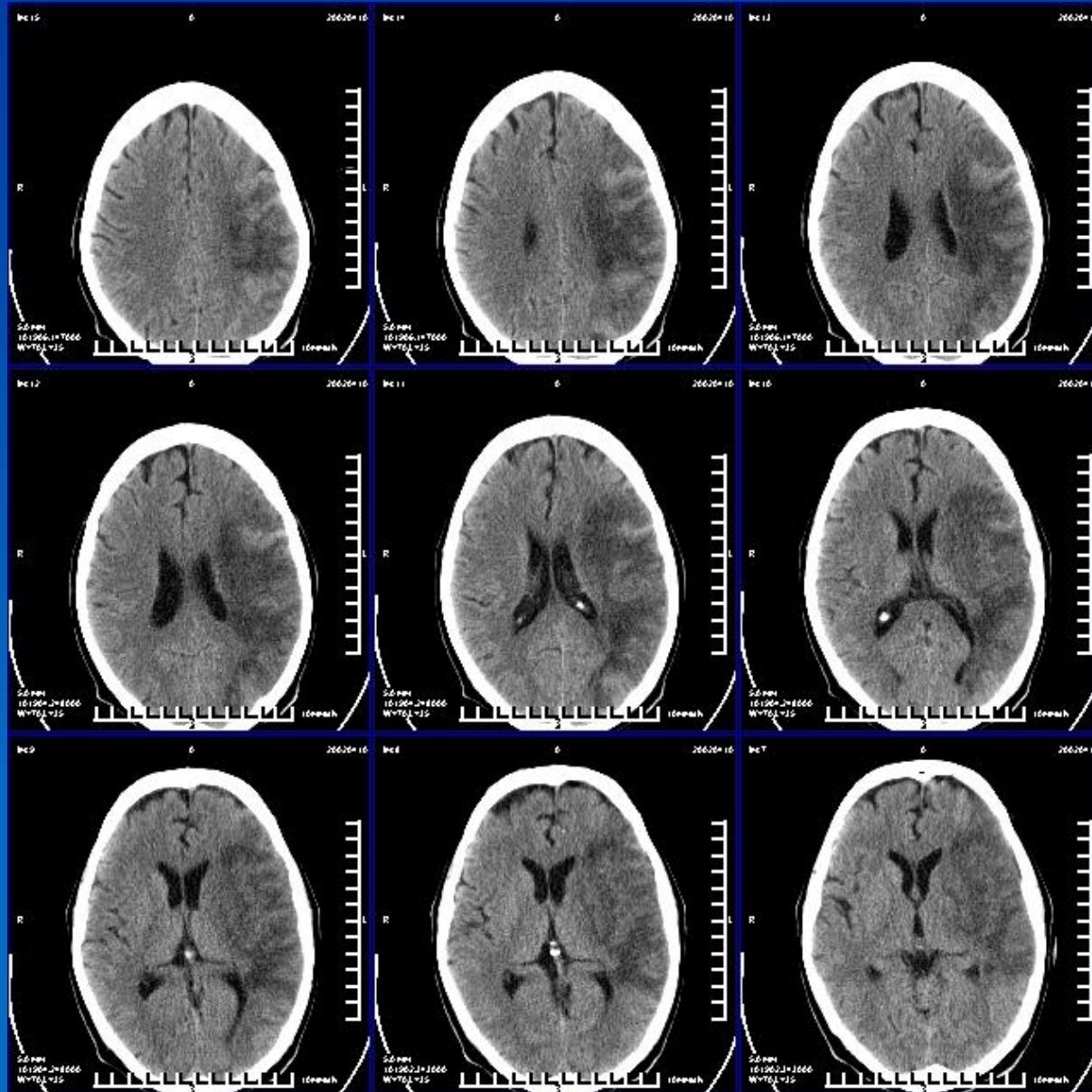


Hjernens kar: Infarkt

Hjernens blodforsyning

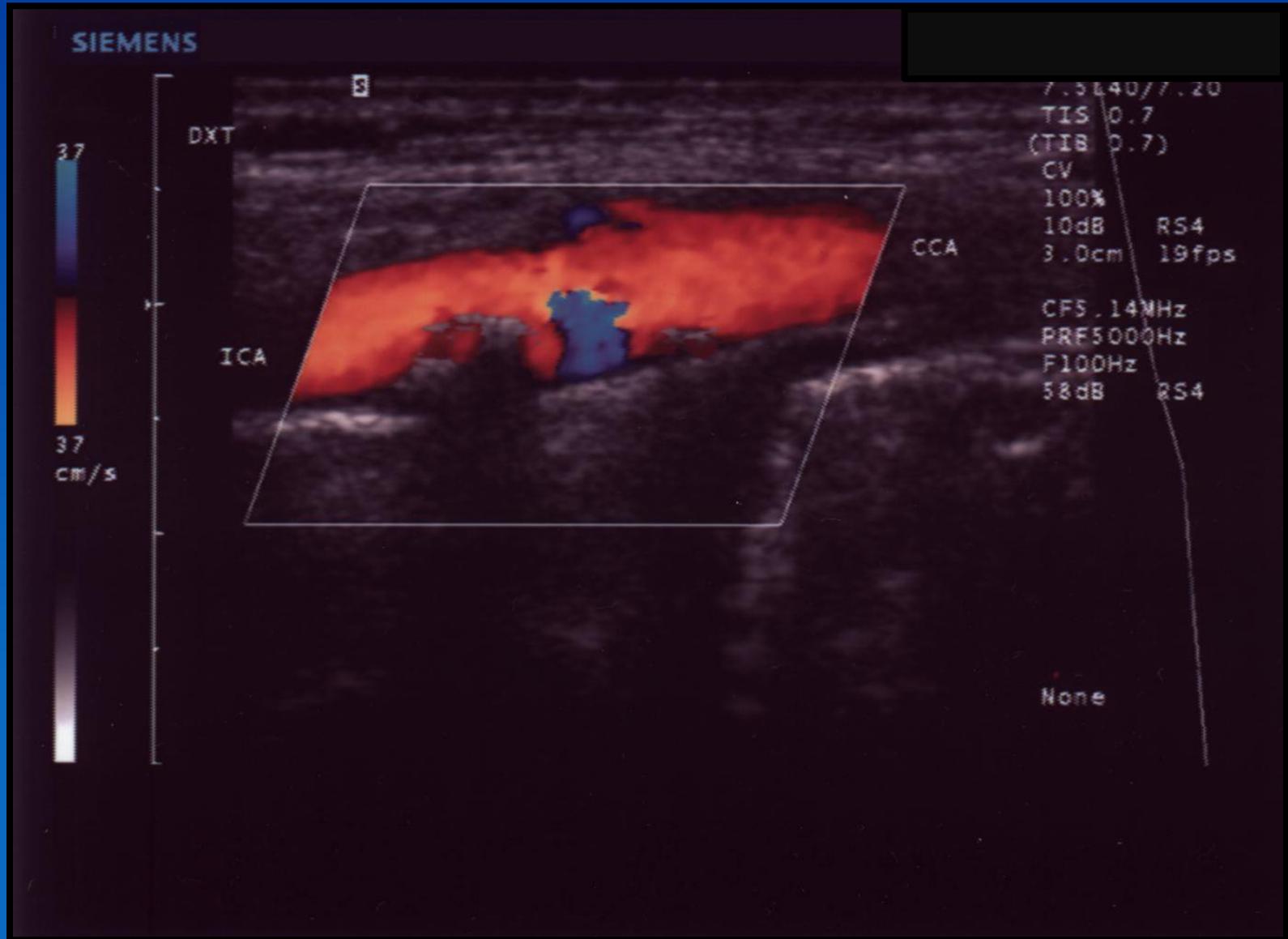


CT cerebrum, mand 66 år

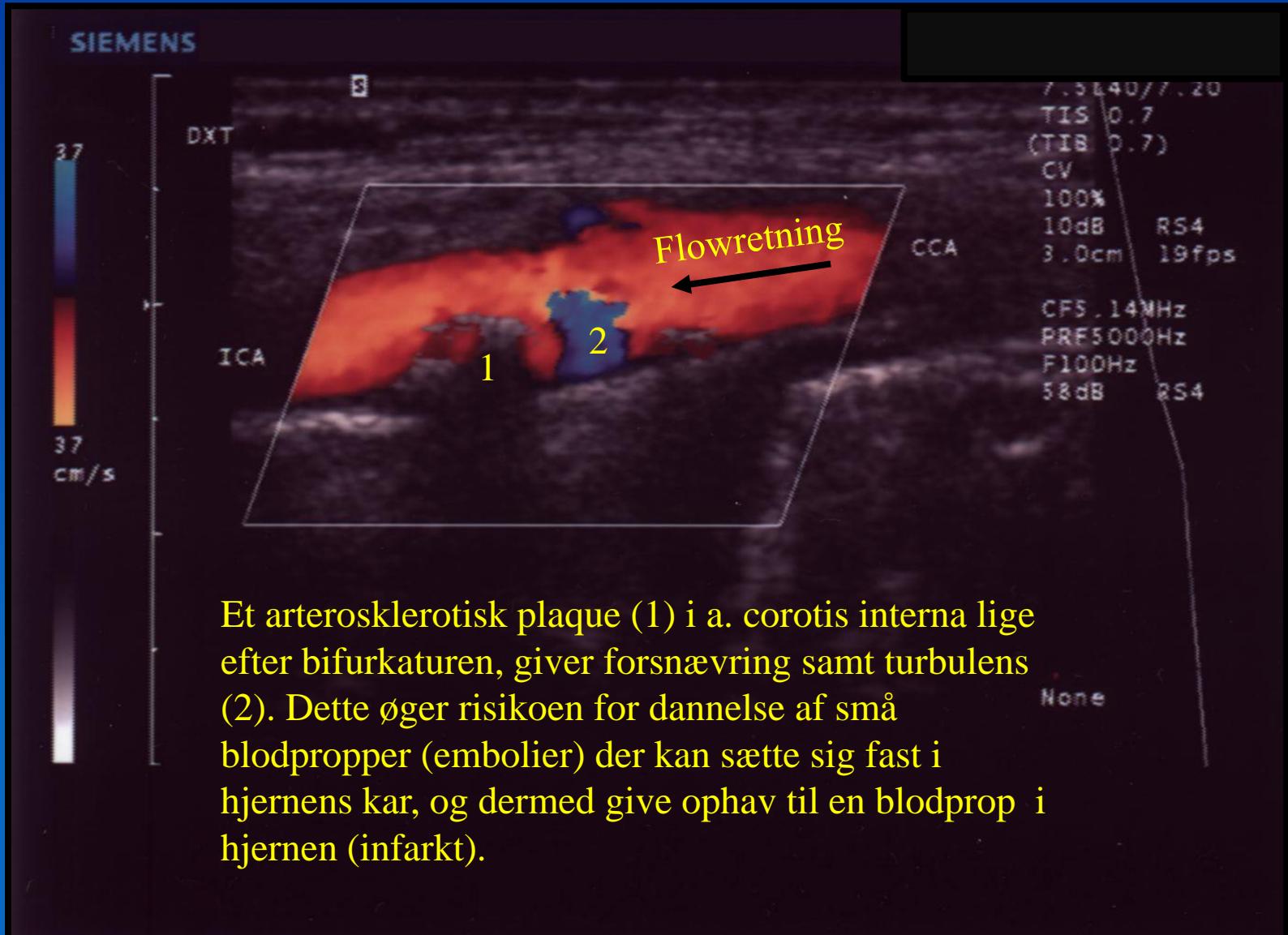


Blodprop (trombose) i a. cerebri media, med efterfølgende død af hjernevævet (infarkt) svarende til forsyningsområdet.

Ultralydskanning af halskar, kvinde 59 år.

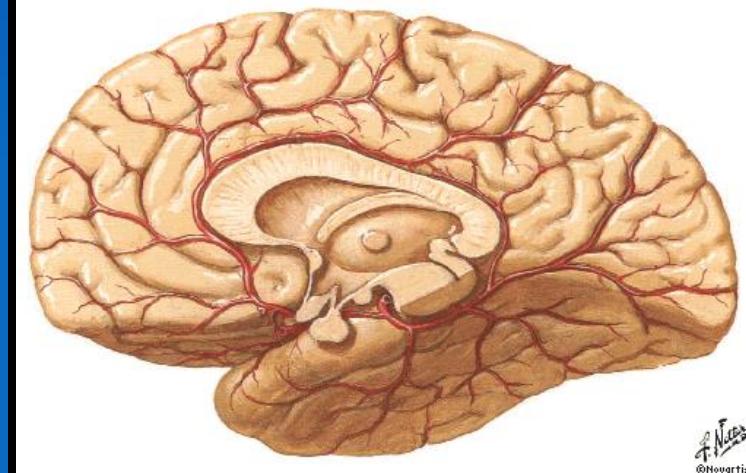
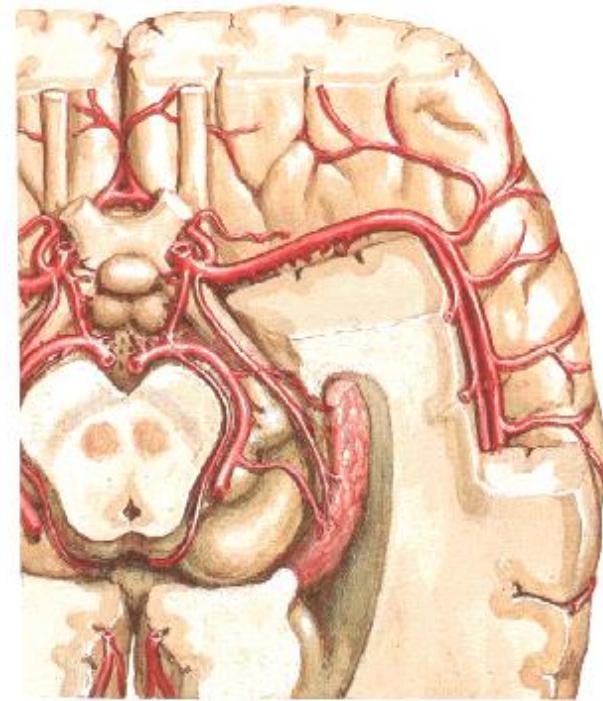
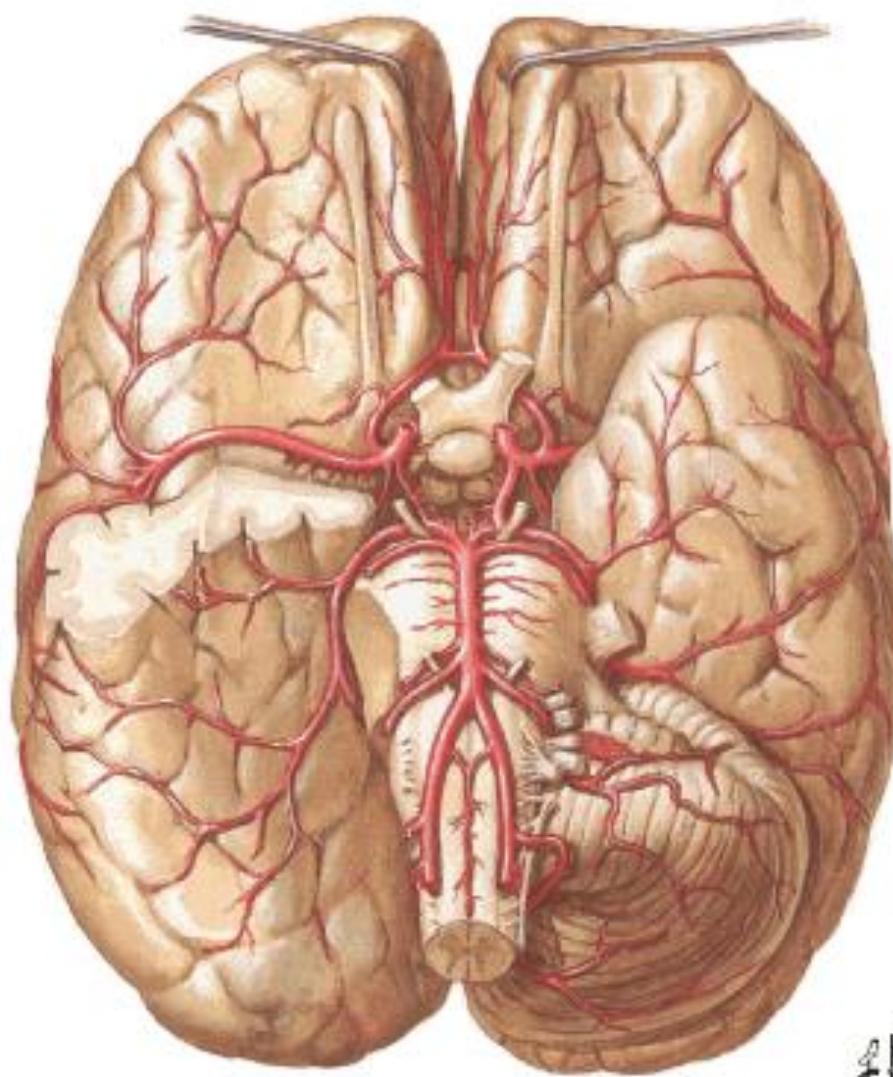


Ultralydskanning af halskar, kvinde 59 år.



Et arterosklerotisk plaque (1) i a. corotis interna lige efter bifurkaturen, giver forsnævring samt turbulens (2). Dette øger risikoen for dannelse af små blodpropper (embolier) der kan sætte sig fast i hjernens kar, og dermed give ophav til en blodprop i hjernen (infarkt).

Hjernens kar: Cerebral a-grafi



Cerebral a-grafi: A. carotis int.
dx., 63 årig mand: Sideoptagelse



LS

ROT
90

ANG
0

T-mask:
0.48

T-image: ICA DX
2.28

T-run:
07:59:37

A. carotis int.

RUN
1
28
MASK IMAGE
2 7



LS

□

ROT
90

ANG
0

T-mask:
0.48

T-image: ICA DX
2.64

T-run:
07:59:37

RUN
1

28

MASK IMAGE
2 8



LS



ROT
90

ANG
0

T-mask:
0.48

T-image: ICA DX
3.00

T-run:
07:59:37

RUN
1

28

MASK IMAGE
2 9



T-mask:
0.48

T-image: ICA DX
3.36

T-run:
07:59:37

LS

□

ROT
90
ANG
0

RUN
1
28
MASK IMAGE
2 10



LS

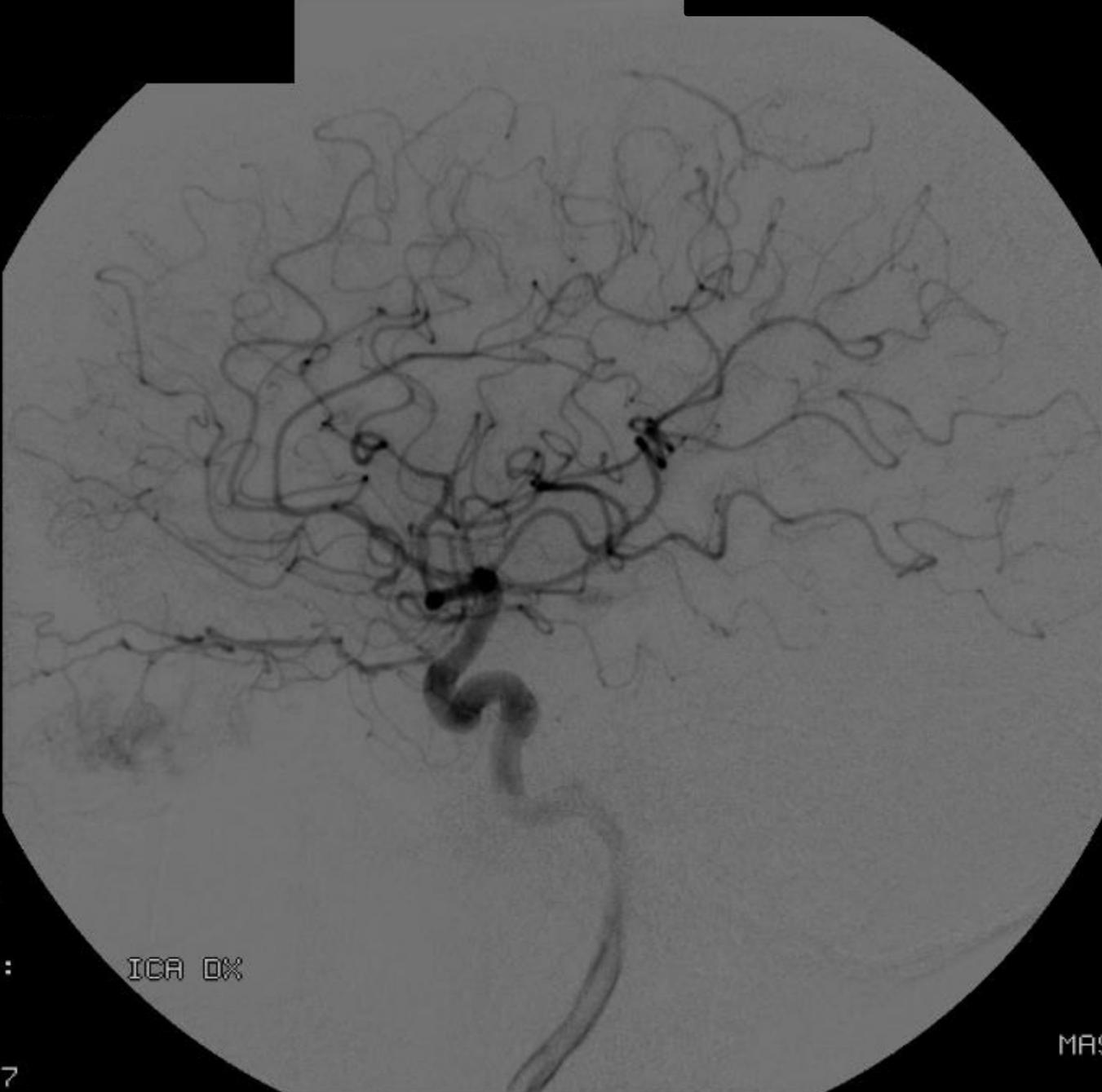
ROT
90
ANG
0

T-mask:
0.48

T-image: ICA DX
3.72

T-run:
07:59:37

RUN
1
28
MASK IMAGE
2 11



LS



ROT
90

ANG
0

T-mask:
0.48

T-image: ICA DX
4.08

T-run:
07:59:37

RUN
1

28

MASK IMAGE
2 12

LS



ROT
90
ANG
0

T-mask:
0.48

T-image: ICA DX
4.44

T-run:
07:59:37

RUN
1
28
MASK IMAGE
2 13



LS



ROT
90

ANG
0

T-mask:
0.48

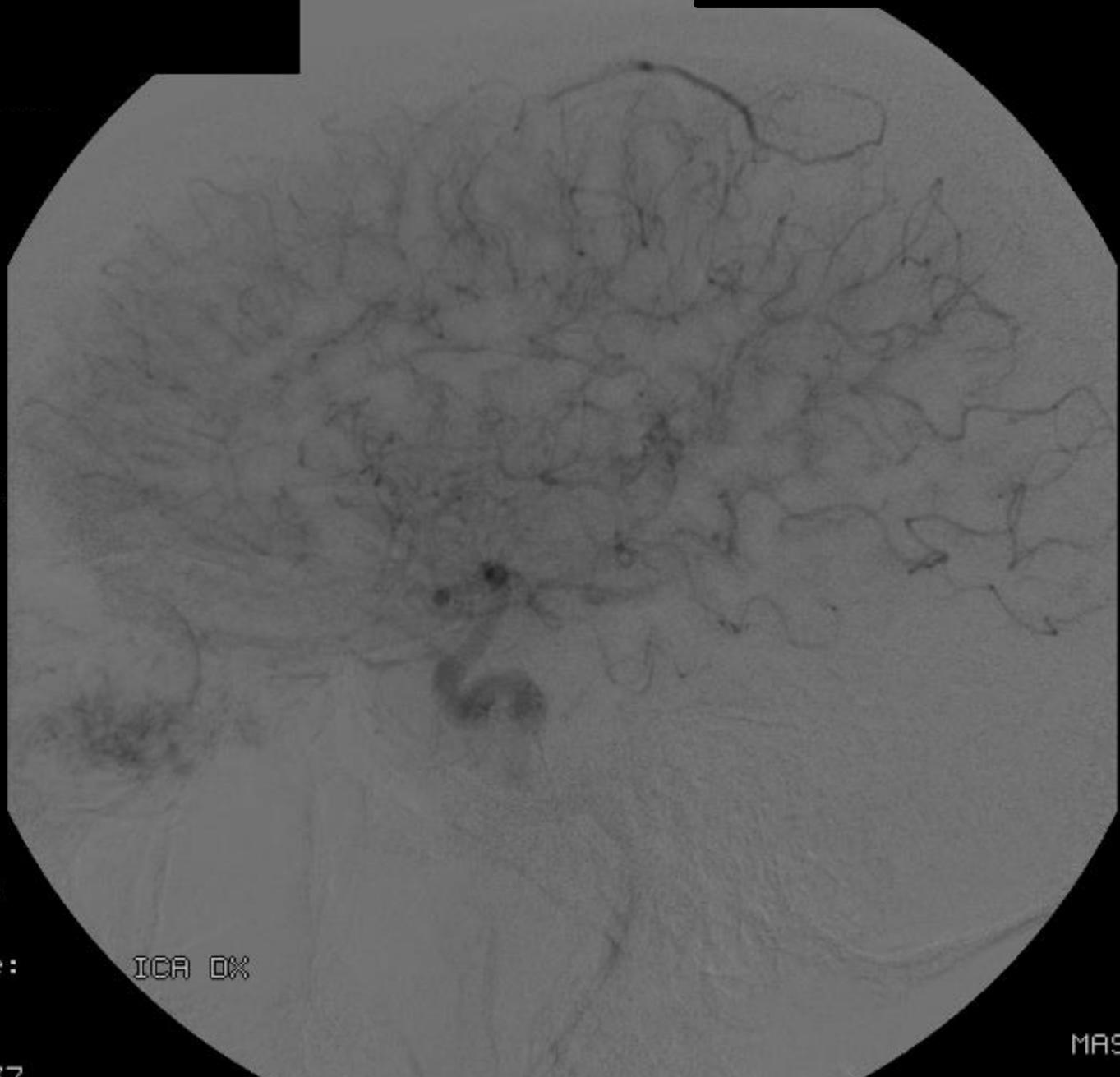
T-image: ICA DX
4.80

T-run:
07:59:37

RUN
1

28

MASK IMAGE
2 14



LS



ROT
90

ANG
0

T-mask:
0.48

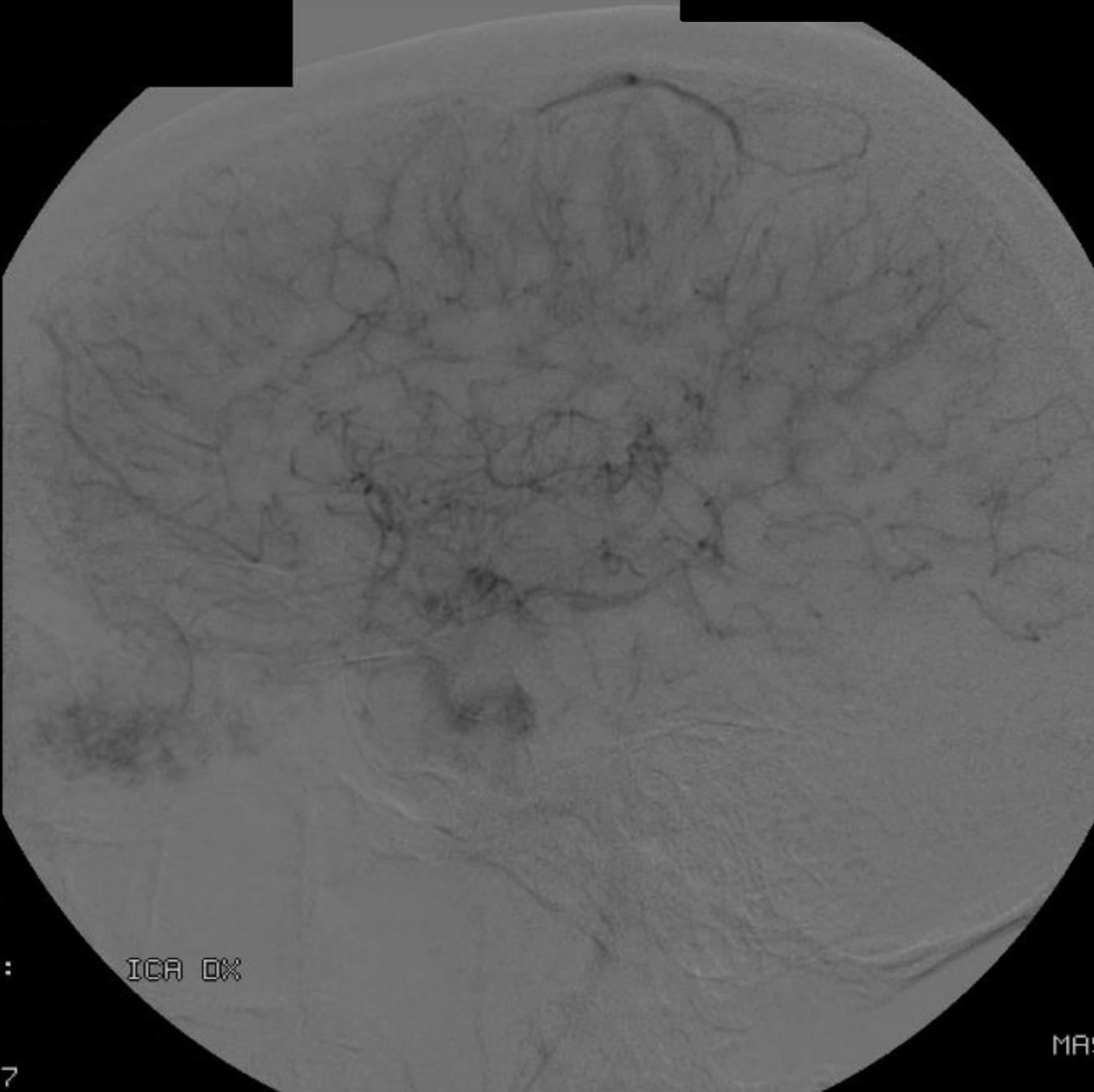
T-image: ICA DX
5.16

T-run:
07:59:37

RUN
1

28

MASK IMAGE
2 15



LS



ROT
90

ANG
0

T-mask:
0.48

T-image: ICA DX
5.52

T-run:
07:59:37

RUN
1

28

MASK IMAGE
2 16



LS



ROT
90

ANG
0

T-mask:
0.48

T-image: ICA DX
5.88

T-run:
07:59:37

RUN
1

28

MASK IMAGE
2 17



LS



ROT
90

ANG
0

T-mask:
0.48

T-image: ICA DX
6.24

T-run:
07:59:37

RUN
1

28

MASK IMAGE
2 18



T-mask:
0.48

T-image: ICA DX
6.60

T-run:
07:59:37

LS

□

ROT
90
ANG
0

RUN
1
28
MASK IMAGE
2 19



T-mask:
0.48

T-image: ICA DX
6.96

T-run:
07:59:37

ROT
90
ANG
0

RUN
1
28
MASK IMAGE
2 20



T-mask:
0.48

T-image: ICA DX
7.32

T-run:
07:59:37

ROT
90
ANG
0

RUN
1
28
MASK IMAGE
2 21



T-mask:
0.48

T-image: ICA DX
7.68

T-run:
07:59:37

LS

ROT
90

ANG
0

RUN
1

28

MASK IMAGE
2 22

Sinus sagittalis
superior



ROT
90

ANG
0

Confluens
sinuum

T-mask:
0.48

T-image: ICA DX
8.68

T-run:
07:59:37

RUN
1
28
MASK IMAGE
2 23



LS



ROT
90

ANG
0

T-mask:
0.48

T-image: ICA DX
9.68

T-run:
07:59:37

RUN
1

28

MASK IMAGE
2 24



LS

□

ROT
90

ANG
0

T-mask:
0.48

T-image: ICA DX
10.68

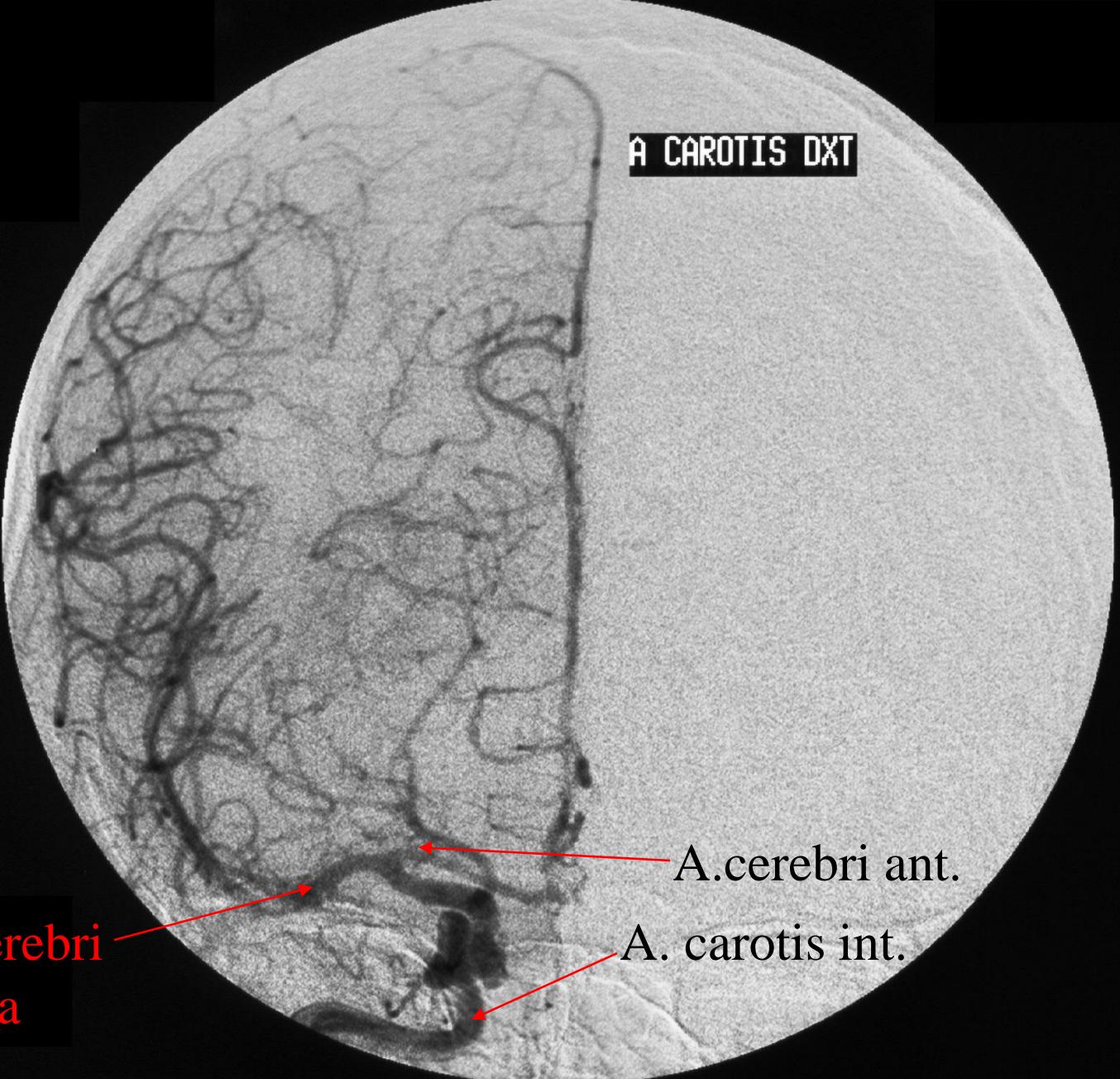
T-run:
07:59:37

RUN
1

28

MASK IMAGE
2 25

Cerebral a-grafi: Gennemgang.

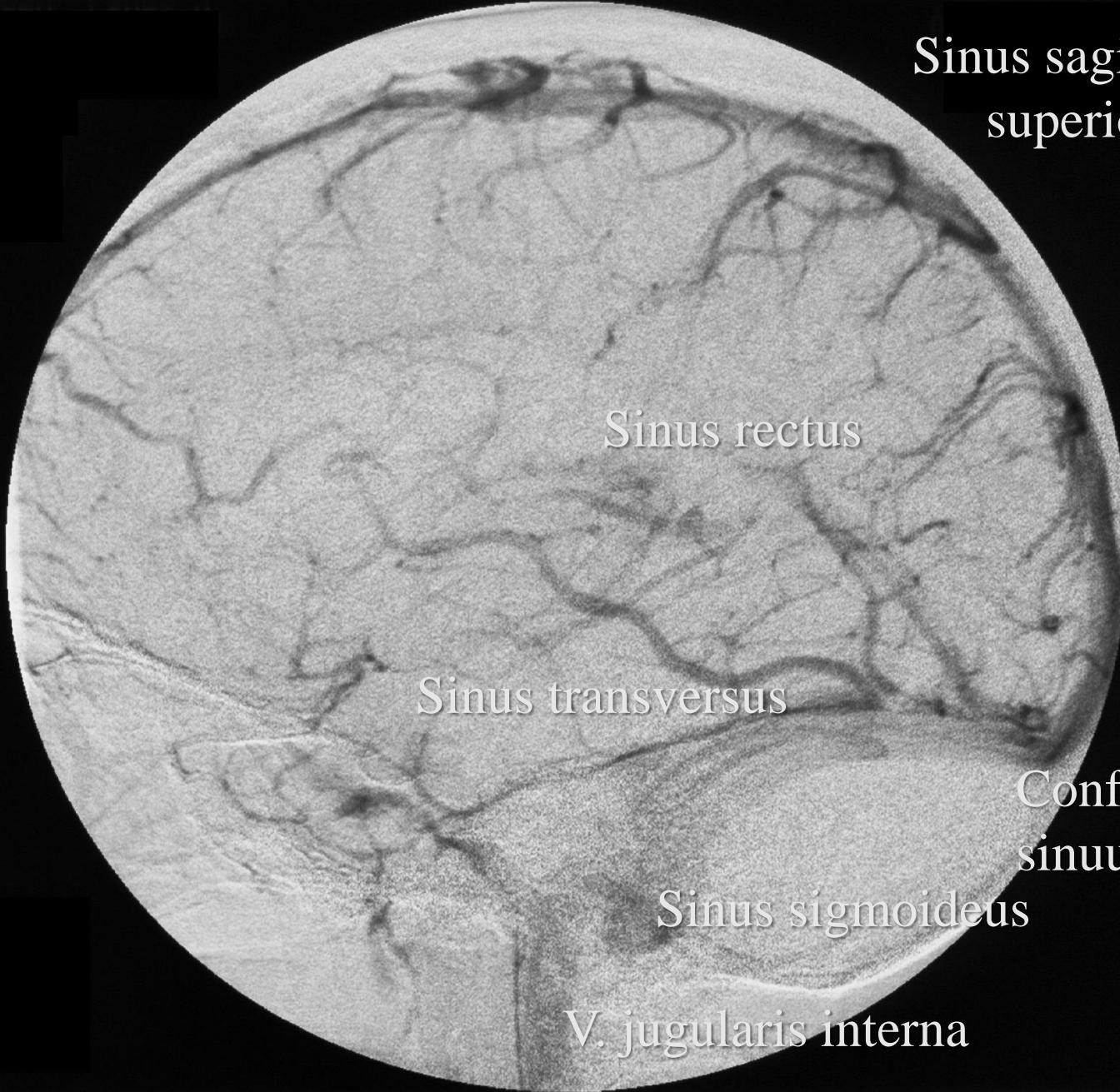


A CAROTIS DXT

A. cerebri media

A. cerebri ant.

A. carotis int.



Sinus sagittalis
superior

Sinus rectus

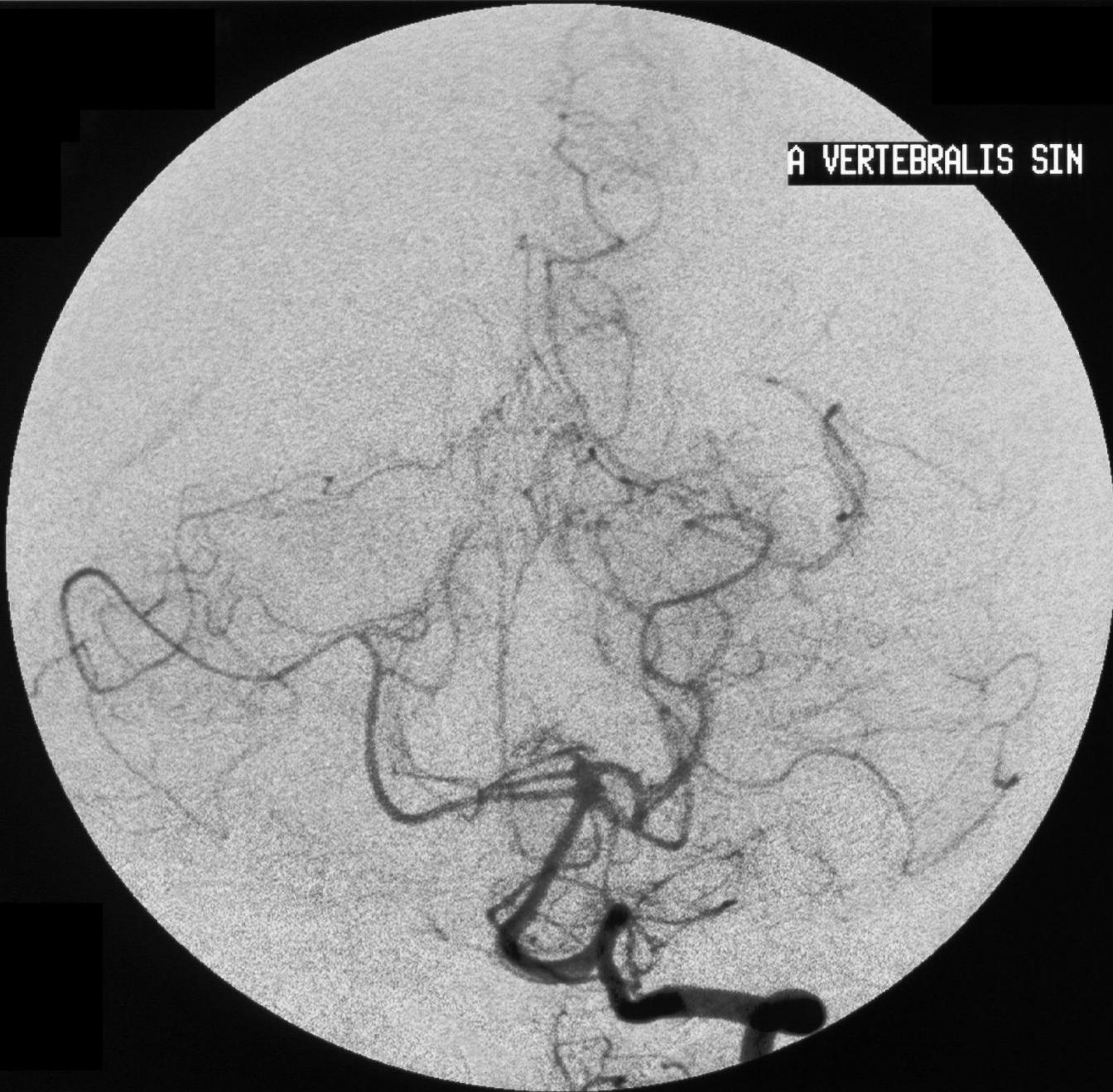
Sinus transversus

Confluens
sinuum

Sinus sigmoideus

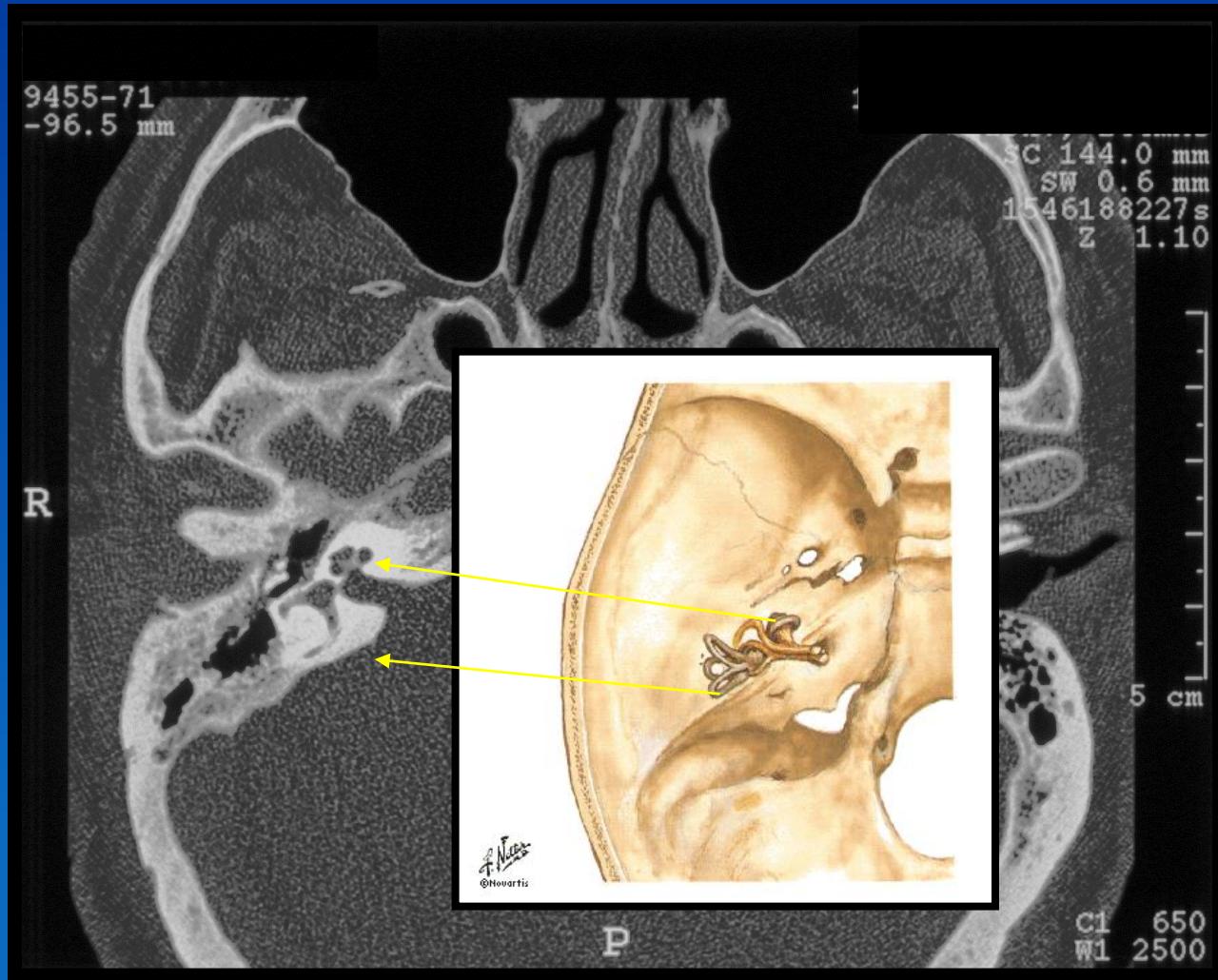
V. jugularis interna

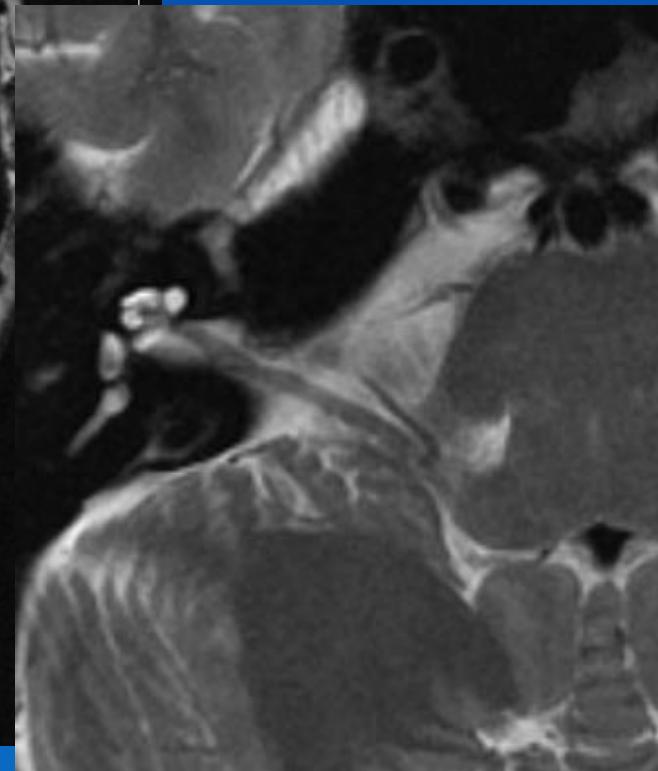
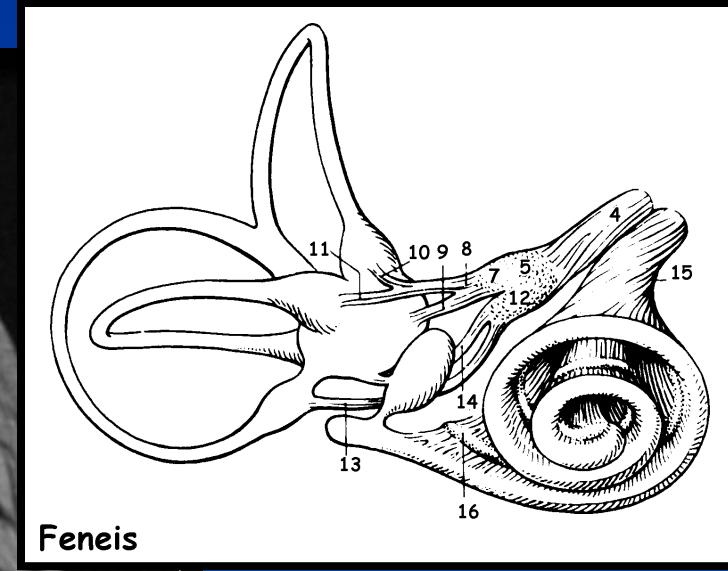
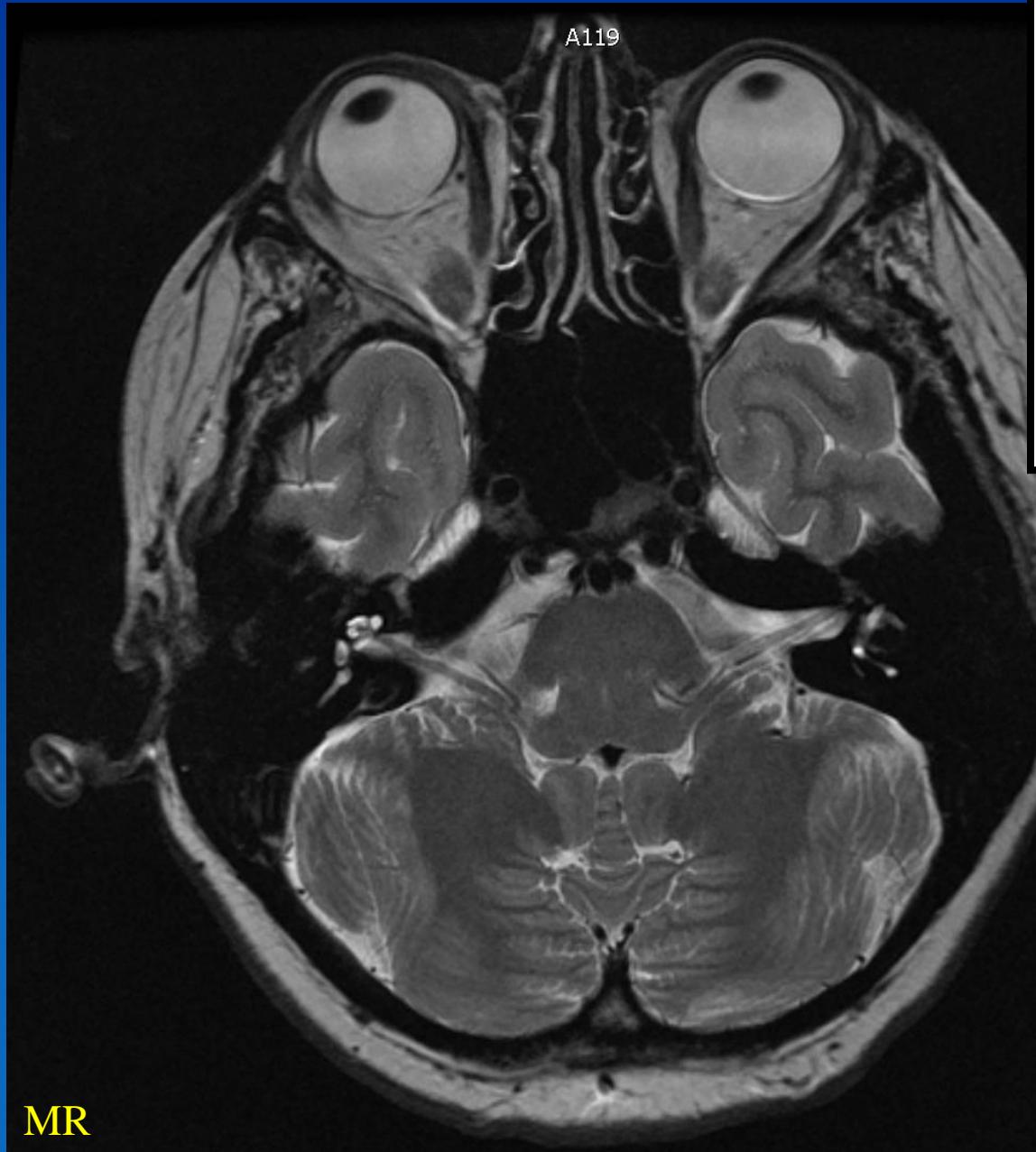
A VERTEBRALIS SIN



Vestibulocochlear organet

CT





MR