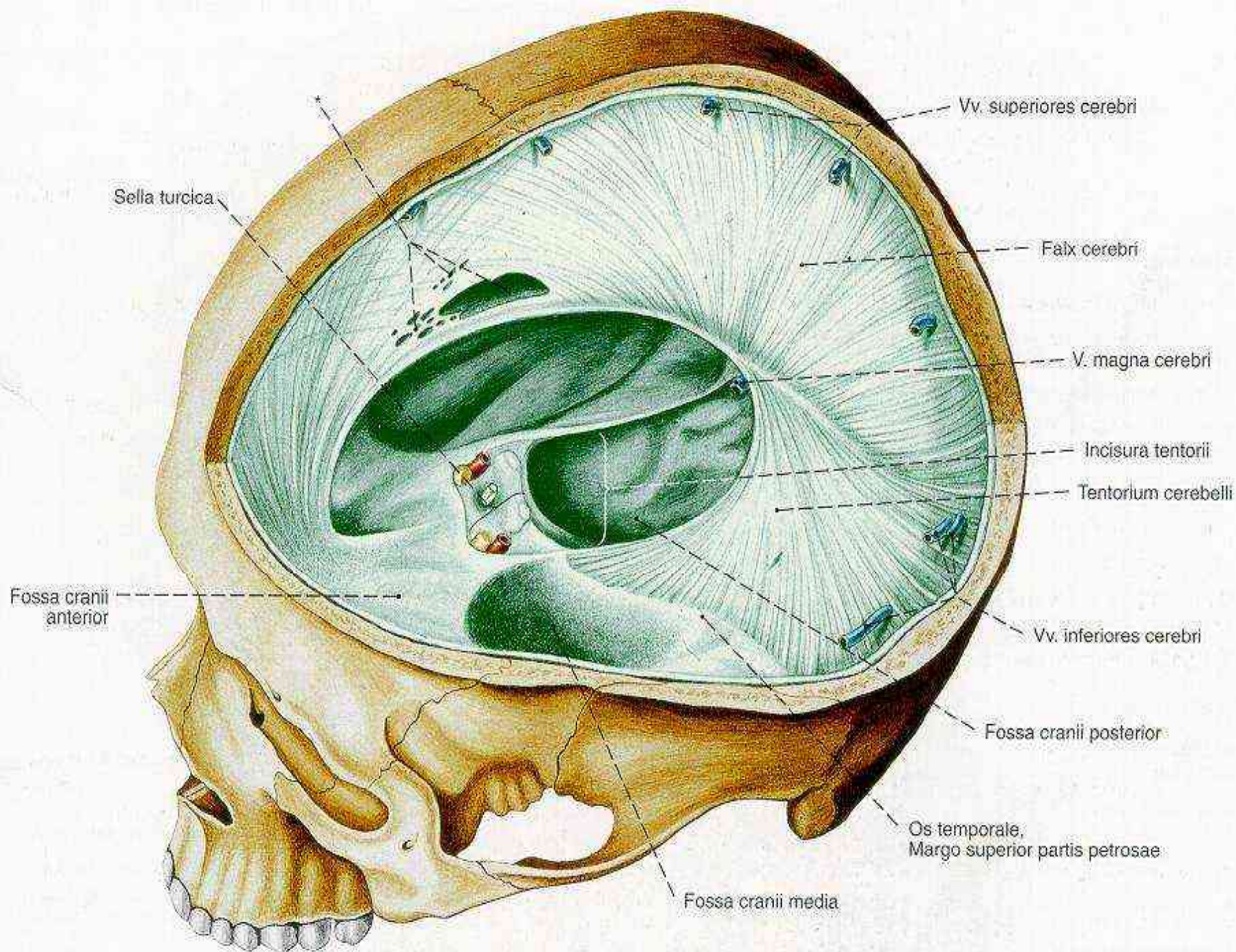


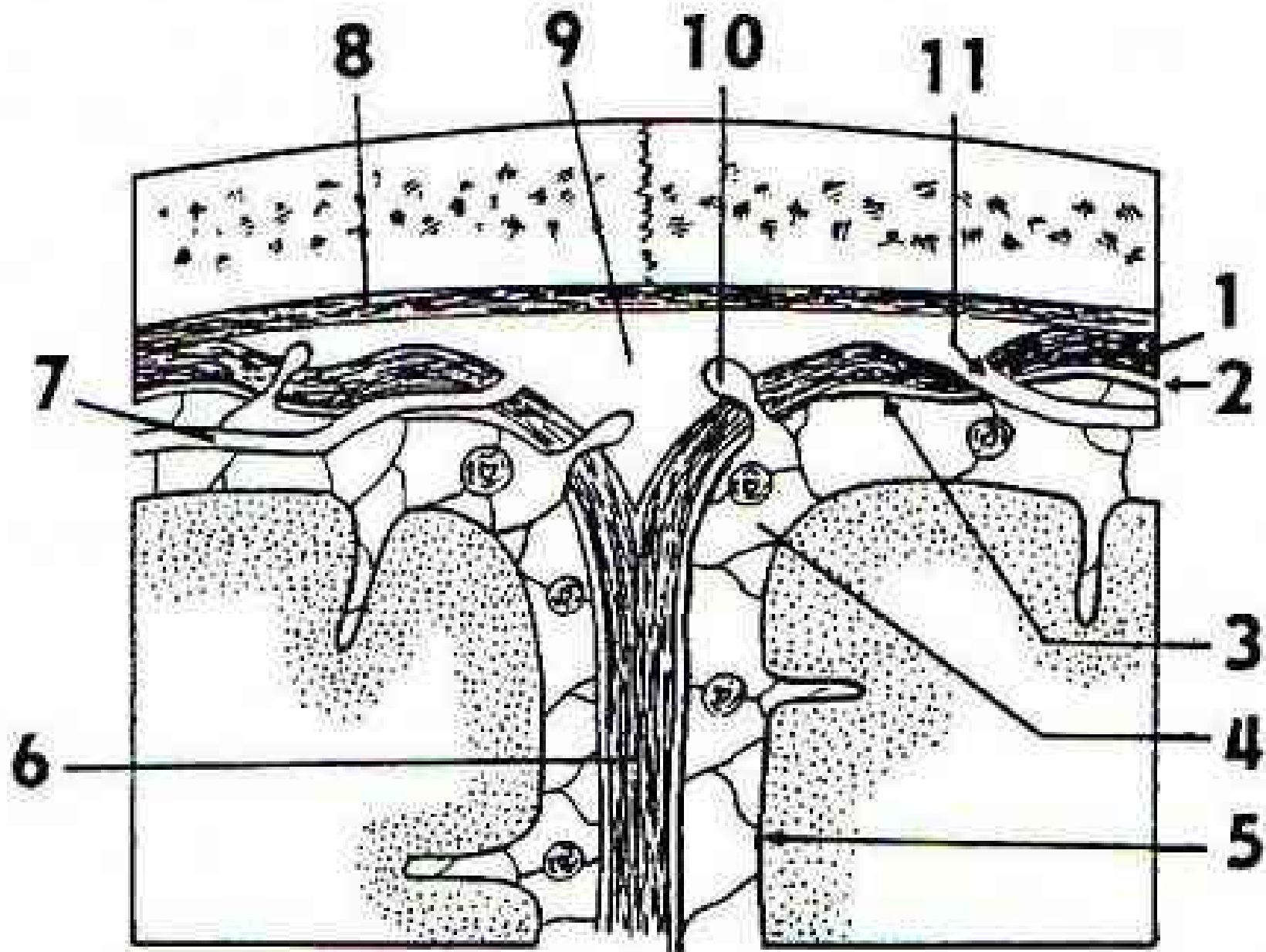
Cévy mozku a míchy

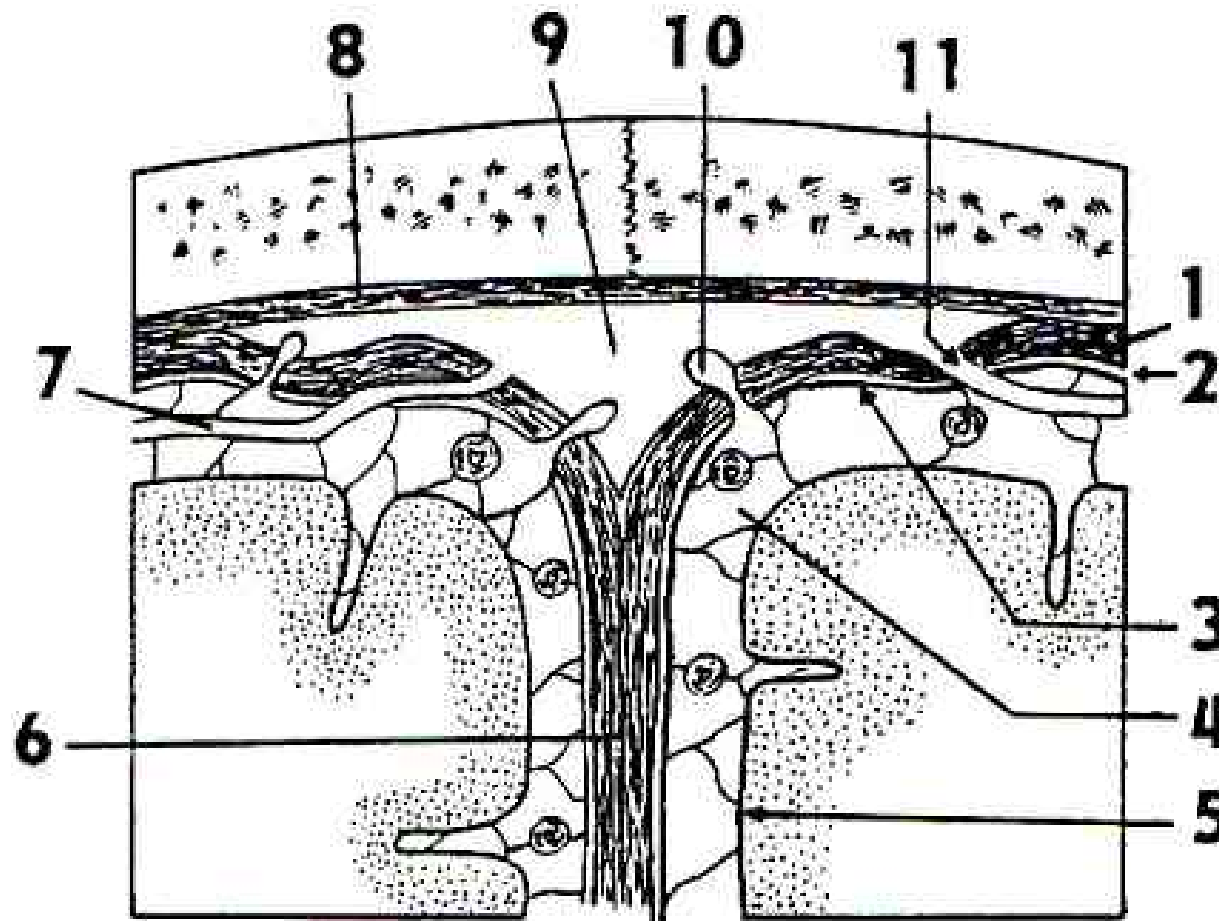
Veronika Němcová

Rastislav Druga









Obr. 60.: Frontální řez ve vicholu lebky, zasahující žilou sinus sagittalis superior a odstup falx cerebri.

1 – dura mater, 2 – "spatium" subdurale, 3 – arachnoidea s odstupujícími trámčitými výběžky směrem k pia mater, 4 – cavitatis subarachnoidealis, 5 – pia mater, 6 – falx cerebri, 7 – mozková žíla, 8 – periost, 9 – sinus sagittalis superior, 10 – granulationes arachnoideales, 11 – ústění mozkové žíly do sinu.

ter

Obaly míchy Spinal cord - meninges

Endorhachis

Cavitas epiduralis – žilní pleteně

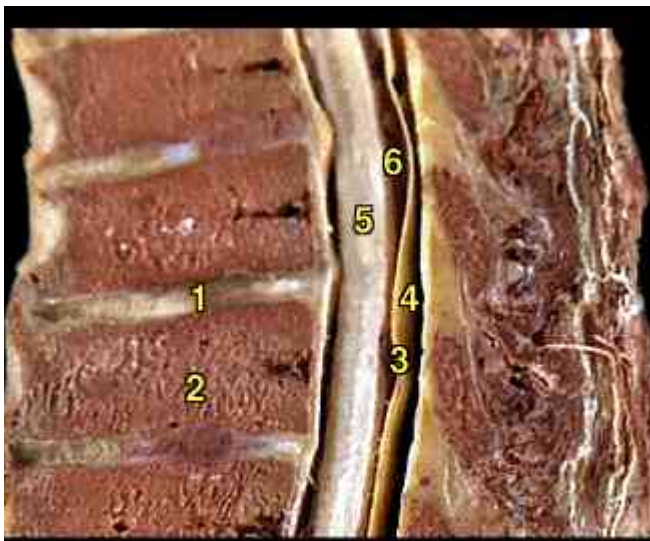
Dura mater spinalis

Cavum subdurale

Arachnoidea – lig. denticulatum

Cavitas subarachnoidalis

Pia mater spinalis



System a. carotis interna + Vertebrobasilární systém

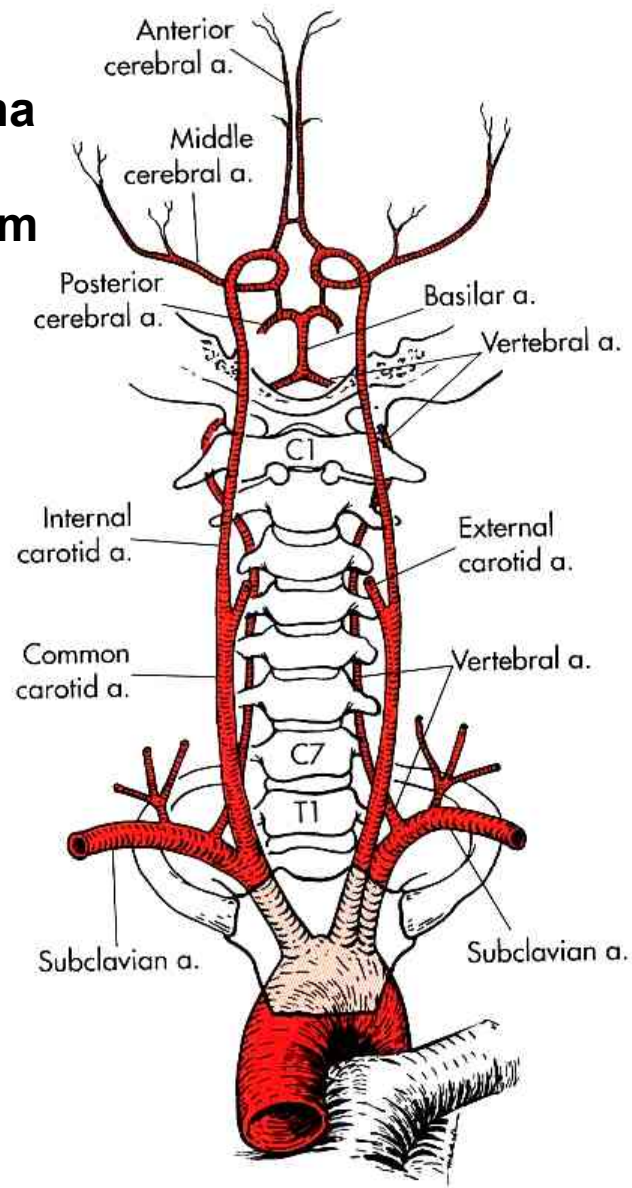
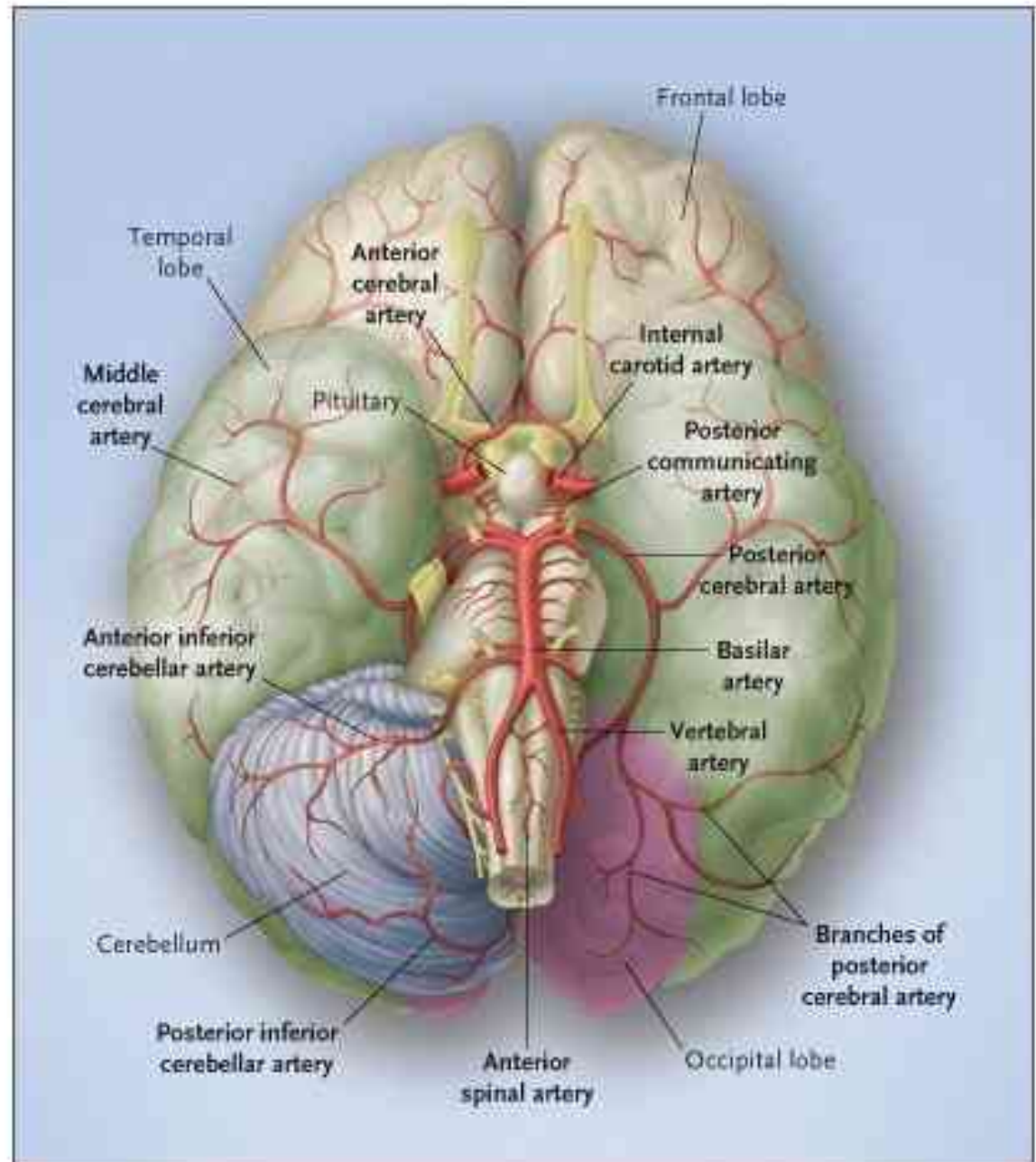
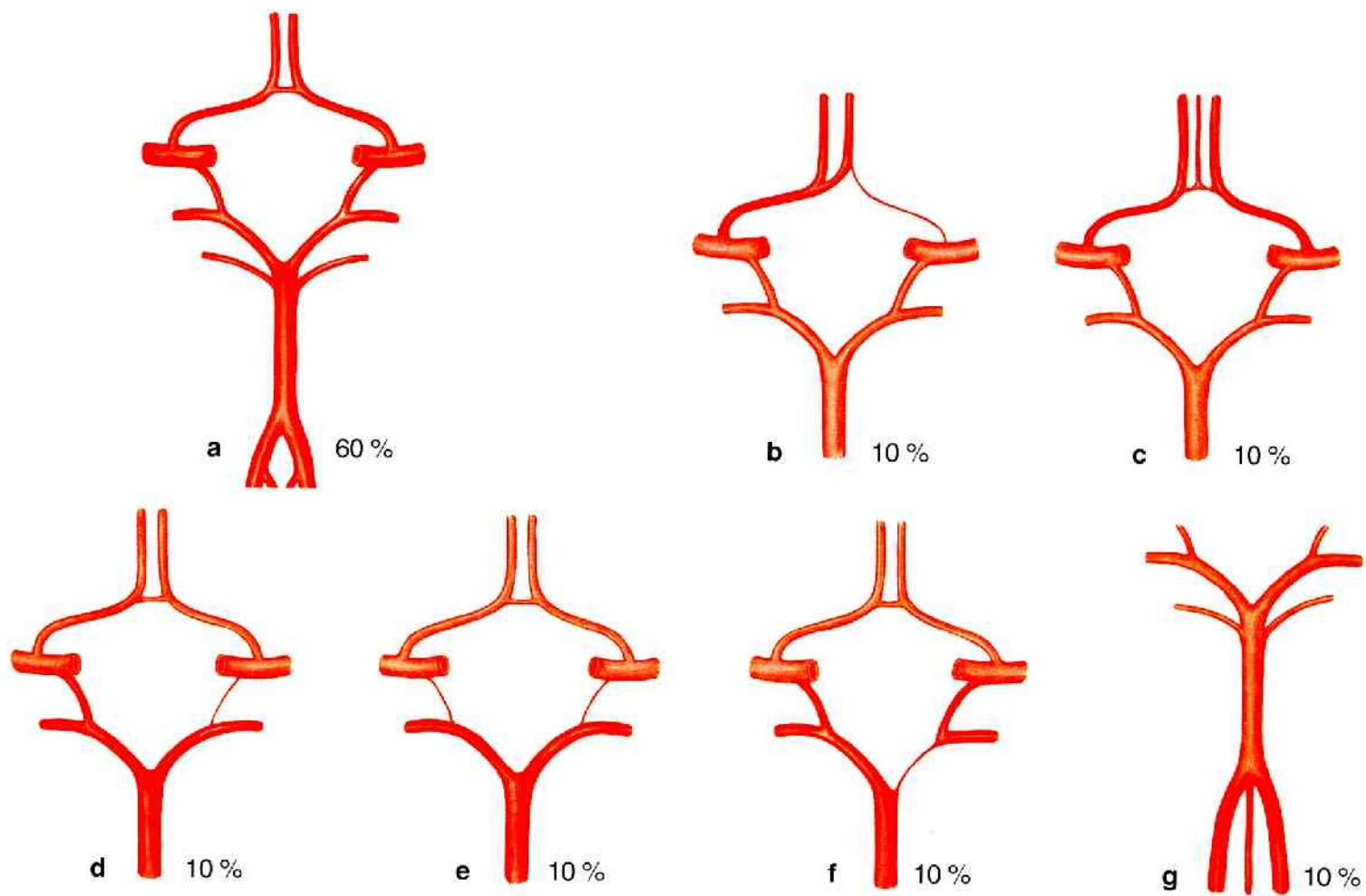


FIGURE 6-2
Origins of the arterial supply of the brain. a, Artery. (From Osborn
AG: *Introduction to cerebral angiography*, Hagerstown, 1980, Harper
& Row.)

Cévy mozku





Obr. 564 a-g Willisův arteriální okruh,
 circulus arteriosus cerebri.
a-c variety předního oddílu
d-f variety zadního oddílu
g kaudální spojení vertebrálních arterií



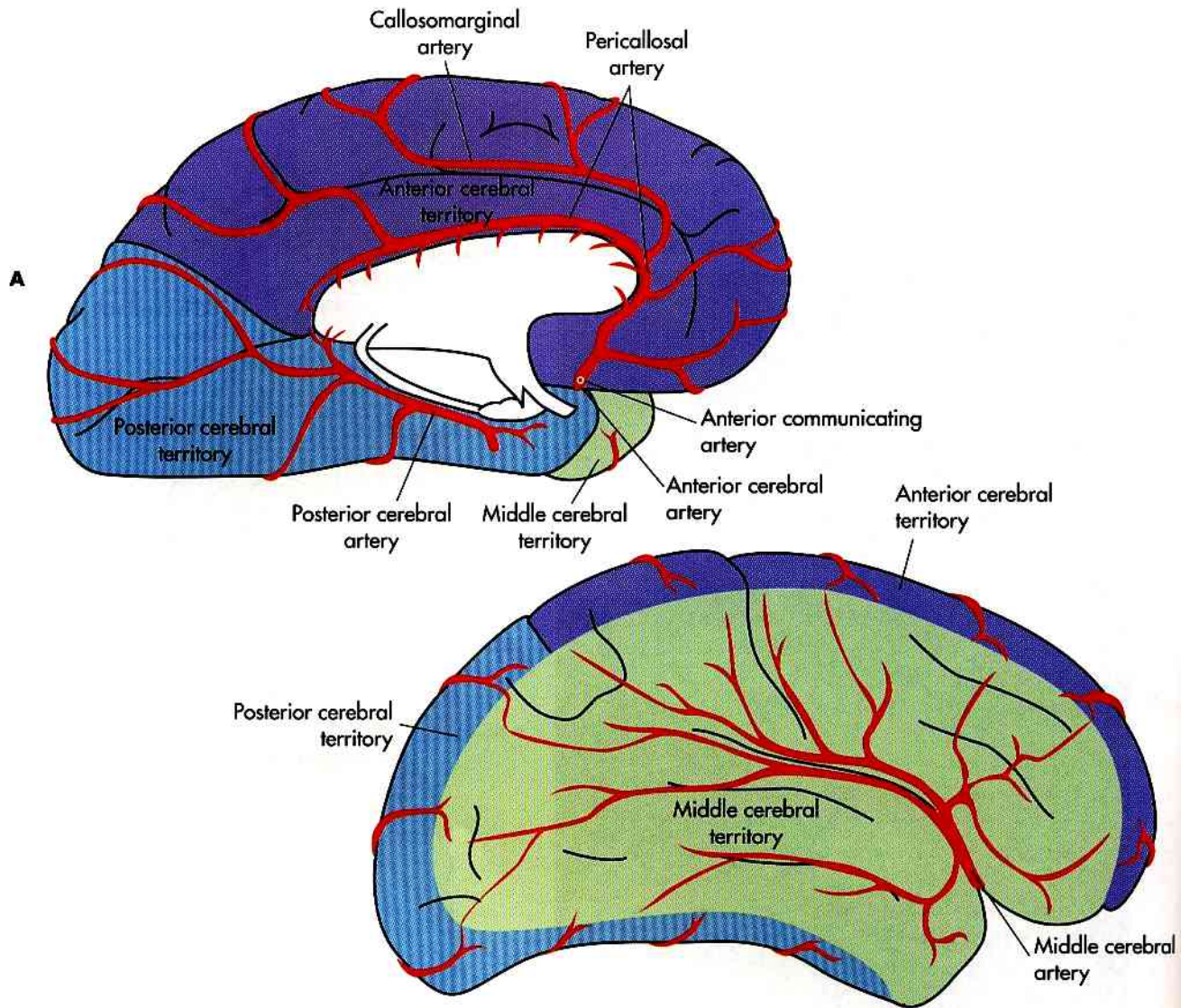
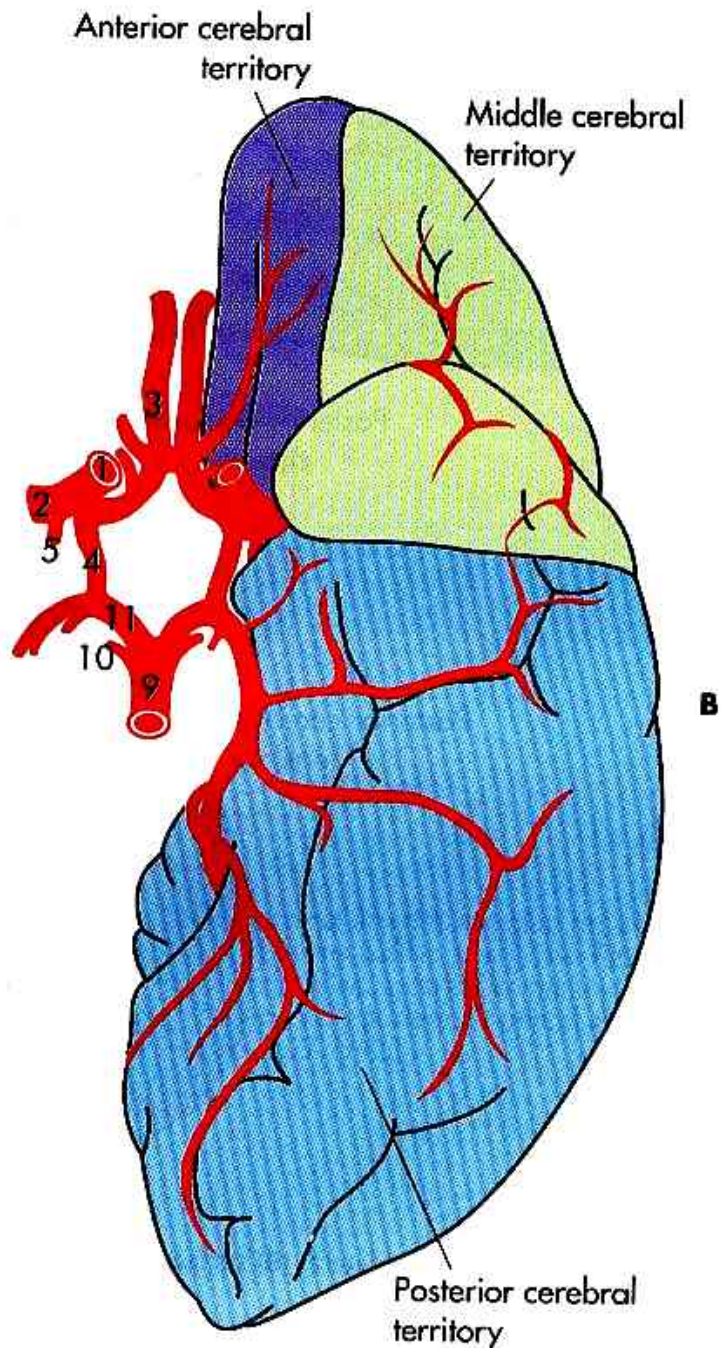
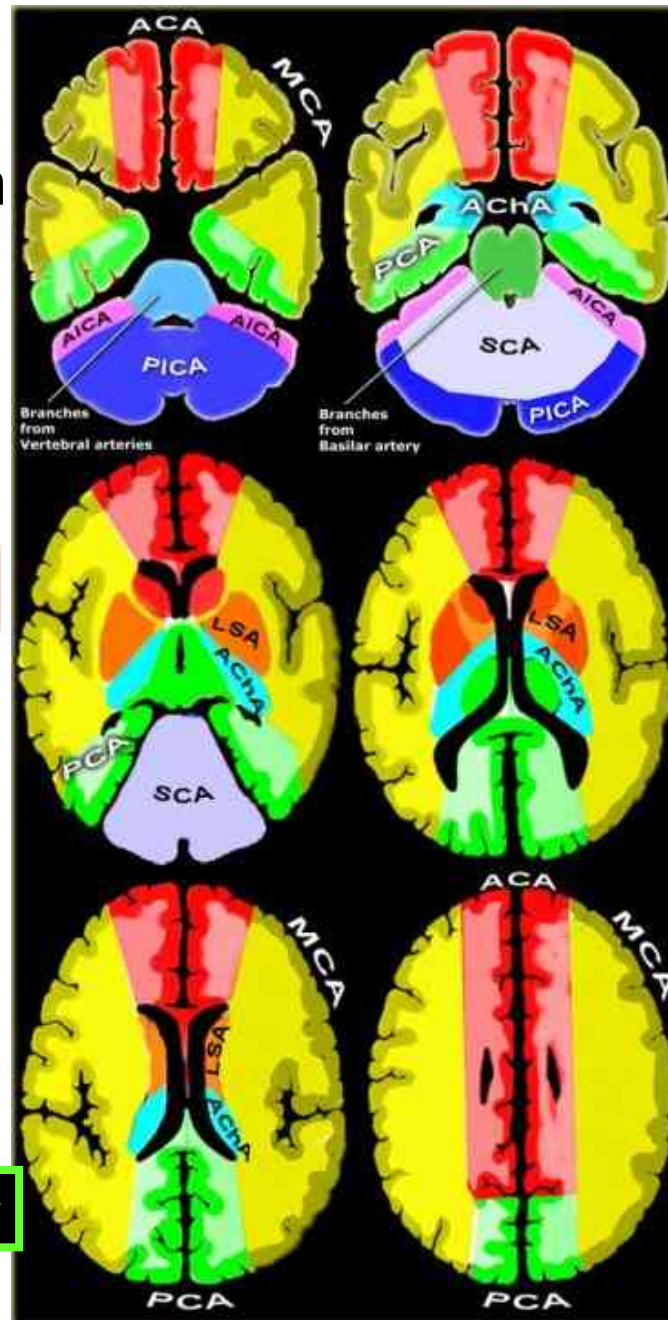


FIGURE 6-4
 Arteries on the medial (A) and lateral (B) surfaces of the brain, with their areas of supply indicated. (Modified from Mettler FA: *Neuroanatomy*, ed 2, St. Louis, 1948, Mosby.)



Teritoria mozkových tepen



a.cerebri anterior

a.cerebri media

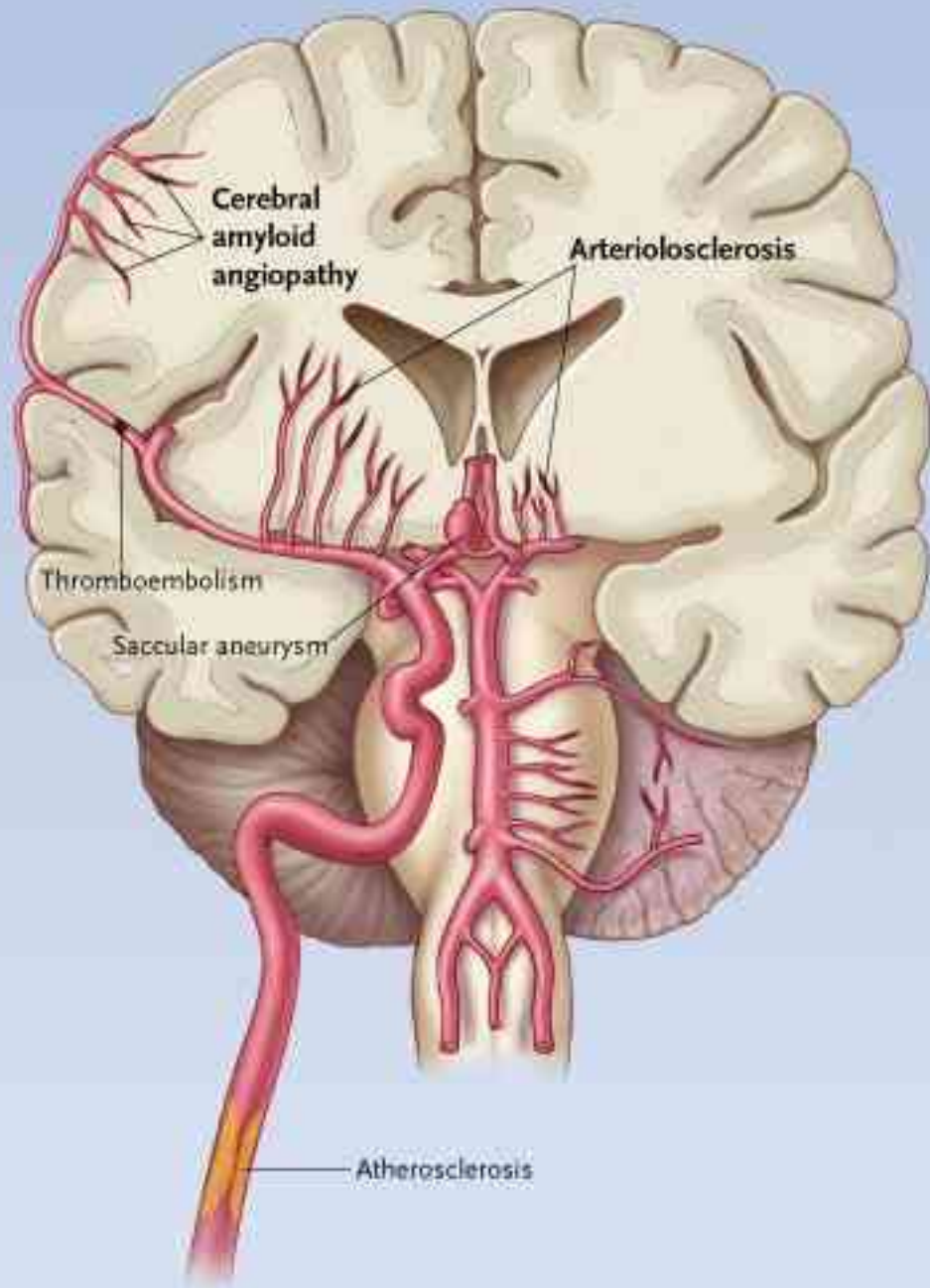
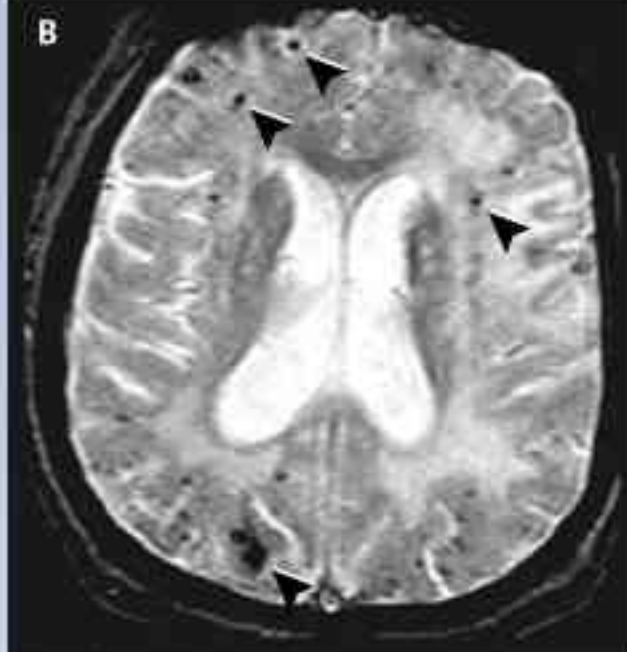
a. cerebri posterior

a.cerebellaris
inferior anterior
a.cerebellaris
inferior posterior

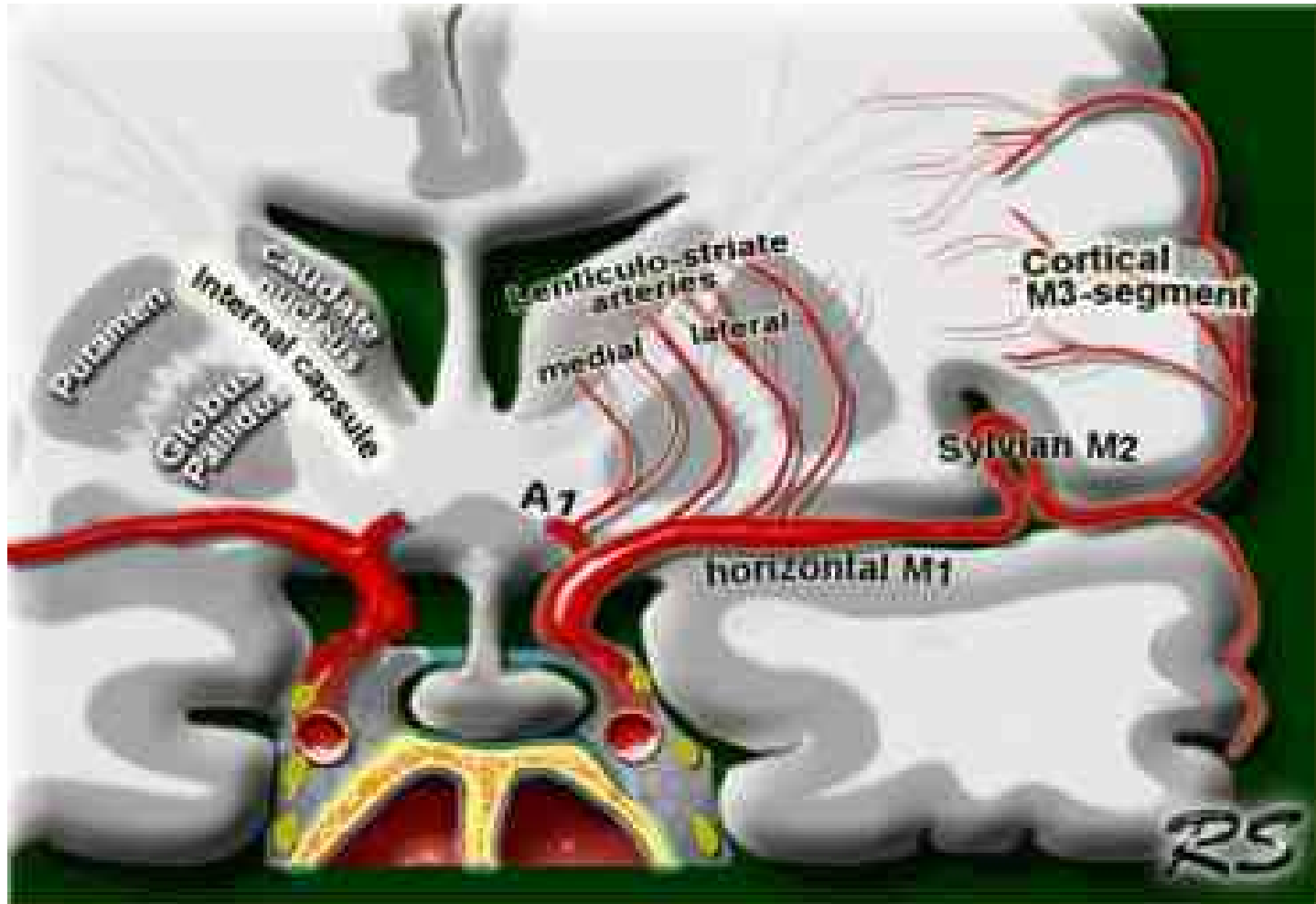
a.cerebellaris
superior

aa. lenticulostriaticae

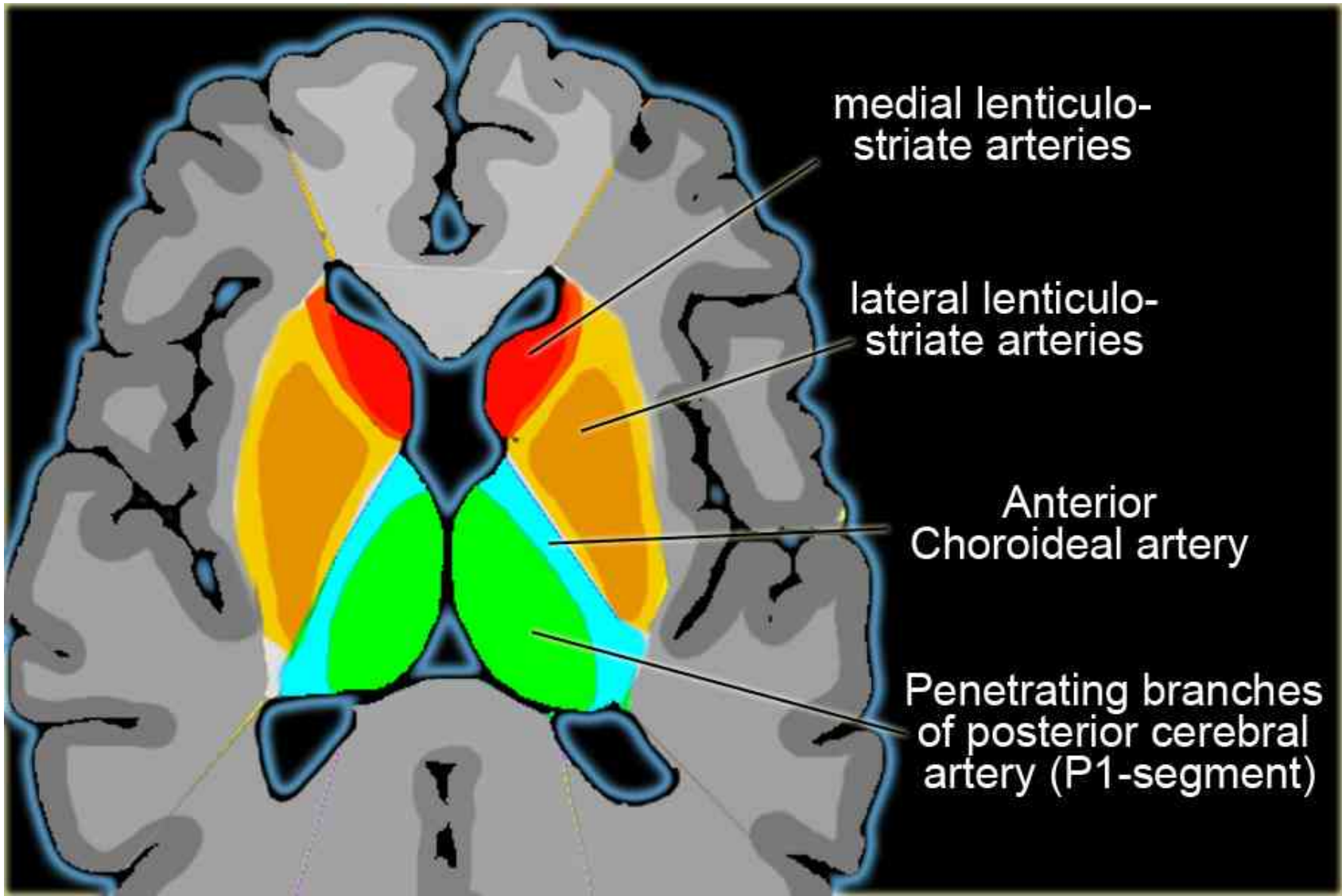
a. choroidea
anterior

A**B****C**

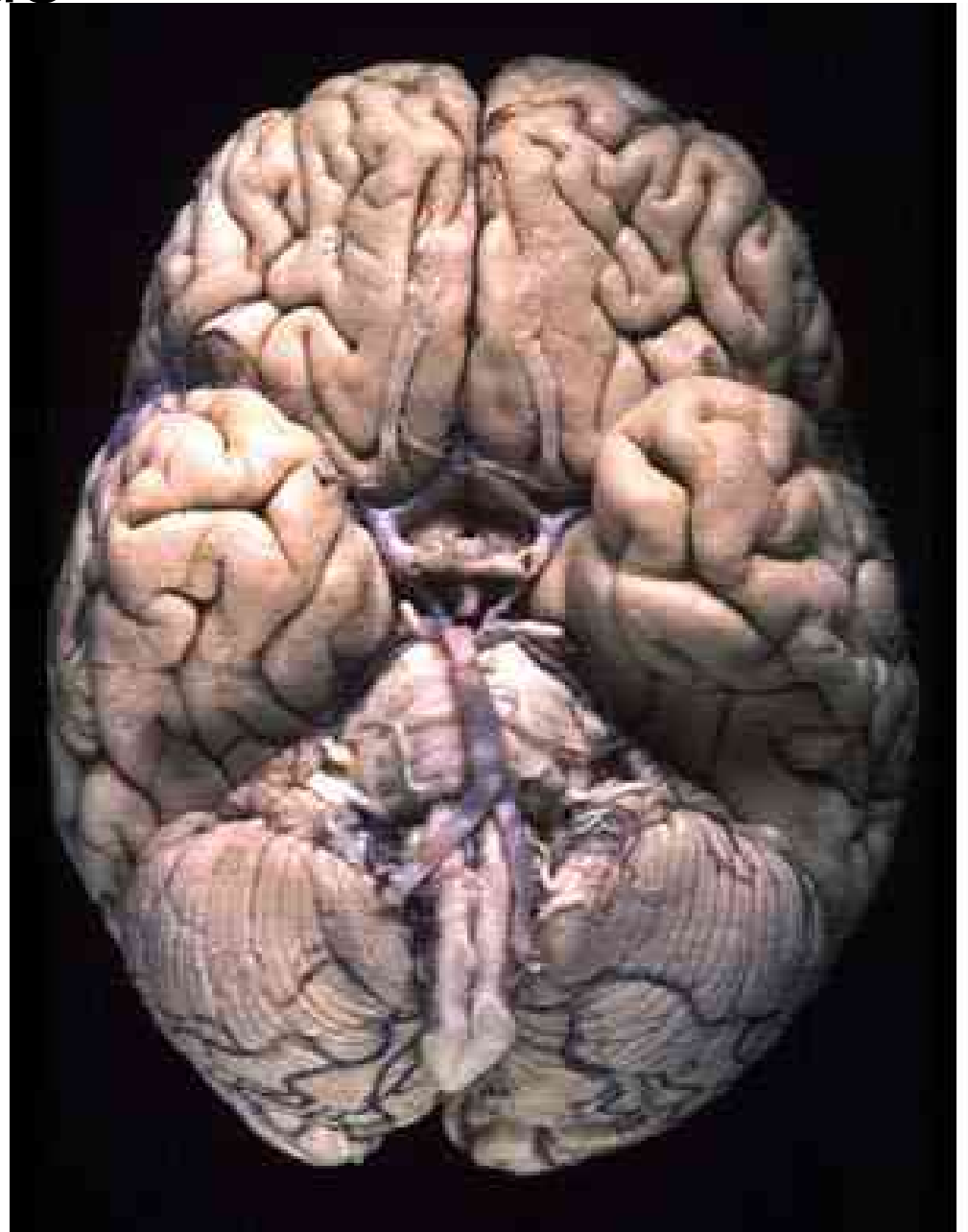
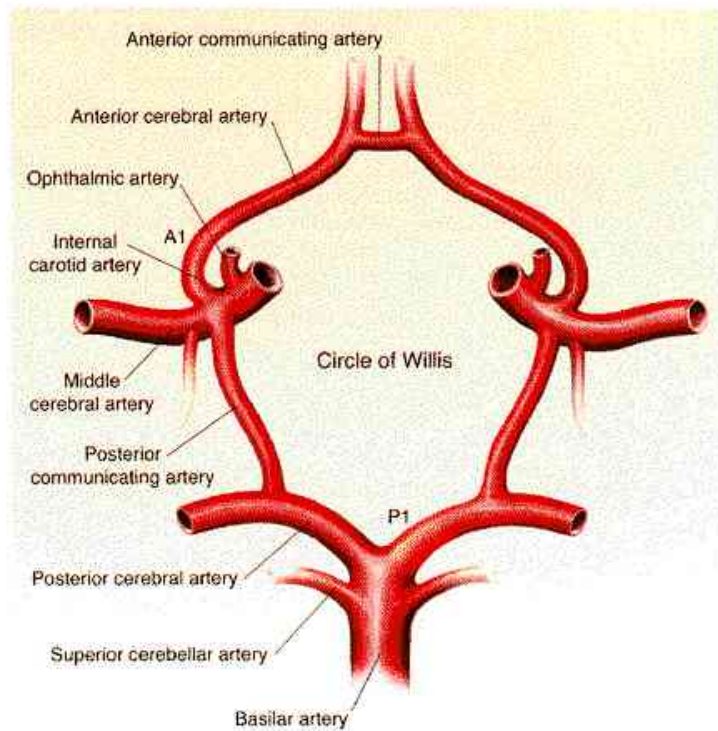
Cévní zásobení basálních ganglií



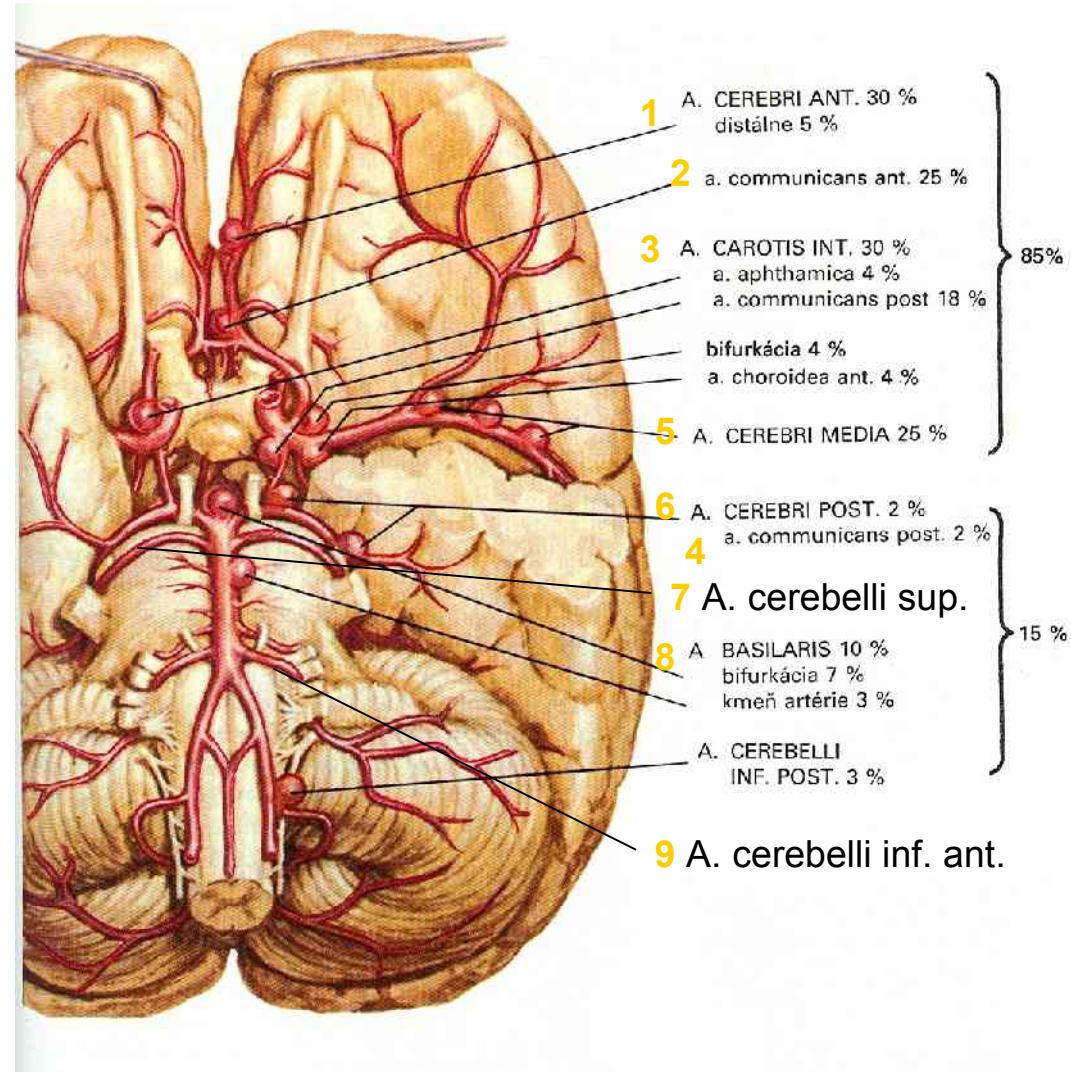
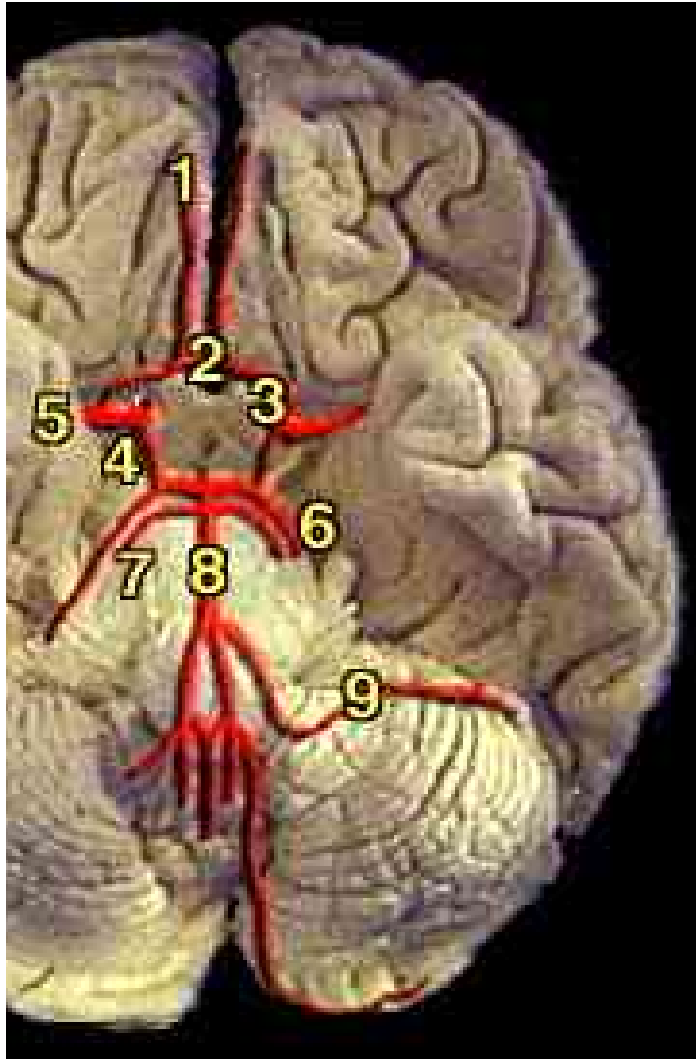
Cévní zásobení basálních ganglií, thalamu a capsula interna



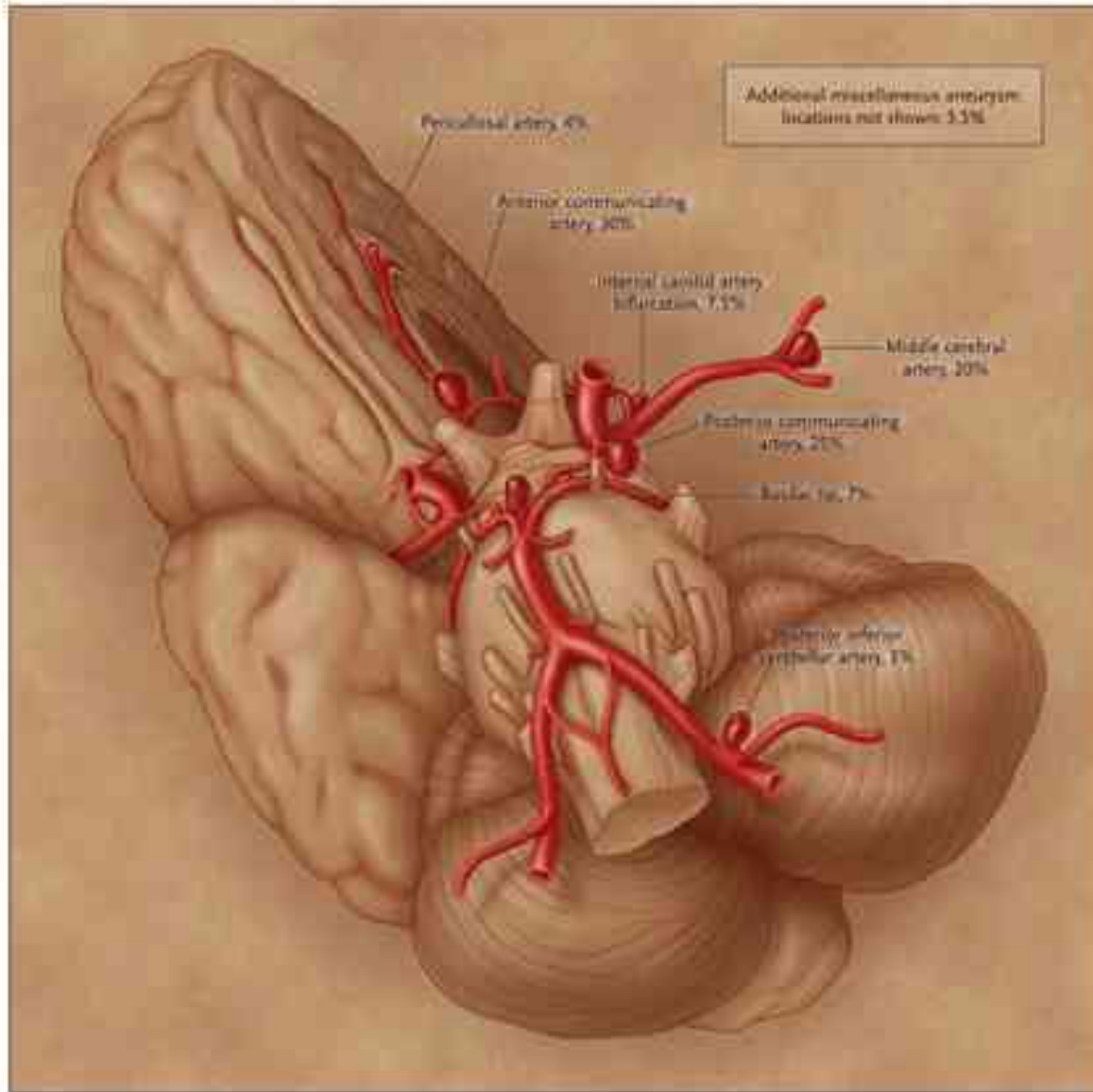
Circulus arteriosus



Circulus arteriosus Willisi – četnost aneurysmat

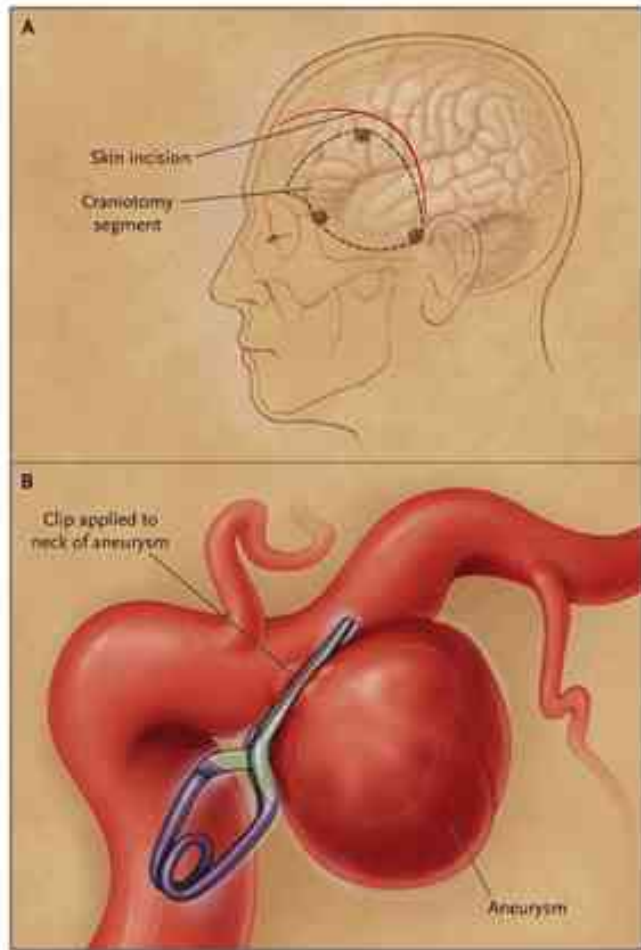


Aneurysmata lokalizace

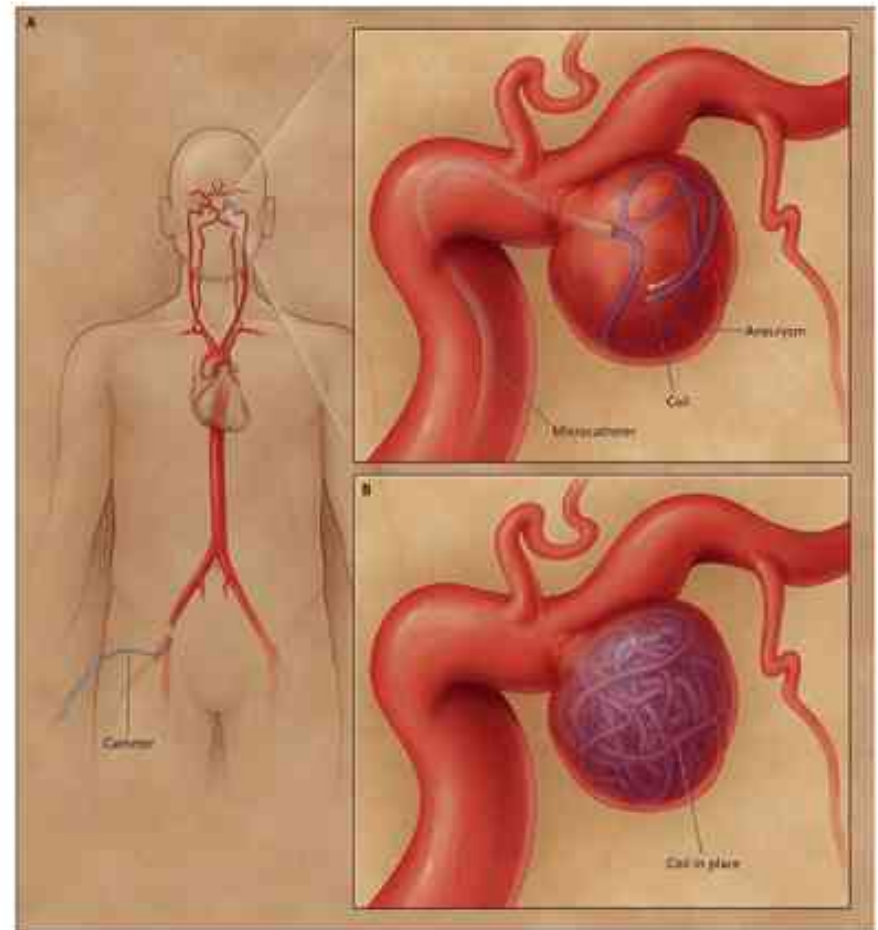


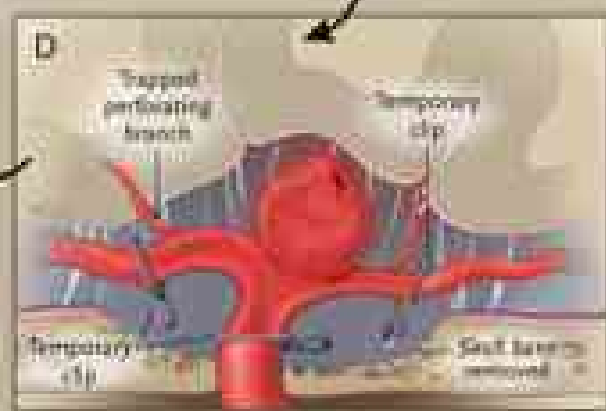
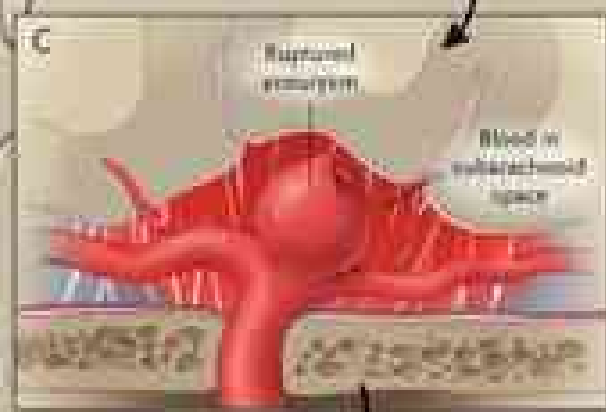
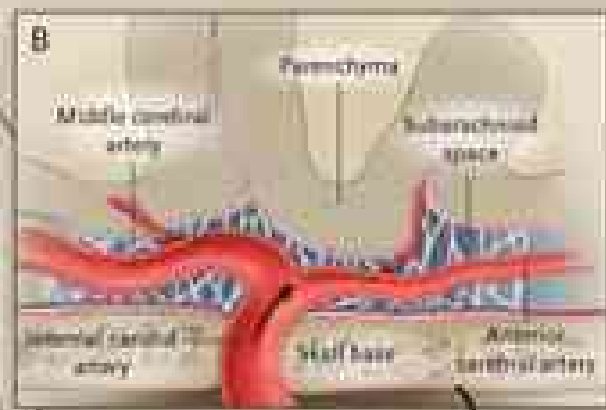
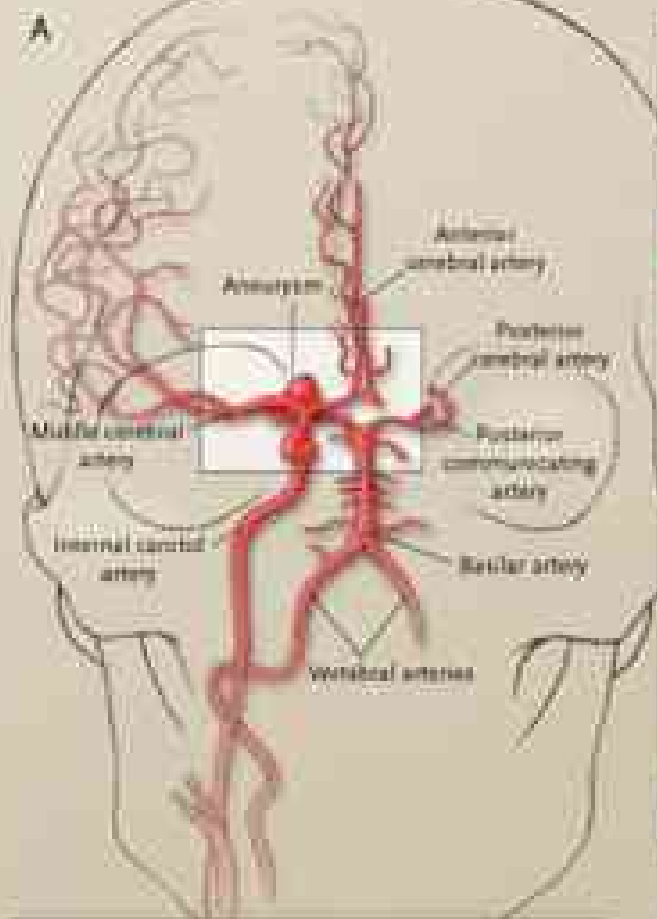
Aneurysma - léčba

Clip

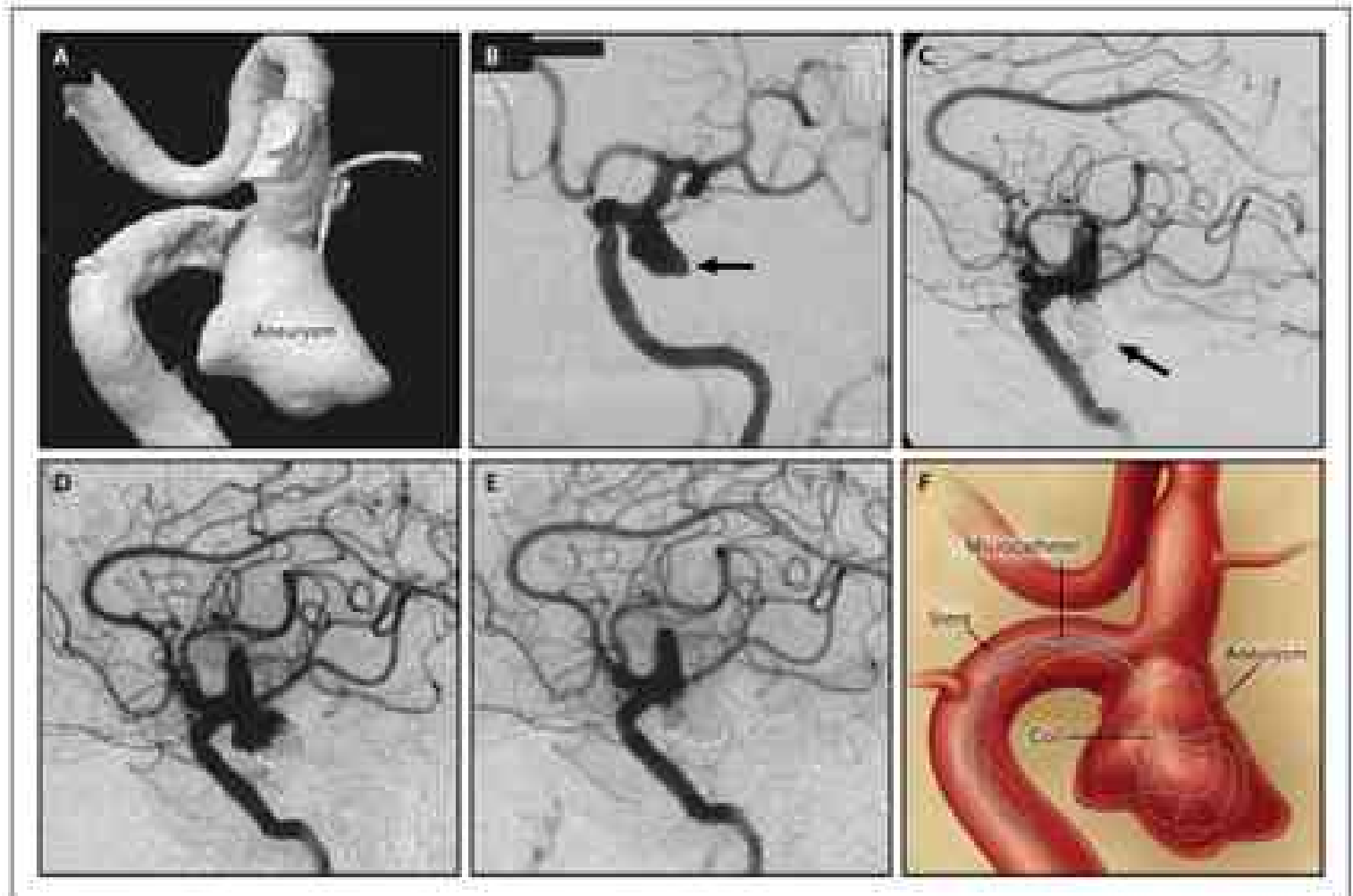


Endovascular occlusion

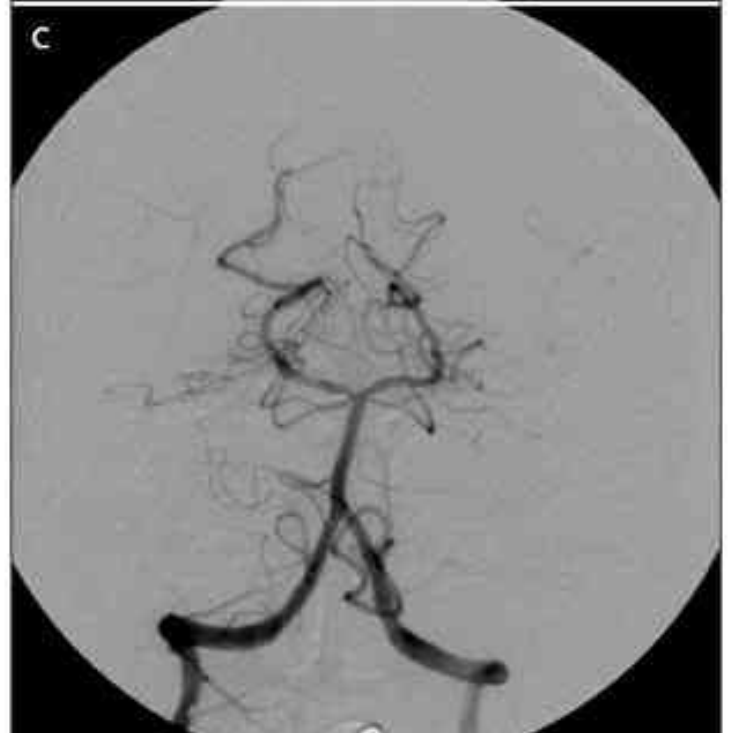
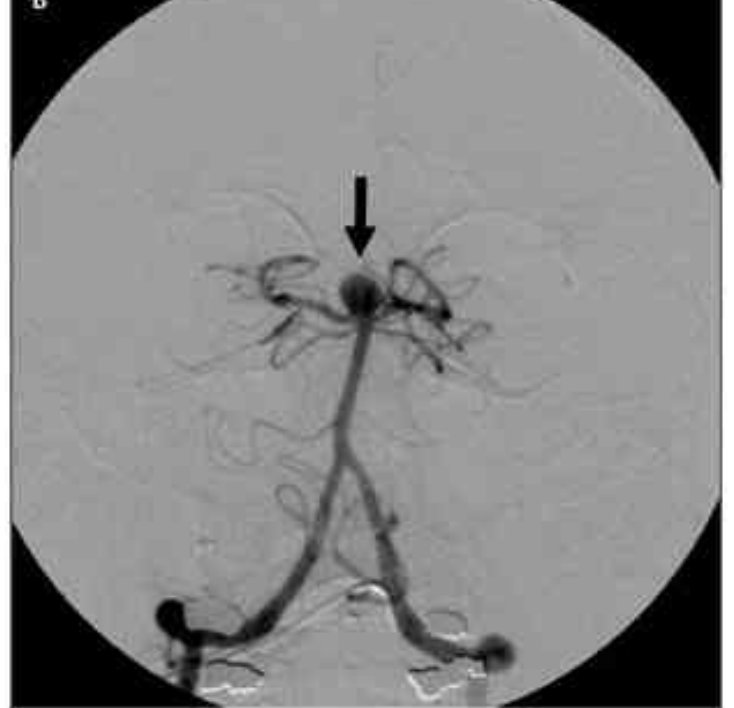
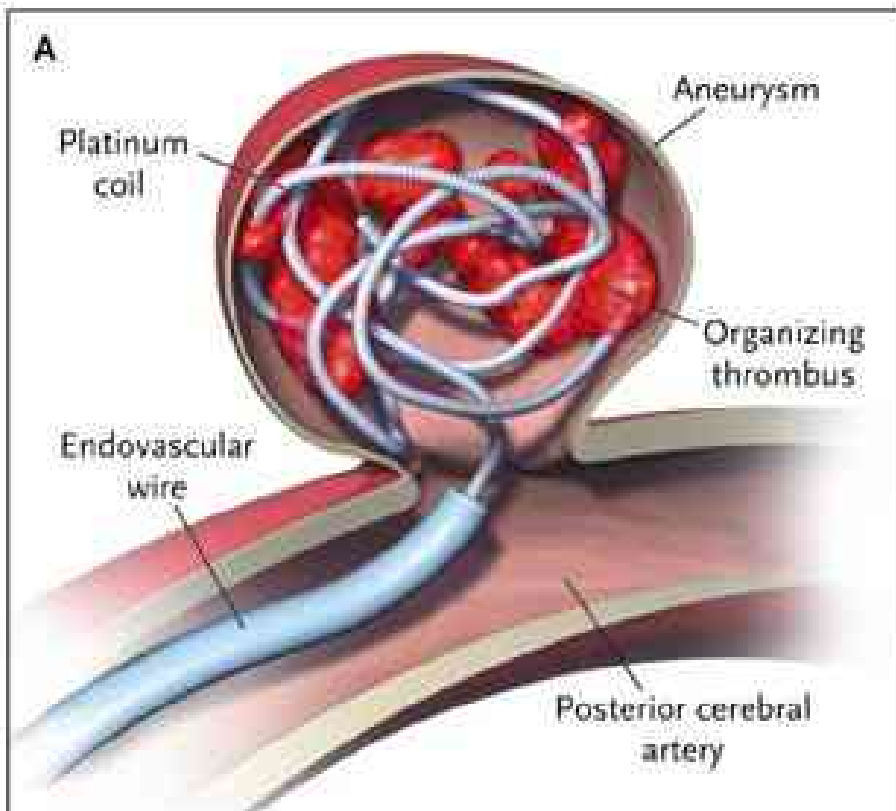




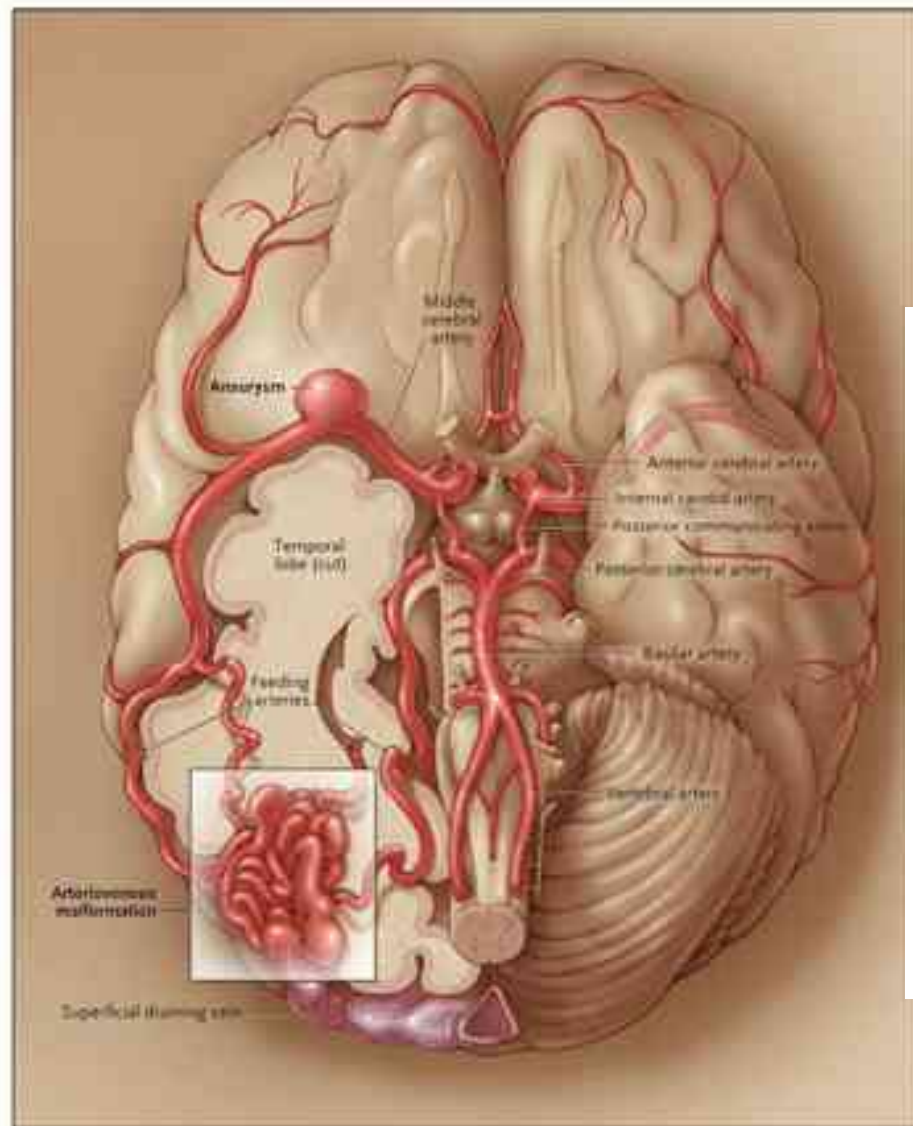
Aneurysma – stent, recoiling



Intravascular coiling

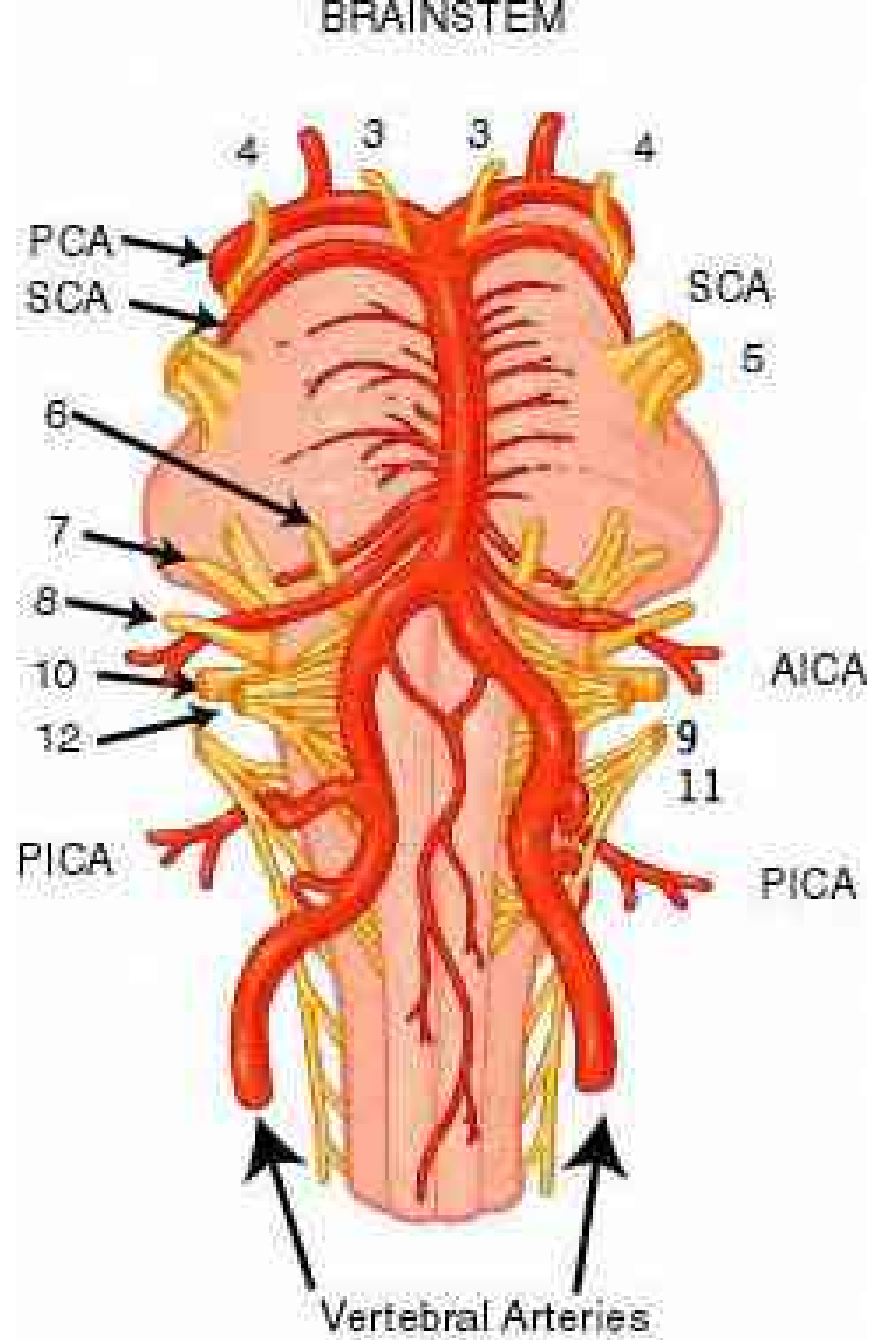


A-V malformace

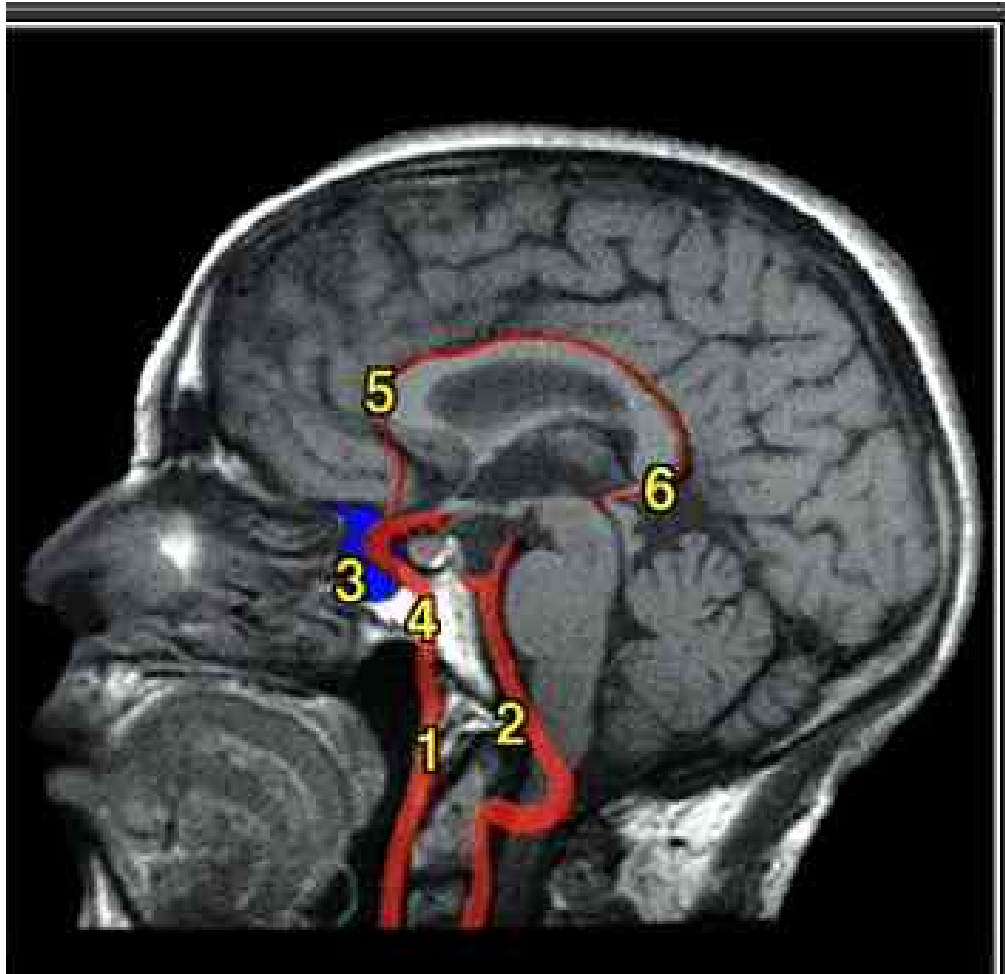


peroperačně

Výstupy hlavových nervů a cévy na ventrální straně mozkového kmene



NMR – angoigrafie na sagitálním řezu



1 - a.carotis interna

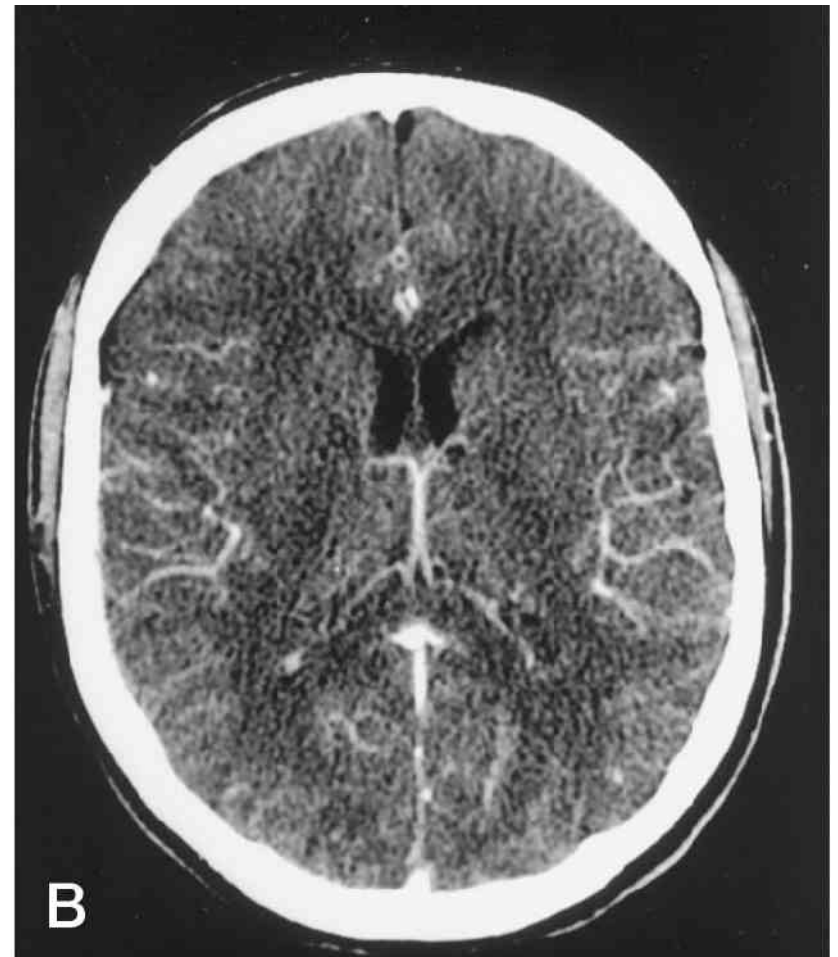
2 - a.vertebralis

3 - sinus cavernosus

4 - canalis caroticus

5 - a.cerebri anterior

6 - a.cerebri posterior



Spiral CT: first phase in a healthy adult.

A, Twenty-six seconds after intravenous injection of nonionic contrast medium, all arteries are opacified: anterior cerebral arteries, middle cerebral arteries, posterior cerebral arteries, and superficial temporal arteries.

B, Two seconds later and a section above A: on the midline of the brain, the pericallosal arteries, internal cerebral veins, great cerebral vein, straight sinus, and superior sagittal sinus. Terminal arteries for the cortex are also well opacified.



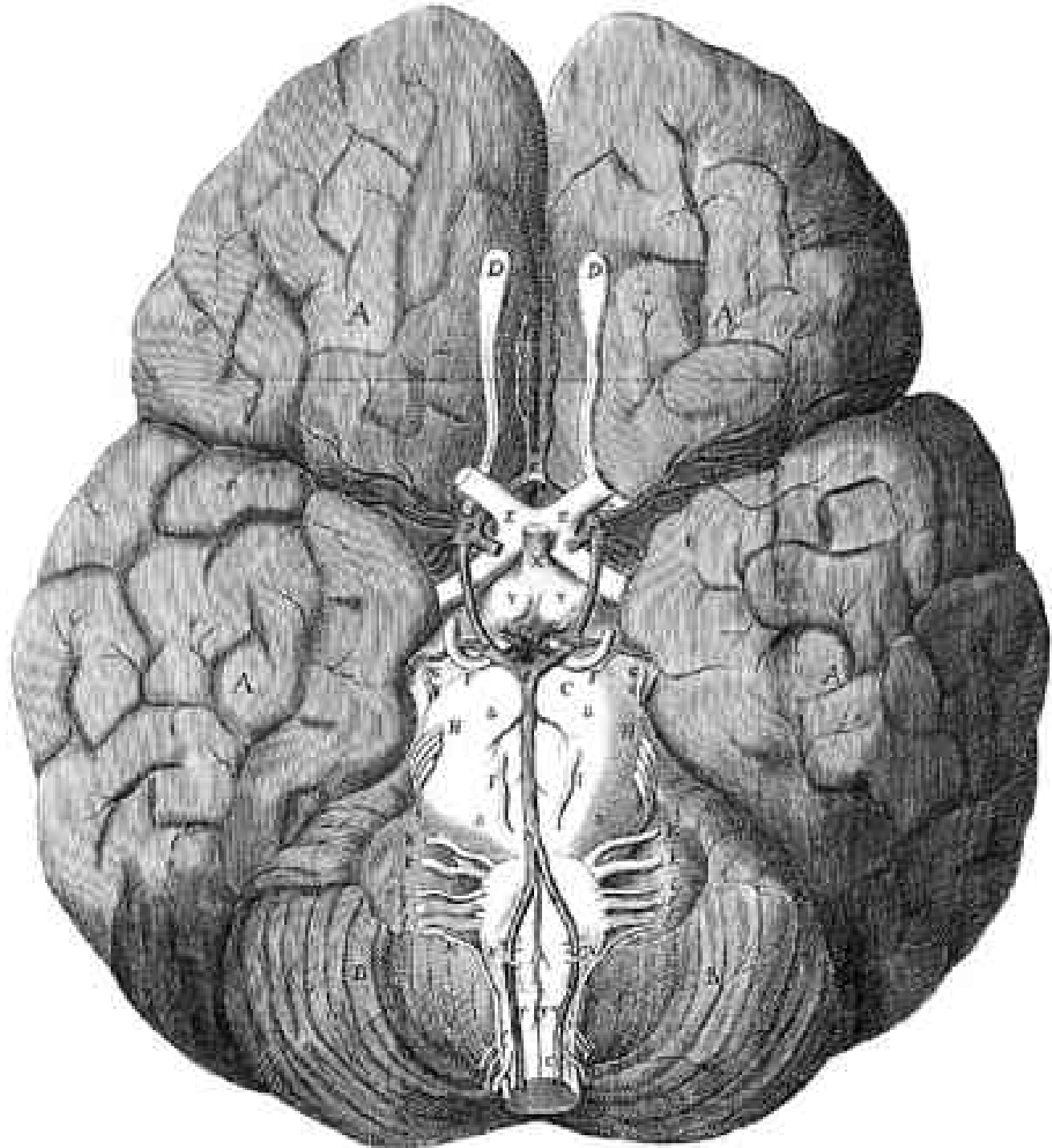
Brain death.

A, The first phase of spiral CT 25 seconds after intravenous injection of contrast medium: the cerebral arteries and the basilar artery are not visible, whereas the **superficial temporal arteries** (*white arrows*) and **superior ophthalmic veins** (*black arrows*) are opacified.

B, Three seconds later, neither midline vessels (arteries and veins) nor terminal arteries for the cortex are seen, whereas **superficial artery branches** (*arrows*) are opacified. Note **brain swelling**.

Thomas Willis
(1621–1675)





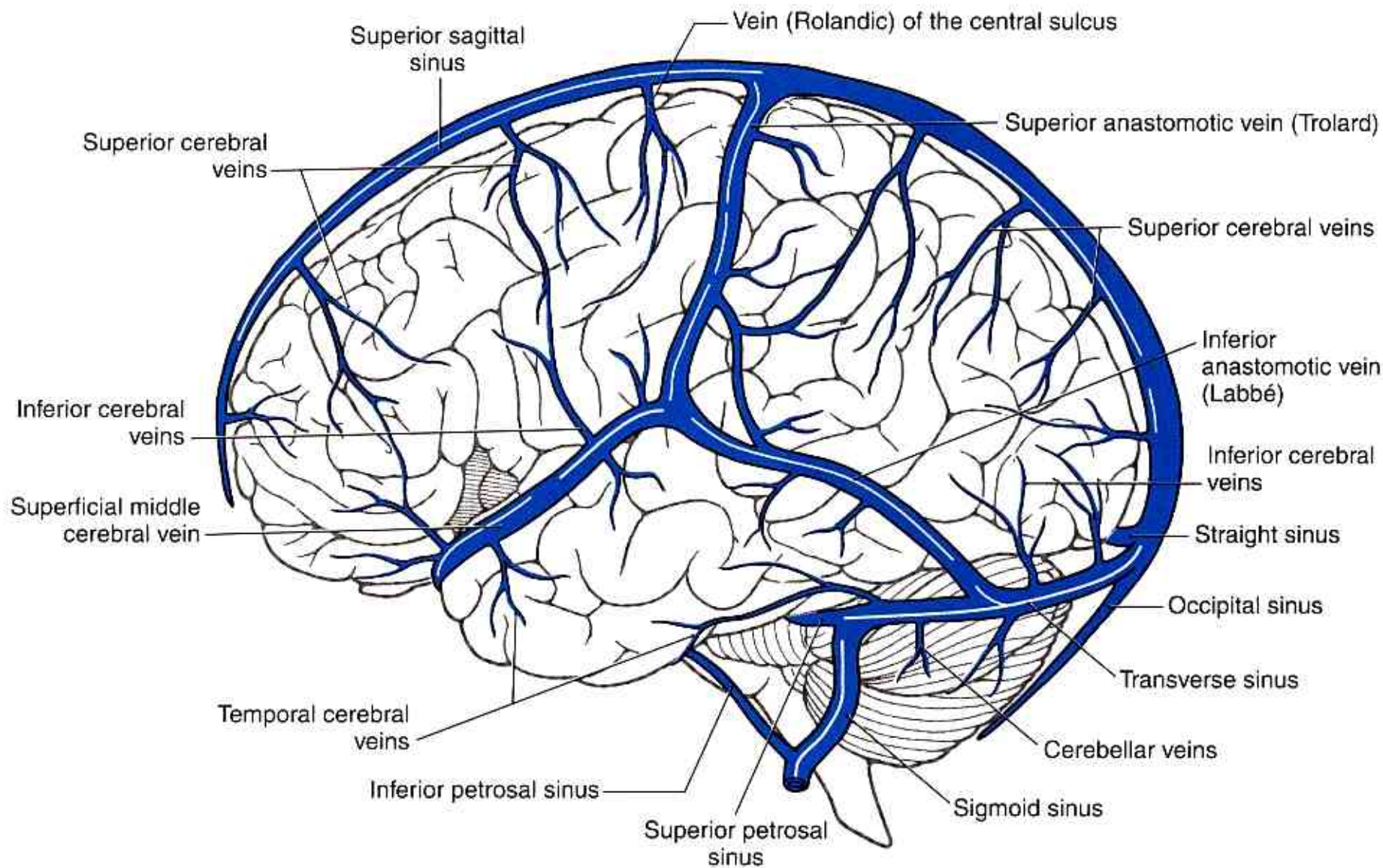
The home of Thomas Willis from 1657 to 1667

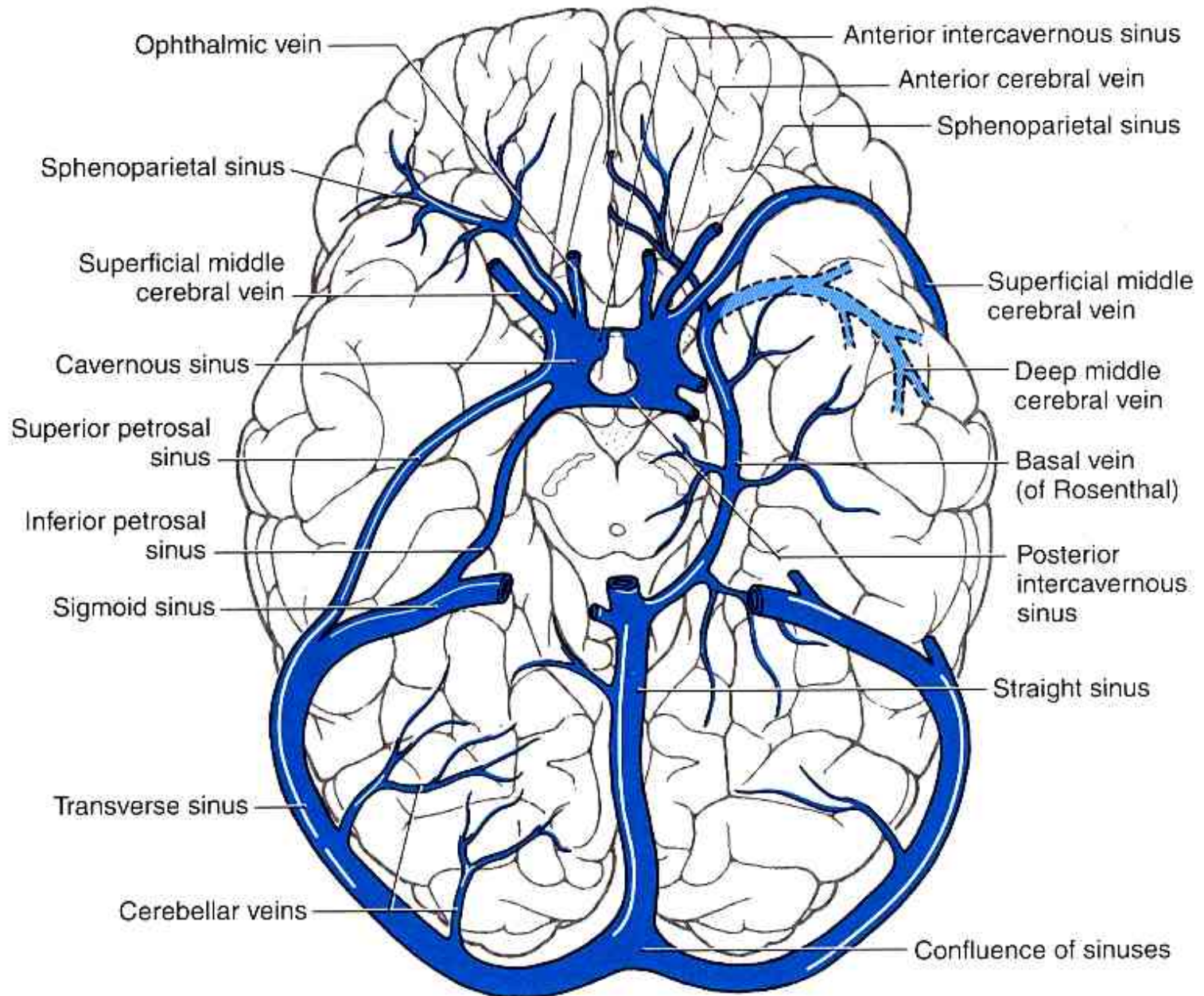


Oxford, Beam Hall

Thomas Willis

- **Neuroanatomical terms coined by Willis**
- Anterior commissure | Cerebellar peduncles | Claustrum | Corpus striatum | Inferior olives (corpora teretia) | Internal capsule | Medullary pyramids | Nervus ophthalmicus | The word 'neurology' | Optic thalamus | Spinal accessory nerve | Stria terminalis (taenia cornua) | Striatum | Vagus nerve
- **Pathologies recognized by Willis**
- Achalasia of the cardia (achalasia of the oesophagus) | Akathisia (restless legs syndrome, Ekbom's syndrome) | Symptoms of myasthenia gravis | Paracusis Willisii. Occurs in deaf patients whose hearing improves in the presence of noise, indicating osteosclerosis | Diabetes mellitus | Abnormalities of the brains of patients with congenital mental retardation | Unilateral degeneration of the cerebral peduncle in a case of long-standing unilateral paralysis | Symptoms of malaria | Distinctions between typhoid and puerperal fevers





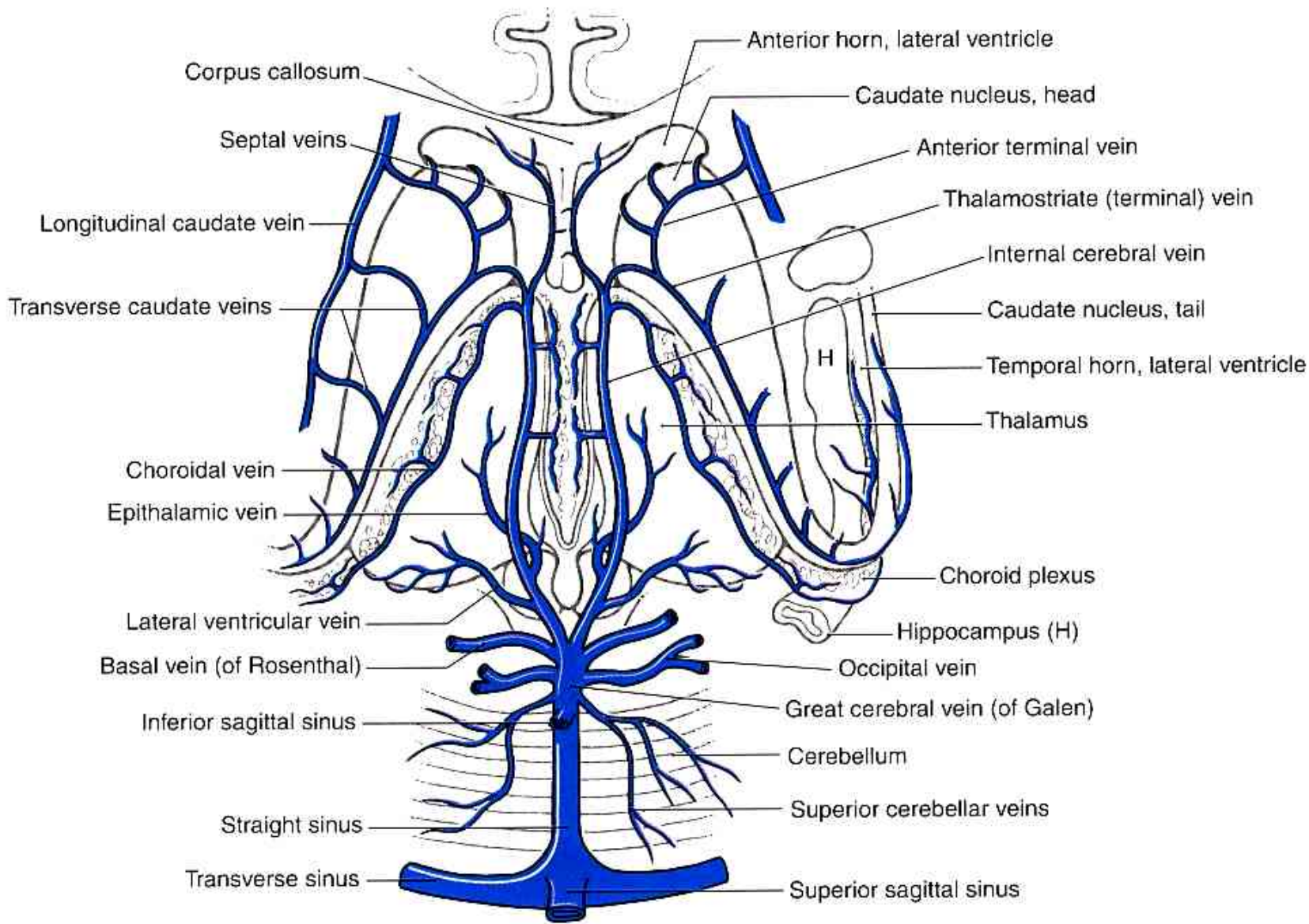
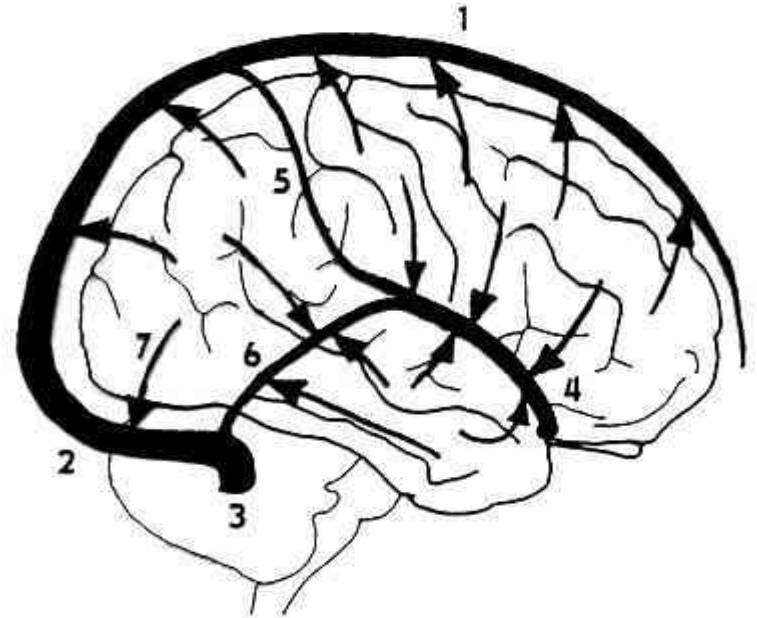
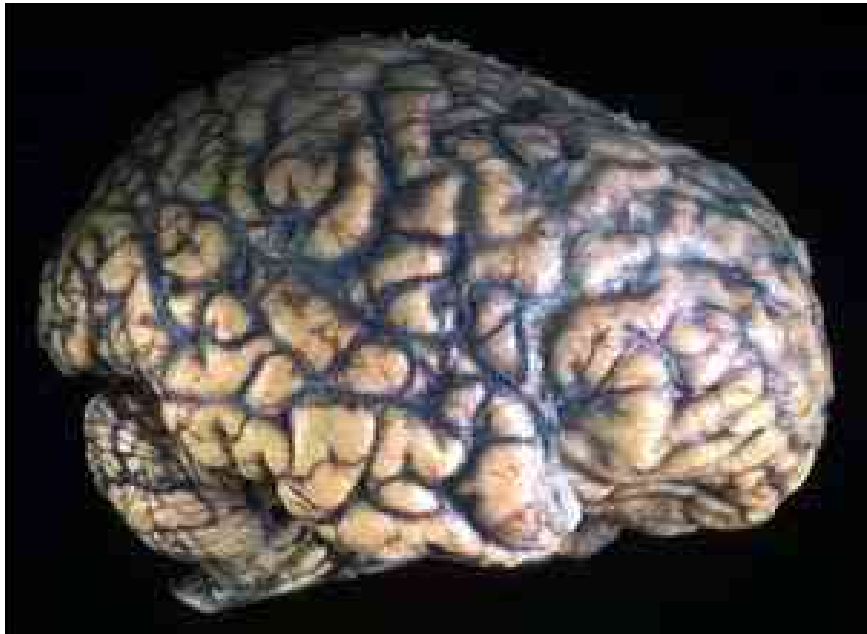
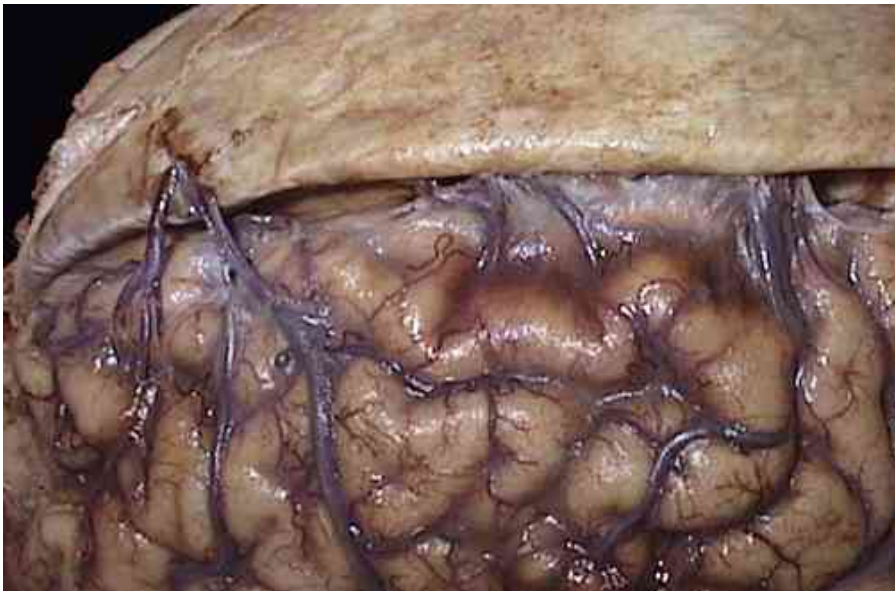


Figure 8-17. Veins draining internal areas of the hemisphere and the tributaries of the great cerebral vein and straight sinus, hippocampus.

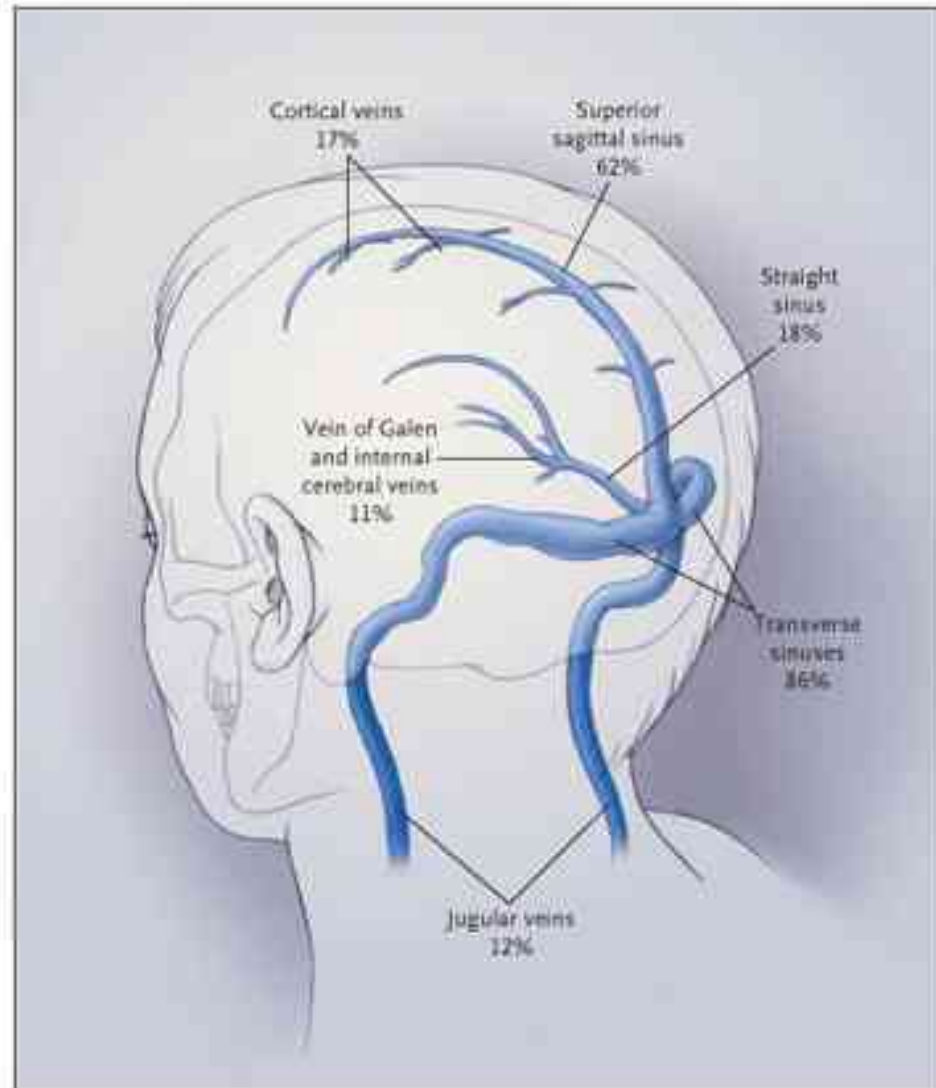


5 Vena anastomotica sup.
(Trolardova)

6 Vena anastomotica post.
(Labbéova)



Žíly mozku, četnost trombos

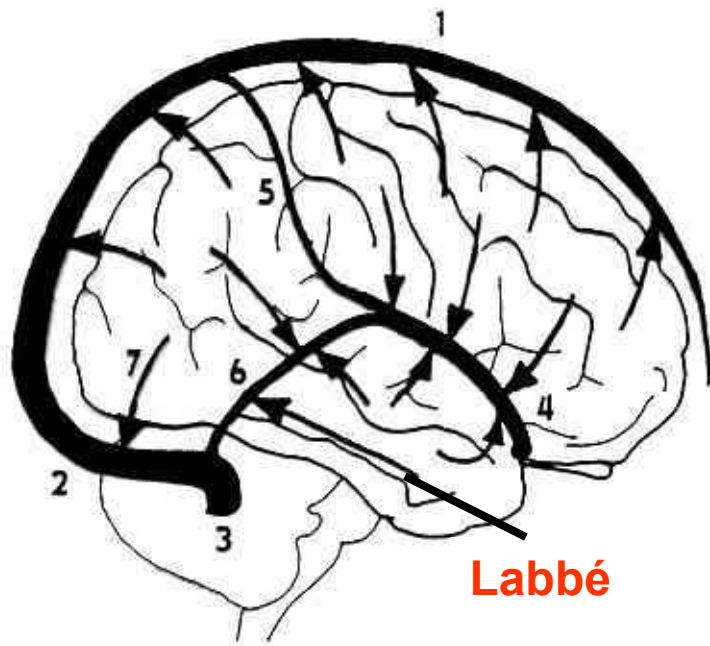


Trombosa sinus sagittalis superior



Trombosis vv. cerebri superiores

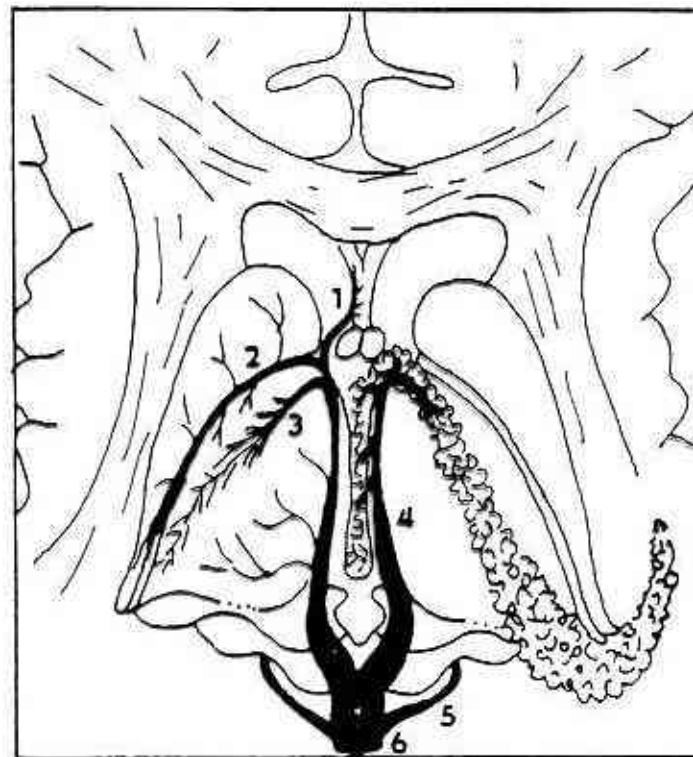




Labbé

Obr. 65.: Korové žíly na laterální straně hemisféry.

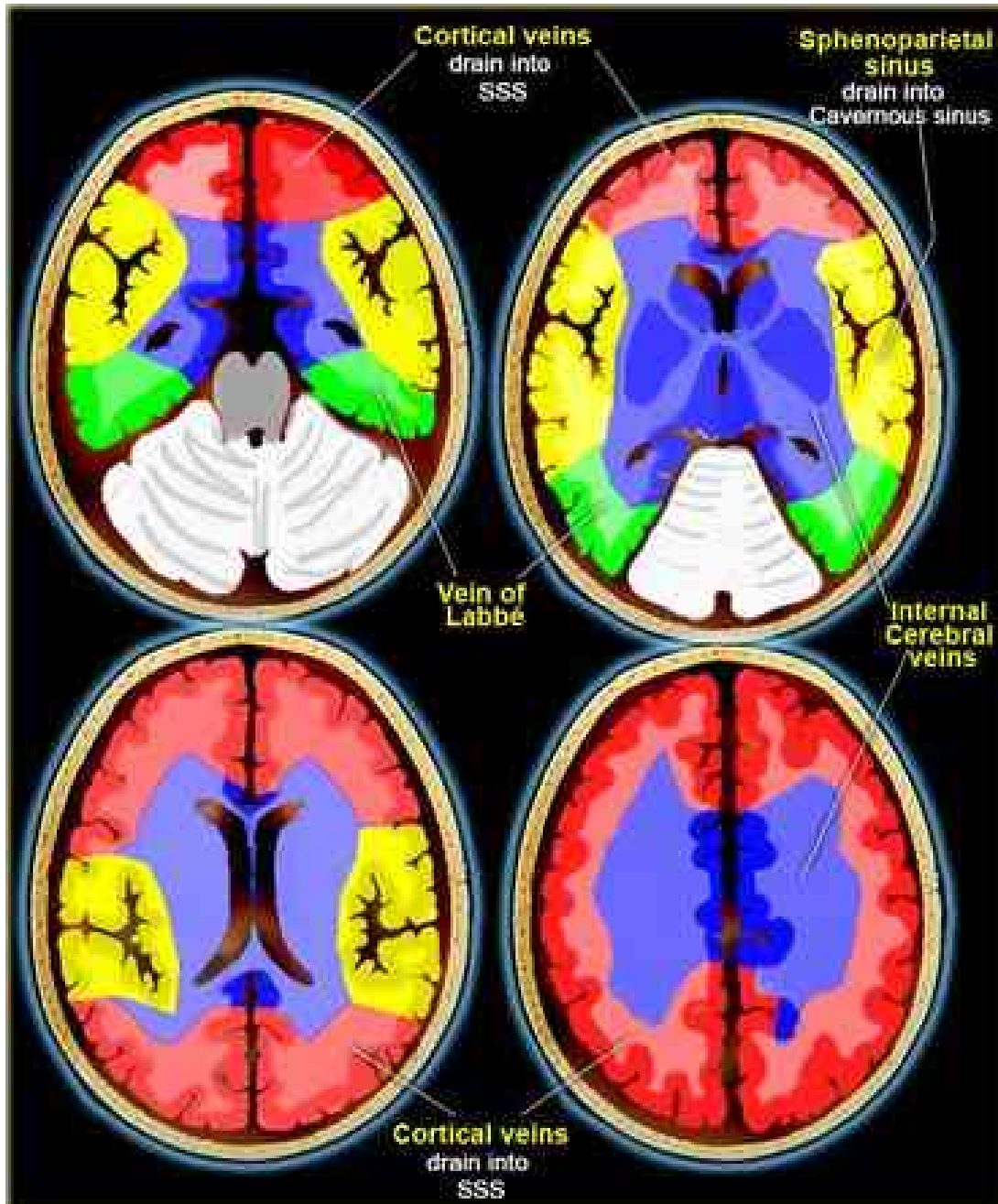
1 – sinus sagittalis superior s vtékajícími vv. cerebri superiores (šipky), 2 – transversus, 3 – sinus sigmoideus 4 – v. cerebri media superficialis, 5 – v. superior (Trolardova), 6 – v. anastomotica posterior (Labbéova) 7 – vv. cerebri inferiores.



Obr. 66.: Hluboké mozkové žíly.

Jsou zakresleny do obrázku shodného s obr. 23, kde jsou také popsány jednotlivé struktury.

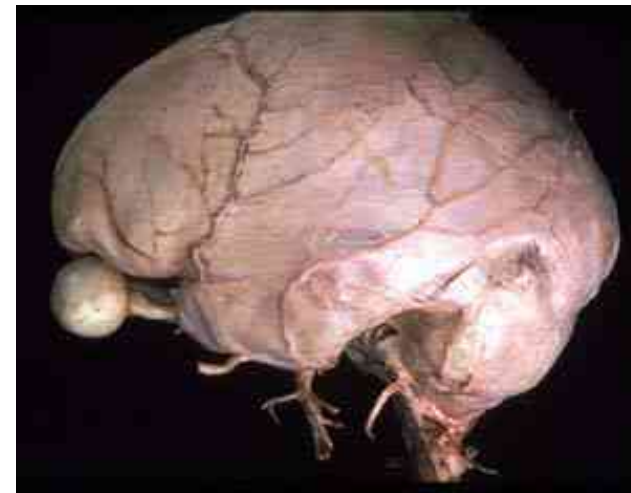
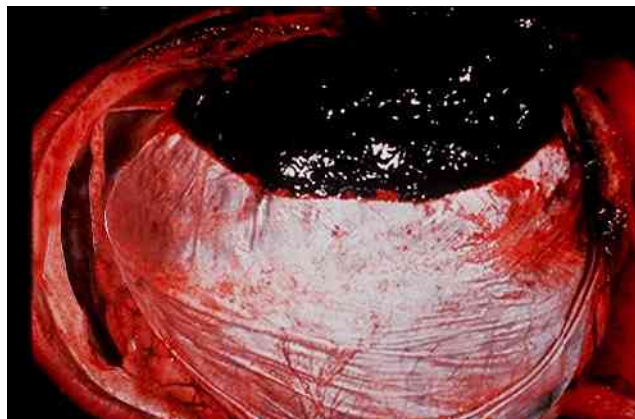
1 – v. septi pellucidi, 2 – v. thalamostriata, 3 – v. choroidea superior, 4 – v. cerebri interna, 5 – v. basalis (Rosenthal) 6 – v. magna cerebri (Galen).



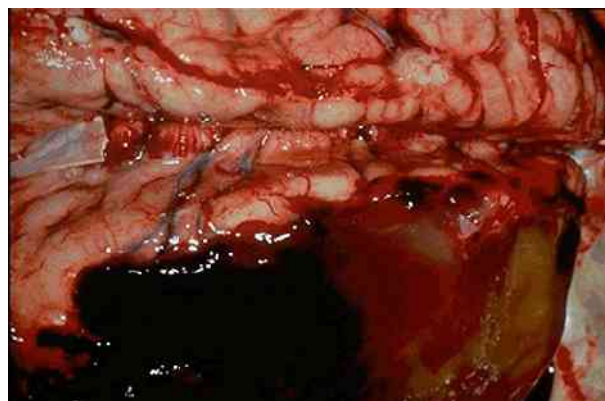
Cerebral Venous territories „rough guide“

- superior sagittal sinus
- internal cerebral veins
- sphenoparietal sinus
- vein of Labbé

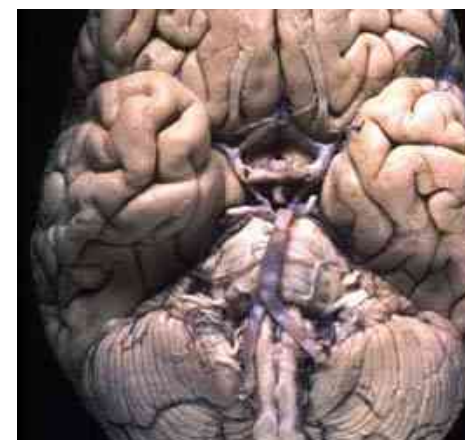
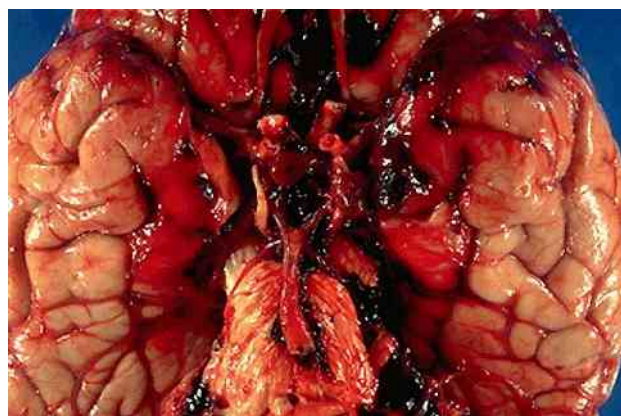
1. Epidurální hematom



2. Subdurální hematom



3. Subarachnoidální
hematom



Epi



Subar



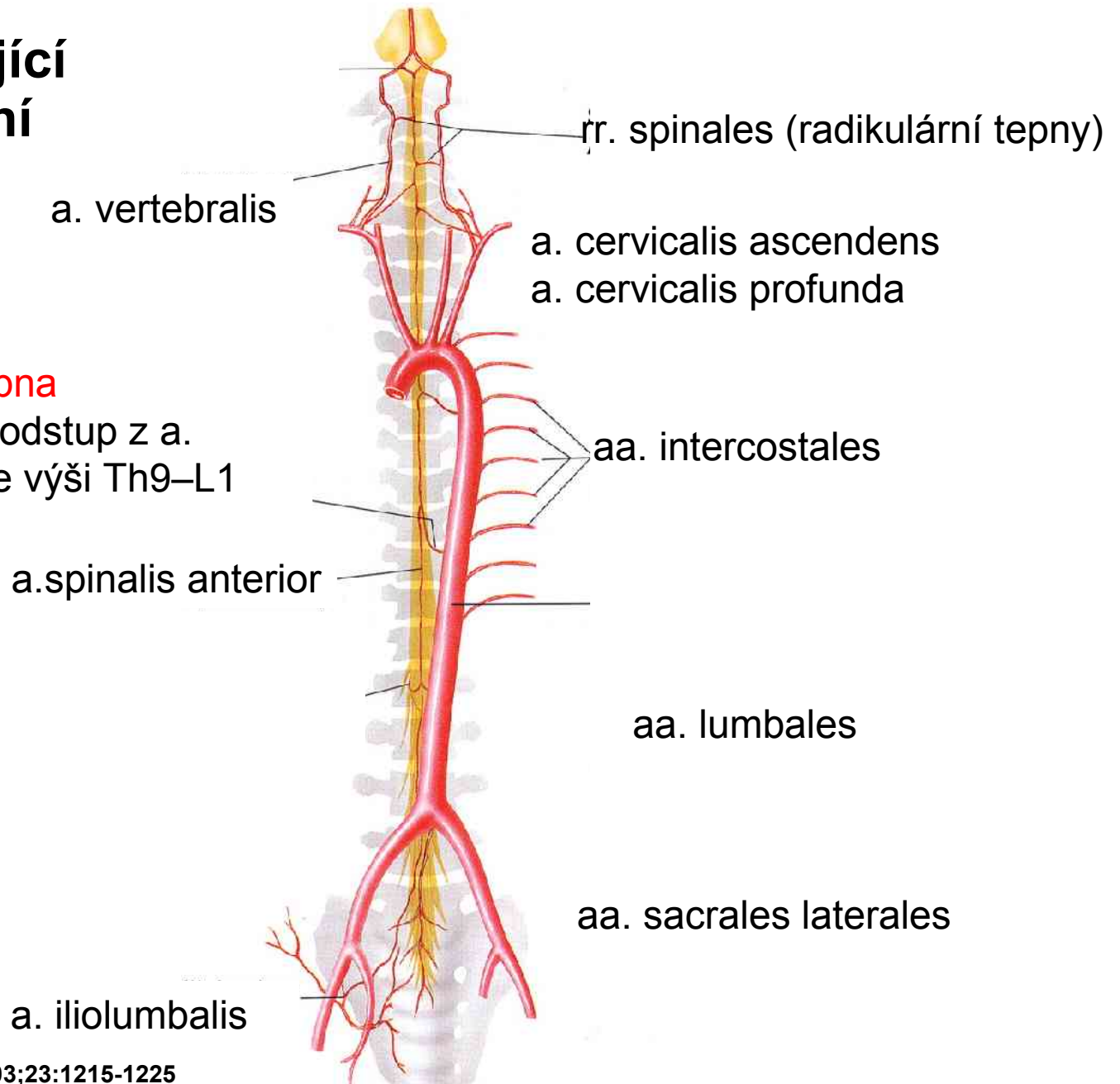
Subd



Tepny zásobující míchu a páteřní kanál

Adamkiewiczova tepna

(a.spinalis magna) odstup z a. intercostalis post. ve výši Th9–L1 (Th7-L2)



Tepny míchy

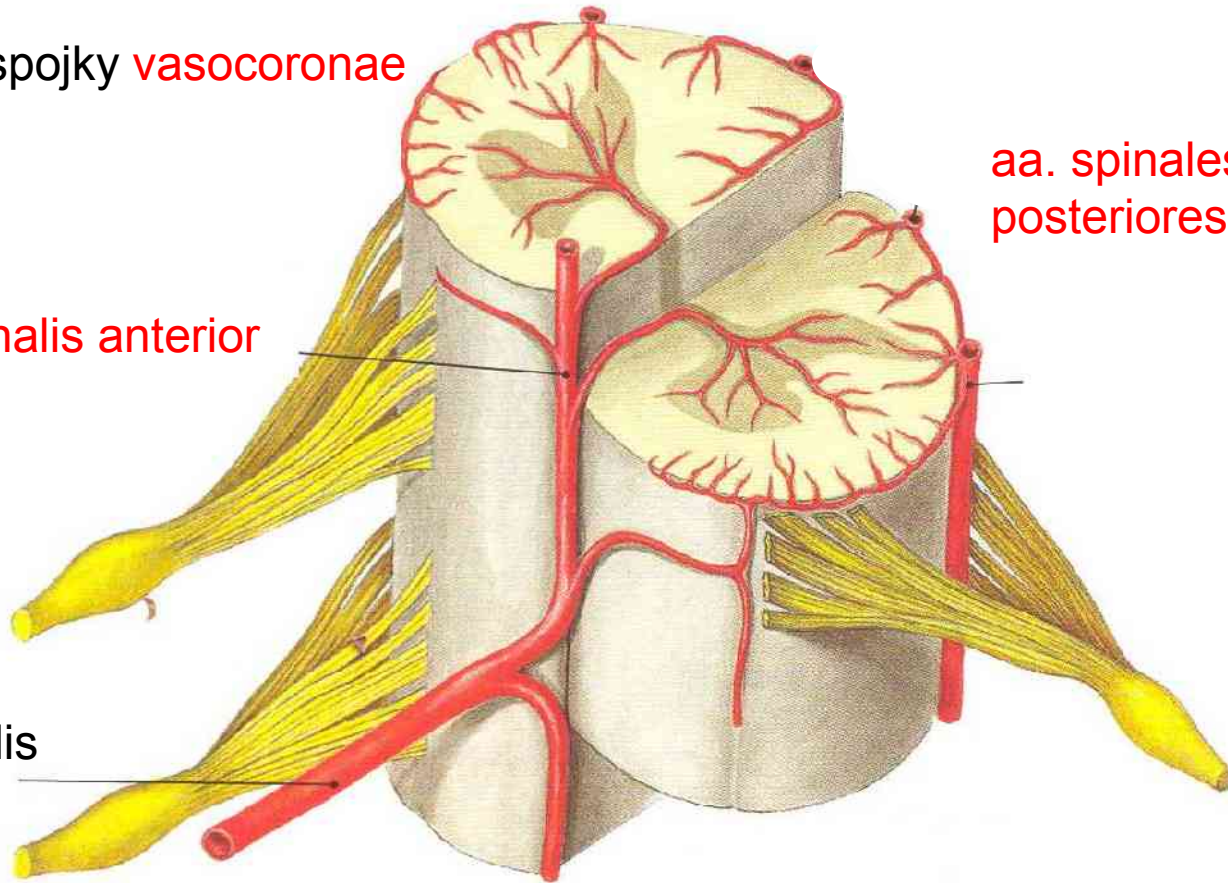
5 podélně probíhajících kmenů

spojky *vasocoroniae*

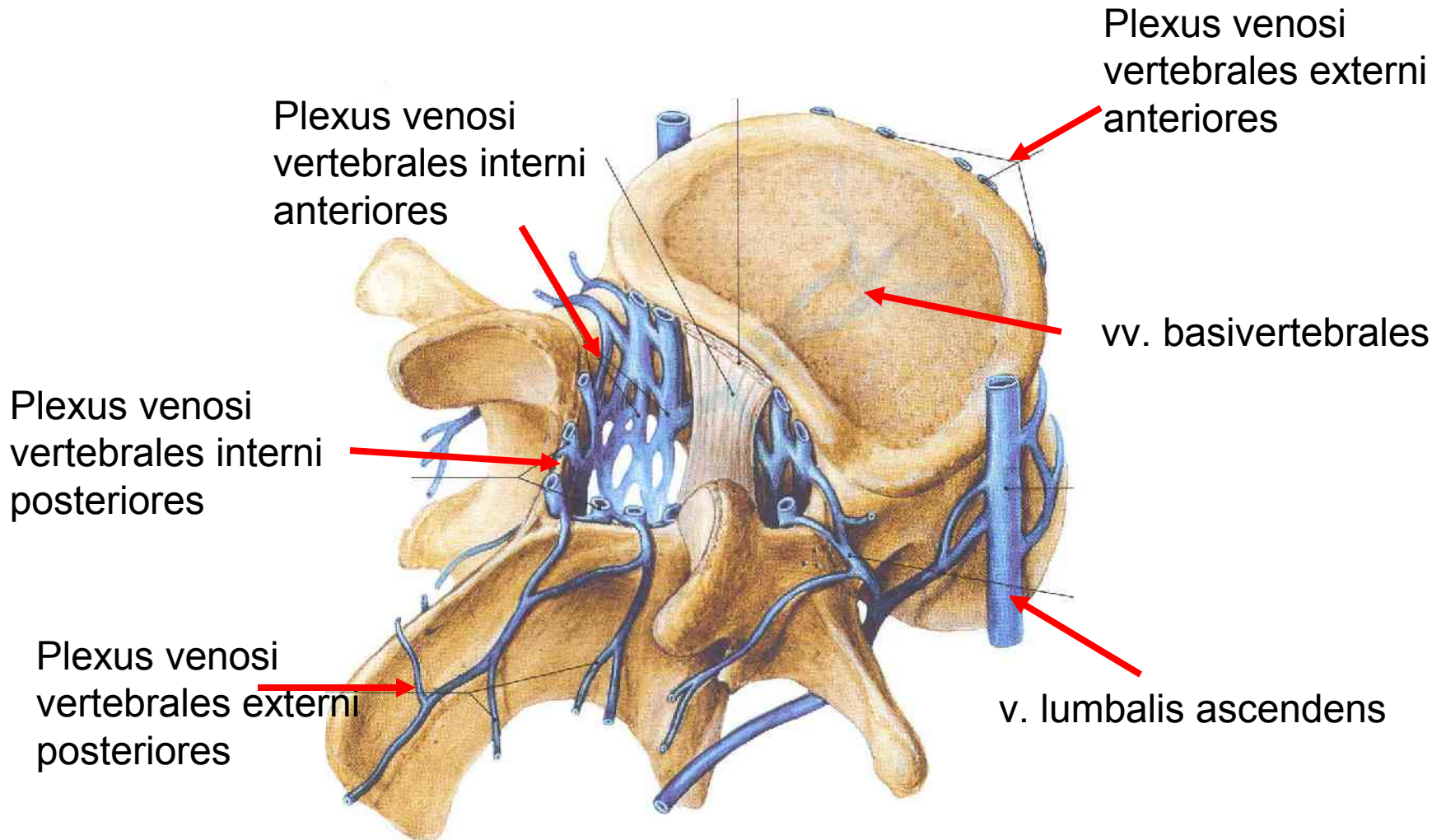
*aa. spinales
posteriores*

a. spinalis anterior

r. spinalis

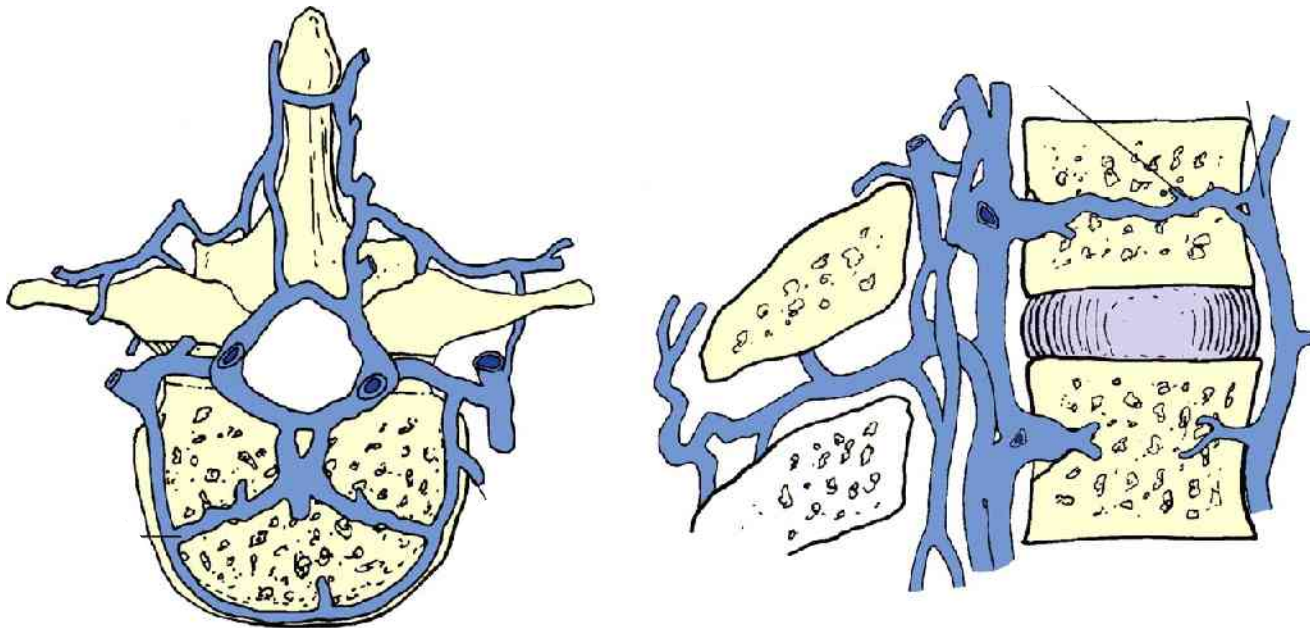


Páteřní kanál žíly



Plexus venosi vertebrales

- plexus venosi vertebrales **nemají chlopně** a anastomosují mezi sebou
- **anastomosují** s žilními plexy kolem os sacrum a pánve
- jsou: 1) uvnitř kanálu v epidurálním prostoru (**plexus venosi vertebrales interni**)
- 2) kolem páteře zvenčí (**plexus venosi vertebrales externi**)
- 3) uvnitř obratlových těl (**venae basivertebrales**)



Batsonovy žíly

Plexus venosi vertebrales

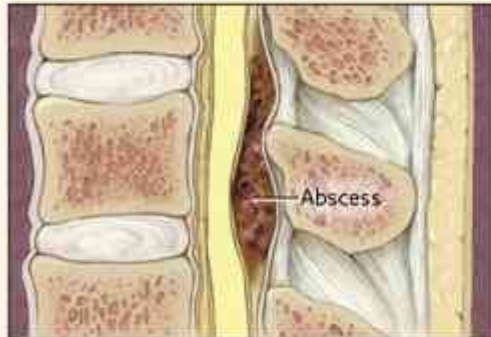
- nemají chlopně a spojují pánevní a hrudní žíly (z moč. měchýře, prsu, prostaty) s plexus venosi vertebrales interni. Považují se za žíly, jimiž dochází k metastazování nádorů, např. z rekta či prostaty do mozku. Žilní cesta metastazování ca plic není prokázána. Oscar Vivian Batson, je poprvé popsal v roce 1940.
- Infekce se mohou šířit stejně. Např. pyelonefritis může způsobit osteomyelitidu obratlů.

Common Sources of Infection



- Bloodstream infection associated with a central venous catheter
- Intravenous drug use
- Catheter-related urinary tract infection
- Vertebral osteomyelitis
- Spinal catheter for analgesia or stimulation
- Infected pressure sore

Spinal Epidural Abscess



Infectious Complications of Spinal Abscess



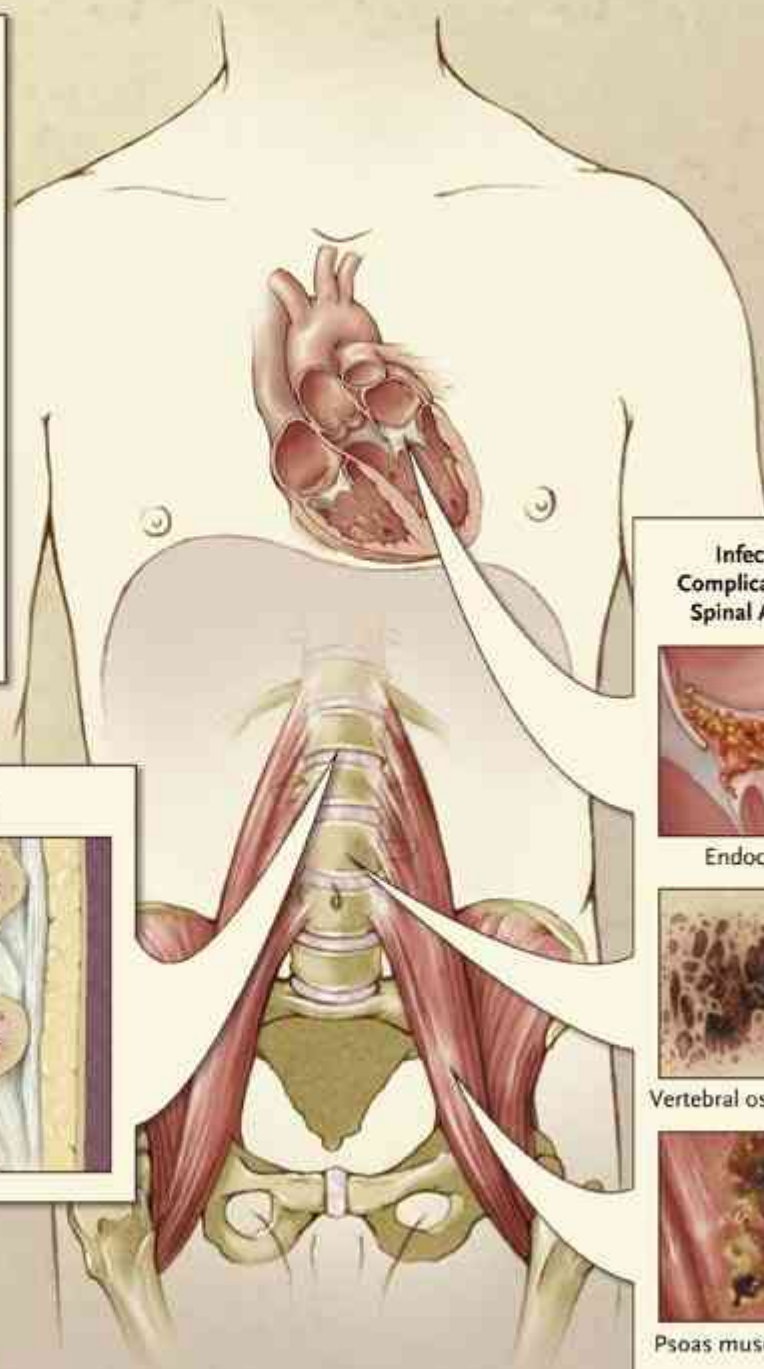
Endocarditis



Vertebral osteomyelitis



Psoas muscle abscess



Mozkomíšňní mok

Tvorba v plexus choroideus

Komory a spatium subarachnoidale 140 ml

Mechanická opora mozku („plave“)

Chemická komunikace v CNS (neurony- mok-stěna
komor– neurony)

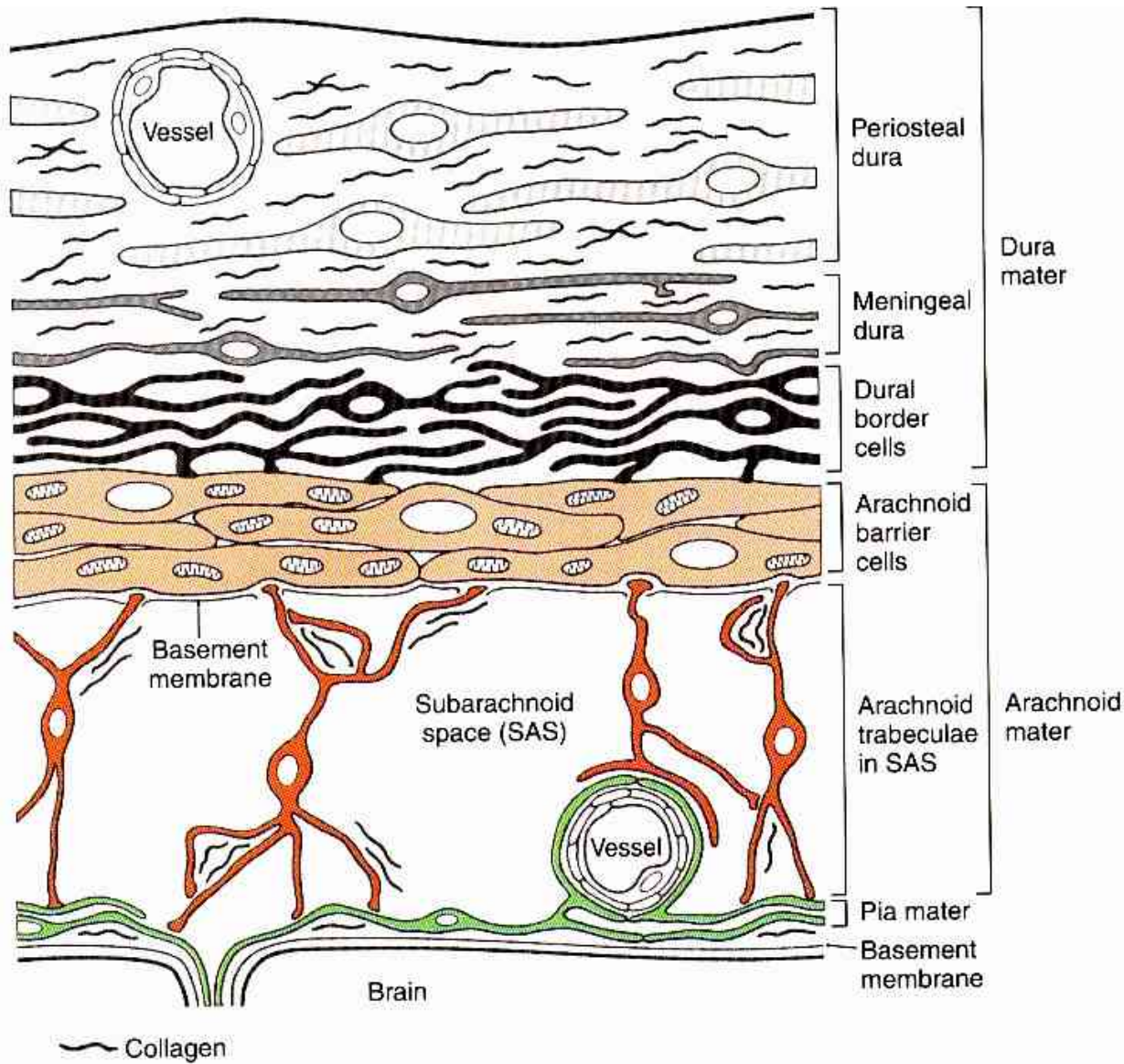
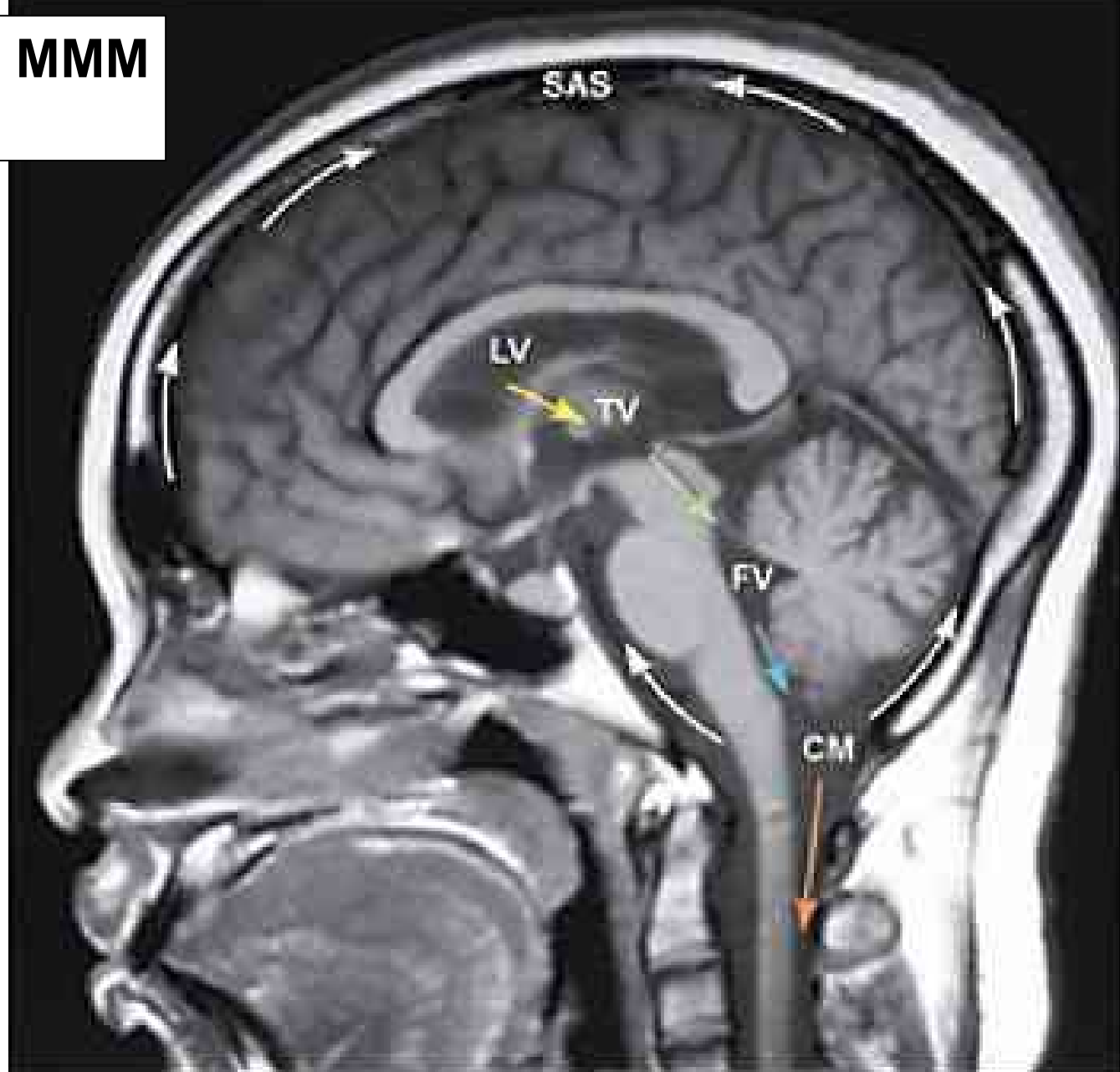
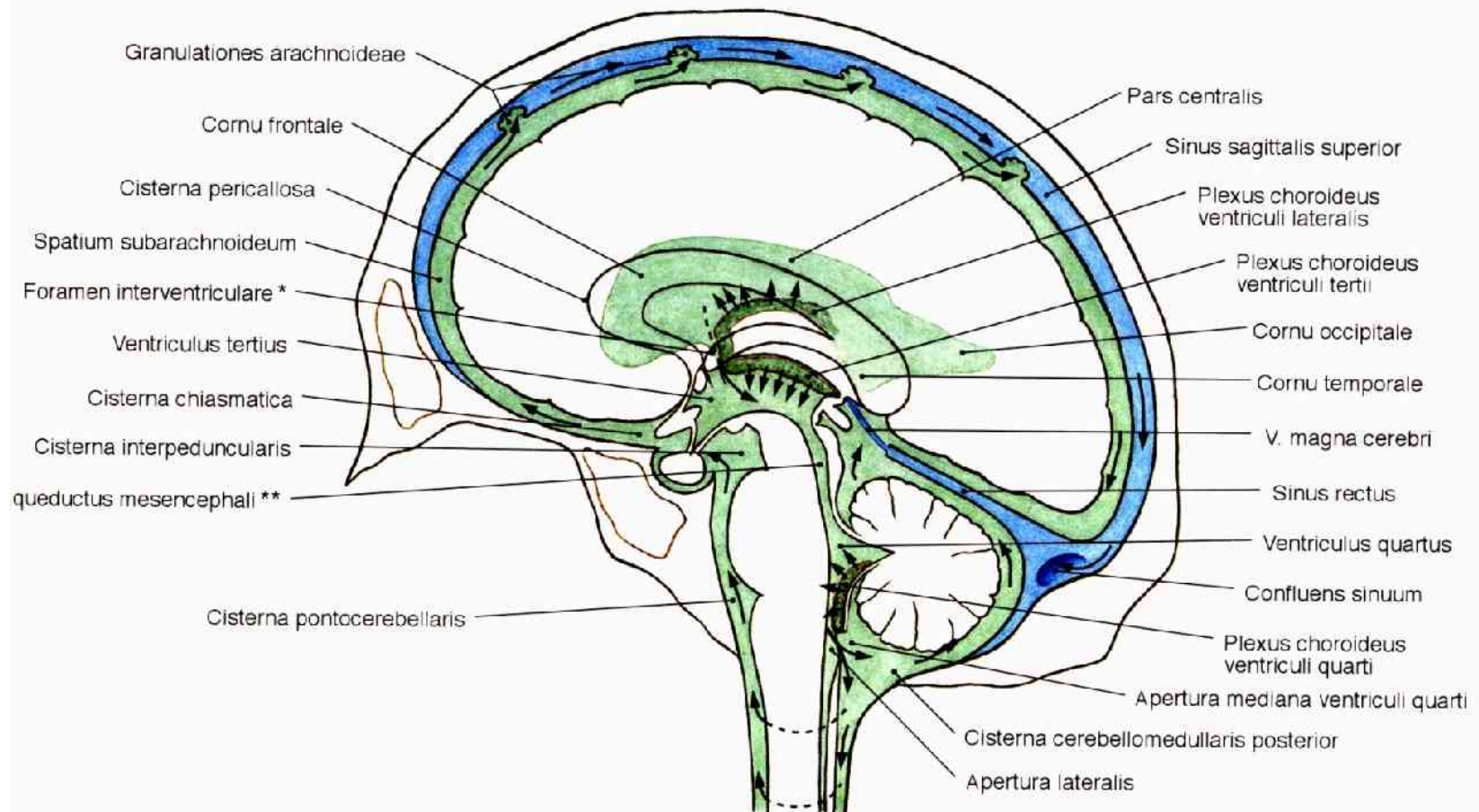


Figure 7-3. The structure of the meninges. Layers of the dura are shown in shades of black, the arachnoid in shades of red, and the pia in green.

**Cirkulace MMM
MR**



Choroidal plexus – lateral ventricles, 3rd ventricle, 4th ventricle



Obr. 551 Mozkové komory, ventriculi encephali a subarachnoideální prostor, spatium subarachnoideum; schéma cirkulace (šipky) mozkomíšního moku, liquor cerebrospinalis z vnitřních do zevních likvorových prostorů.

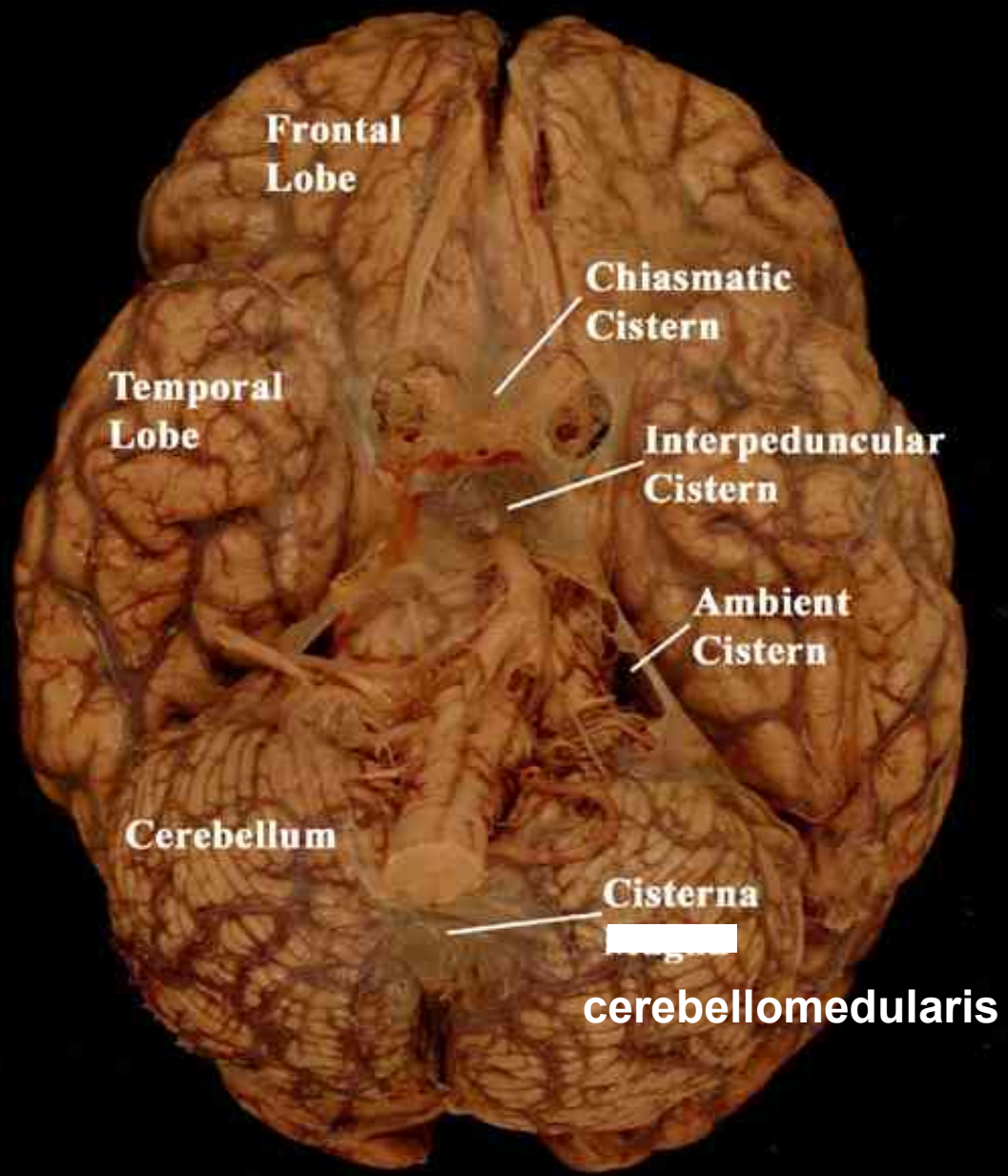
* foramen MONROI

** canalis SYLVII

Granulationes arachnoidales



Arachnoid layer covering the Subarachnoid Cisterns

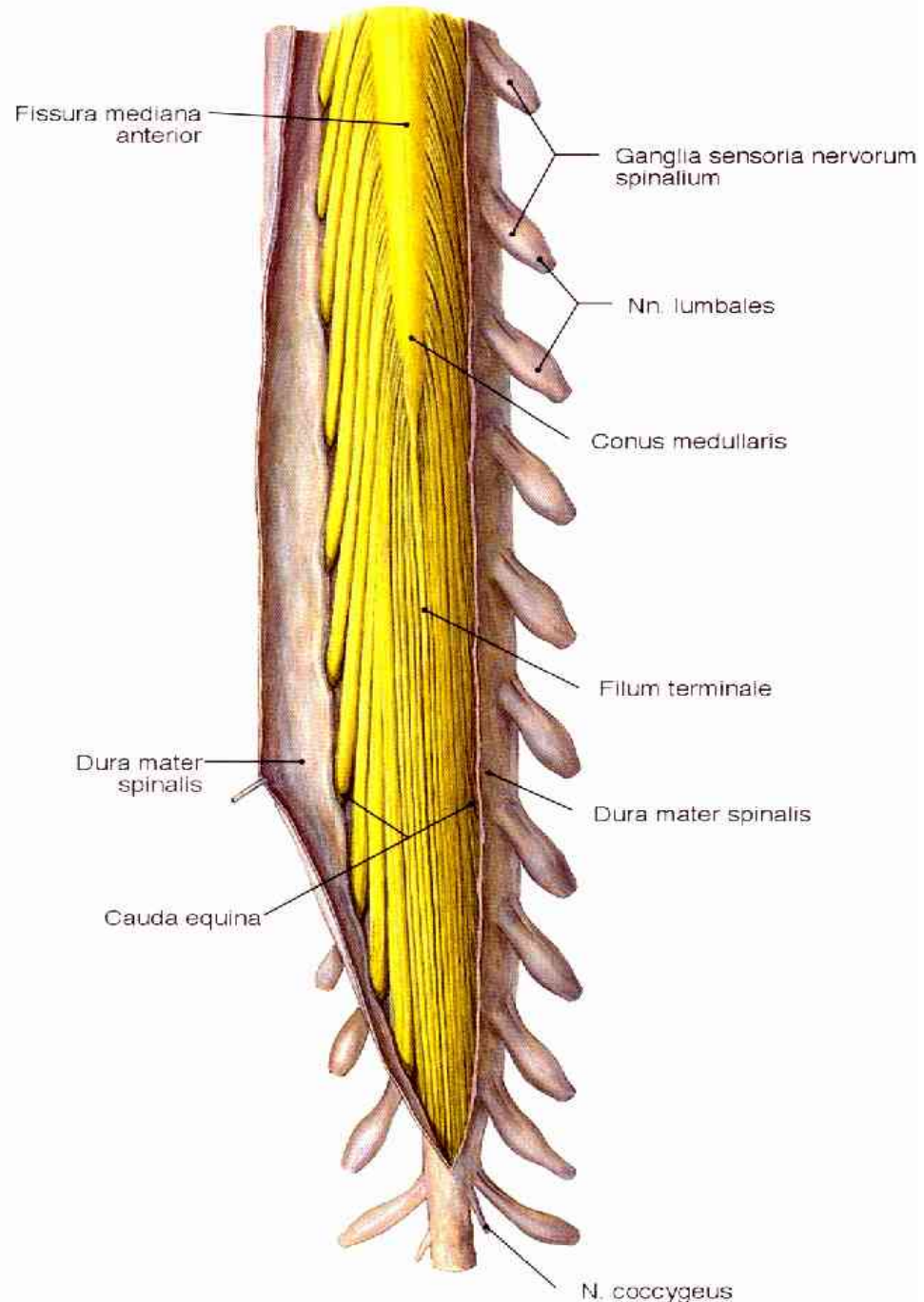


Cisternae subarachnoidales

- Cisterna fossae lateralis cerebri
- Cisterna pontis
- Cisterna laminae quadrigeminae
- Cisterna corporis callosi

Dural sheaths

Kořenové
pochvy



*01.10.1944

11.04.2007

14:54:28

7.5n.5

Symphony

HFS

Dural
sheaths

A

B

TR 8000.0

TE 277.0

*h3d1_256

150

150

W 756

C 259



CEREBRAL VENTRICLES

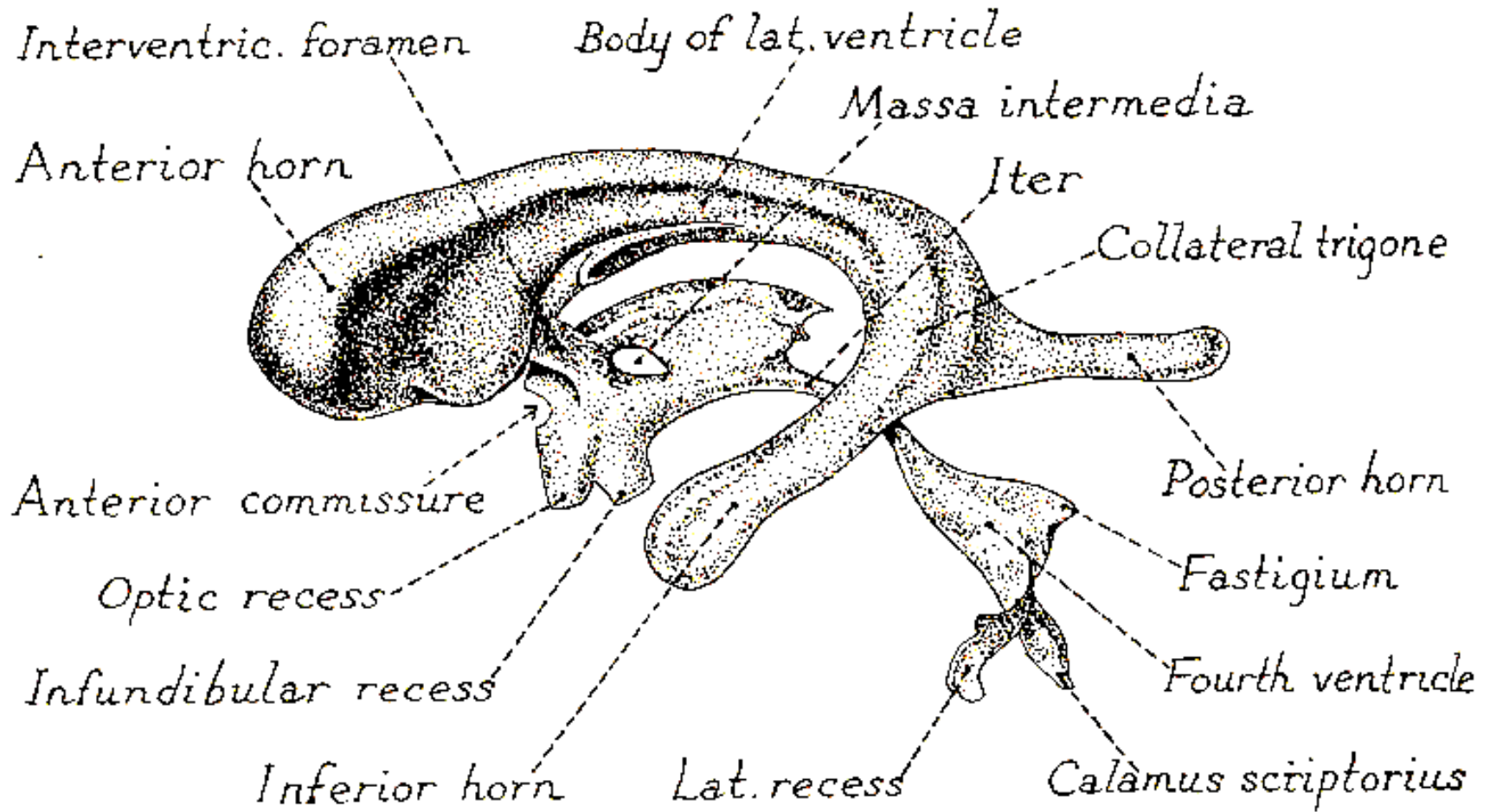
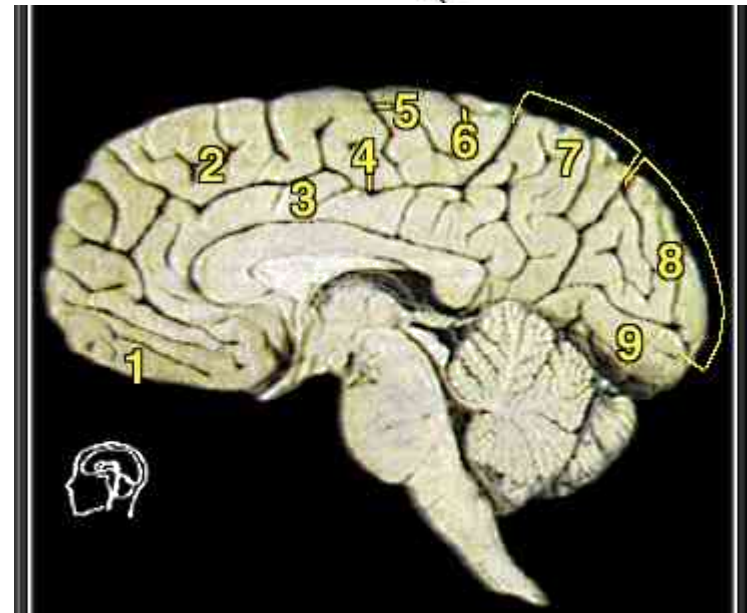
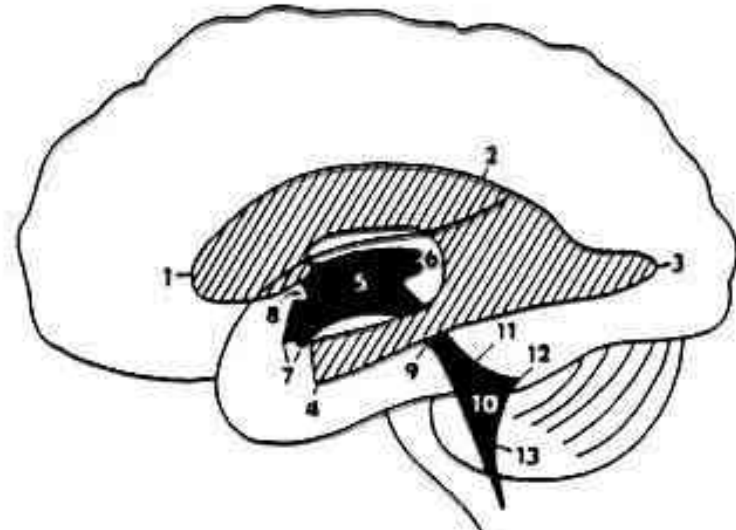
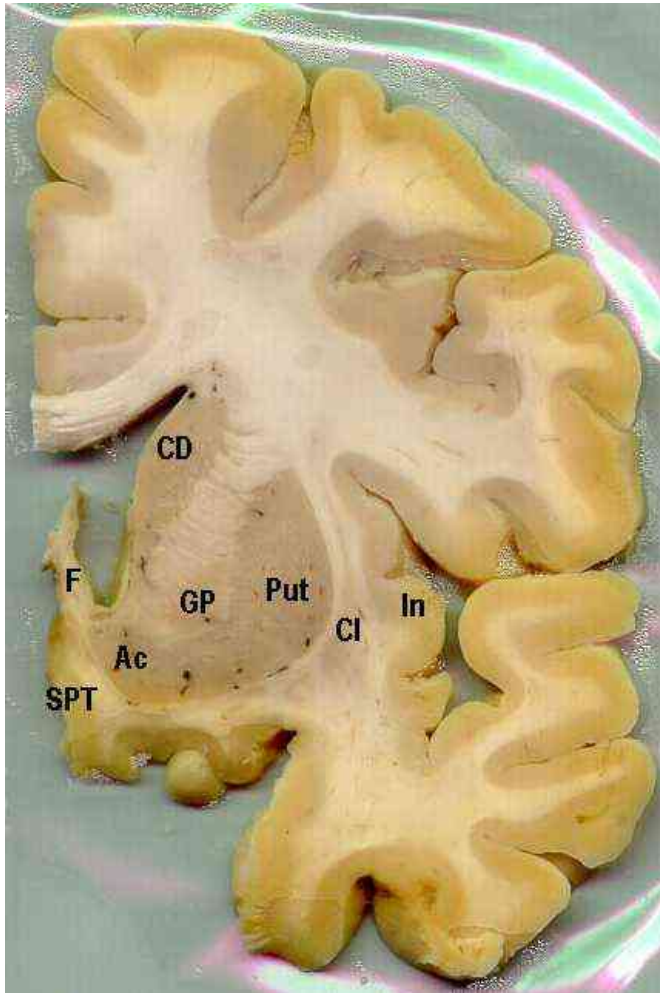
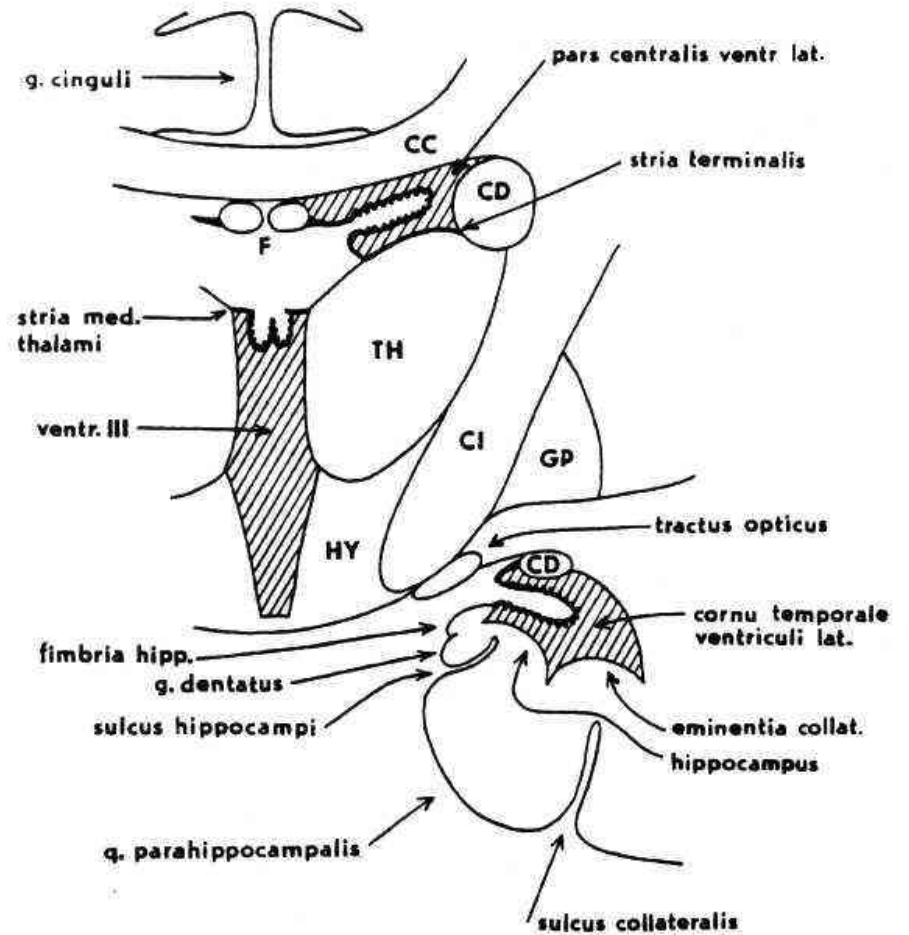
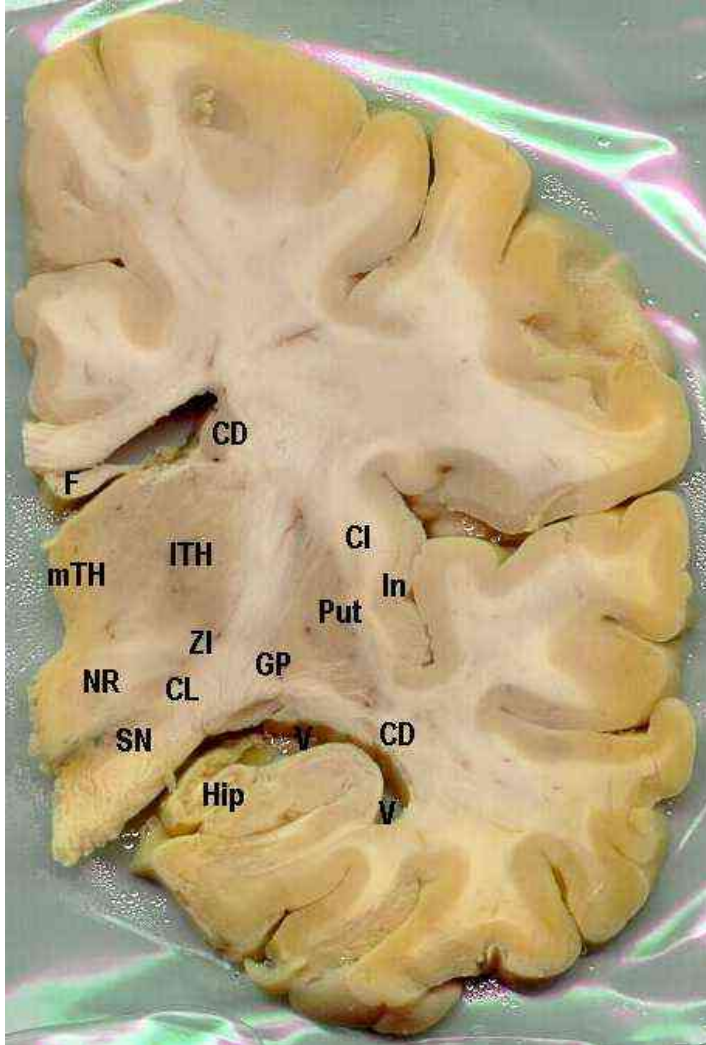


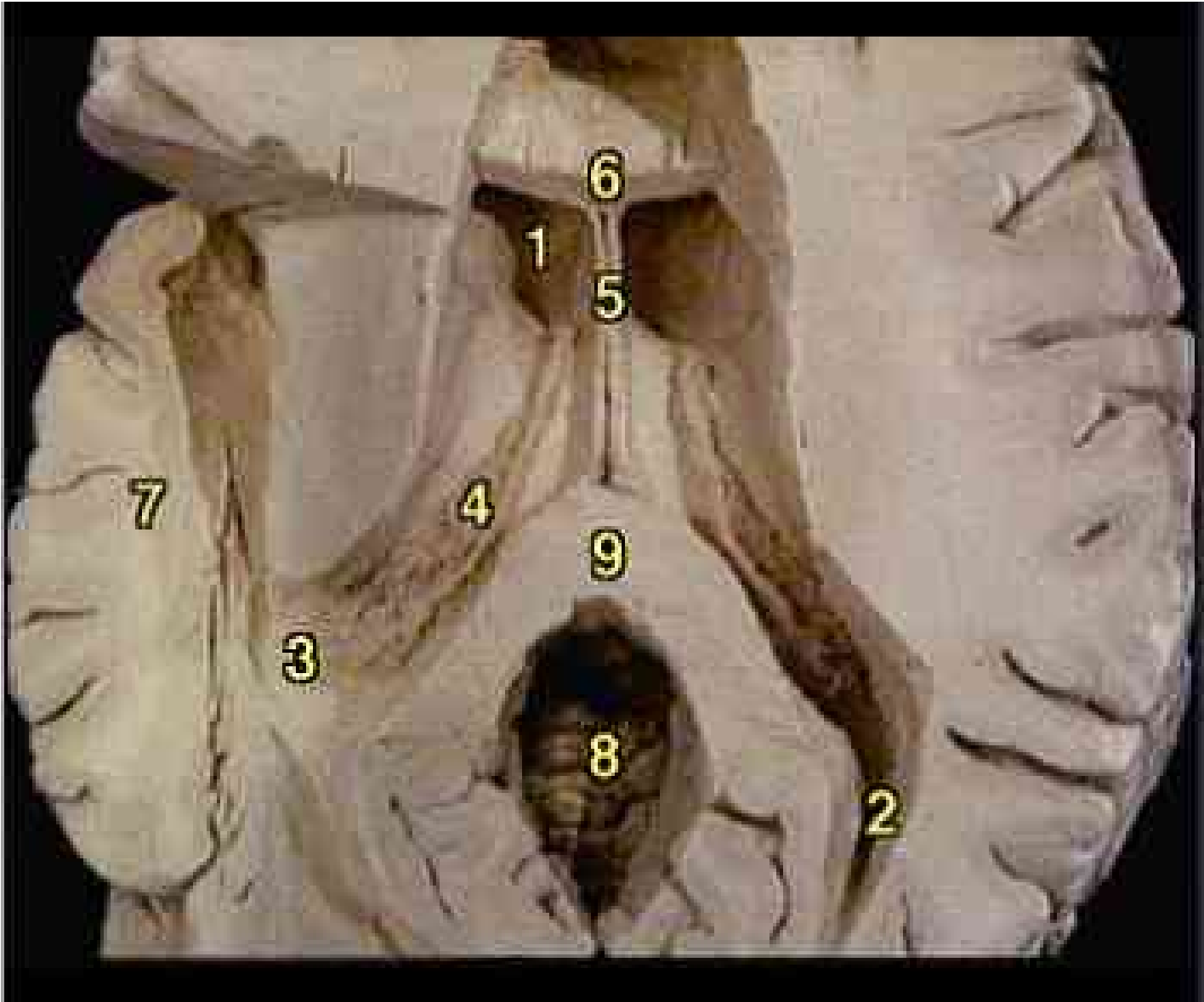
FIG. 305. Cast of the brain ventricles, viewed from the side. Only the left lateral ventricle is represented. (After Rauber-Kopsch.)

Cornu frontale ventriculi lateralis

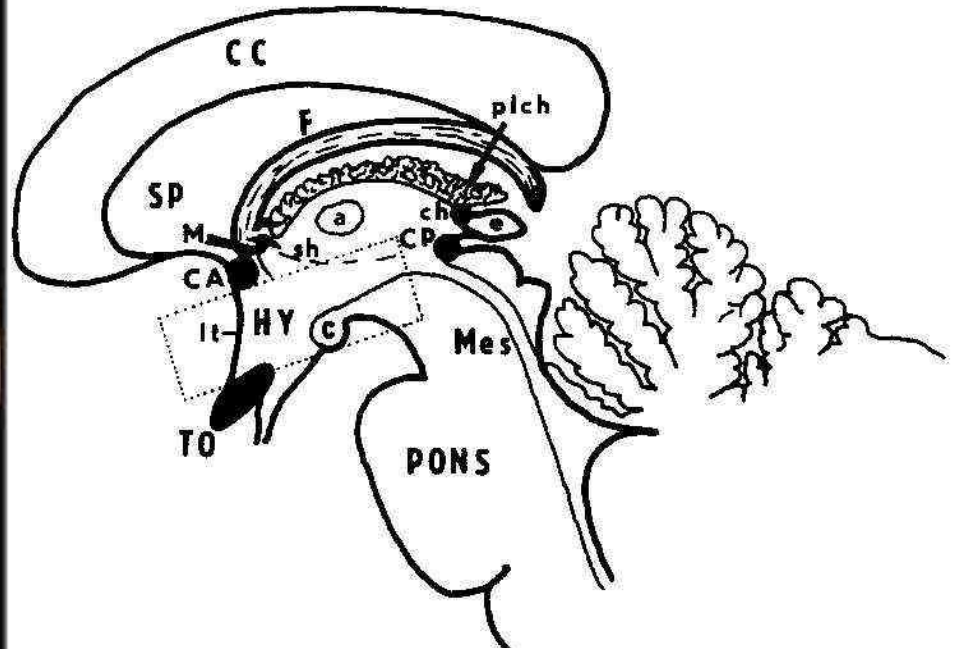
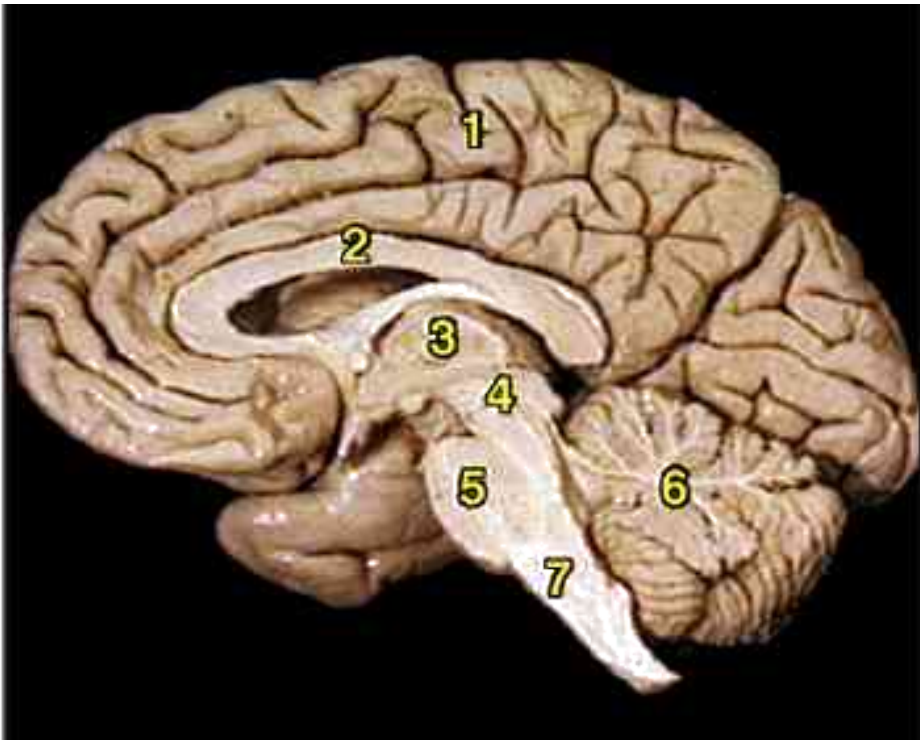


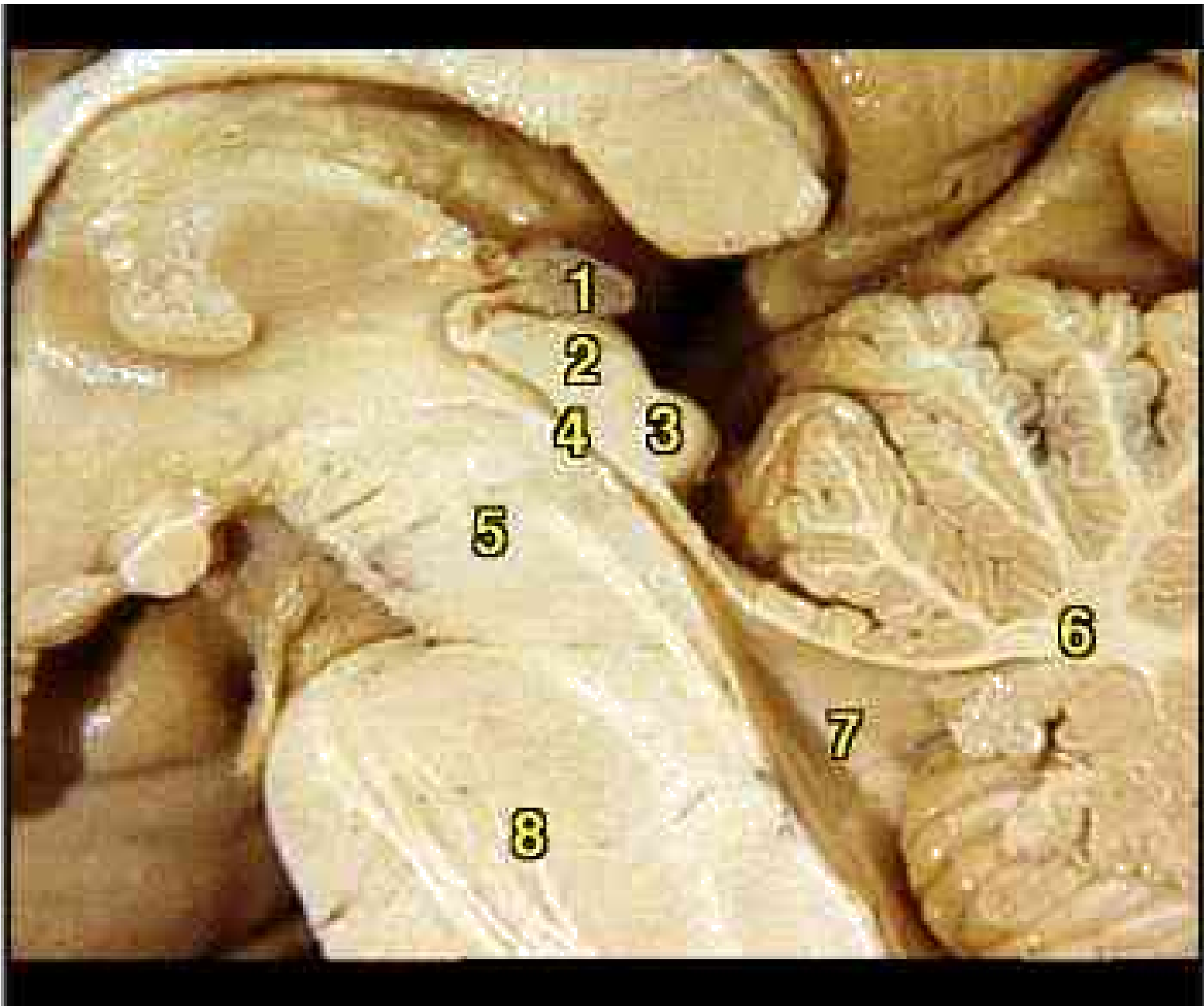
Pars centralis a cornu temporale



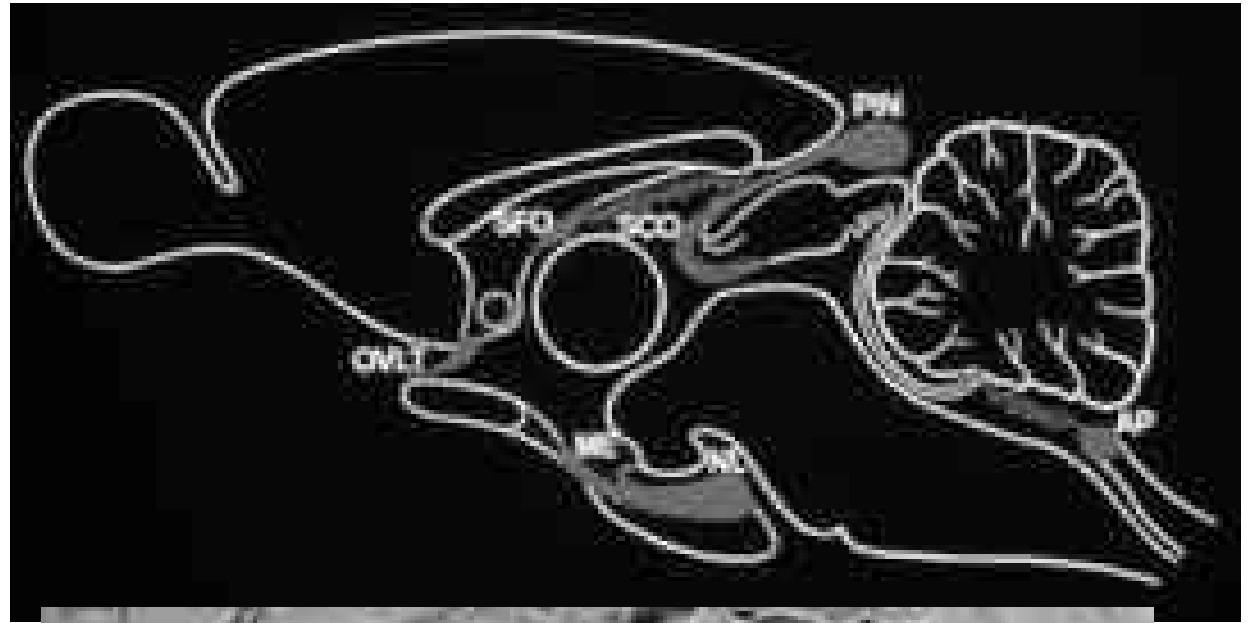


Ventriculus tertius



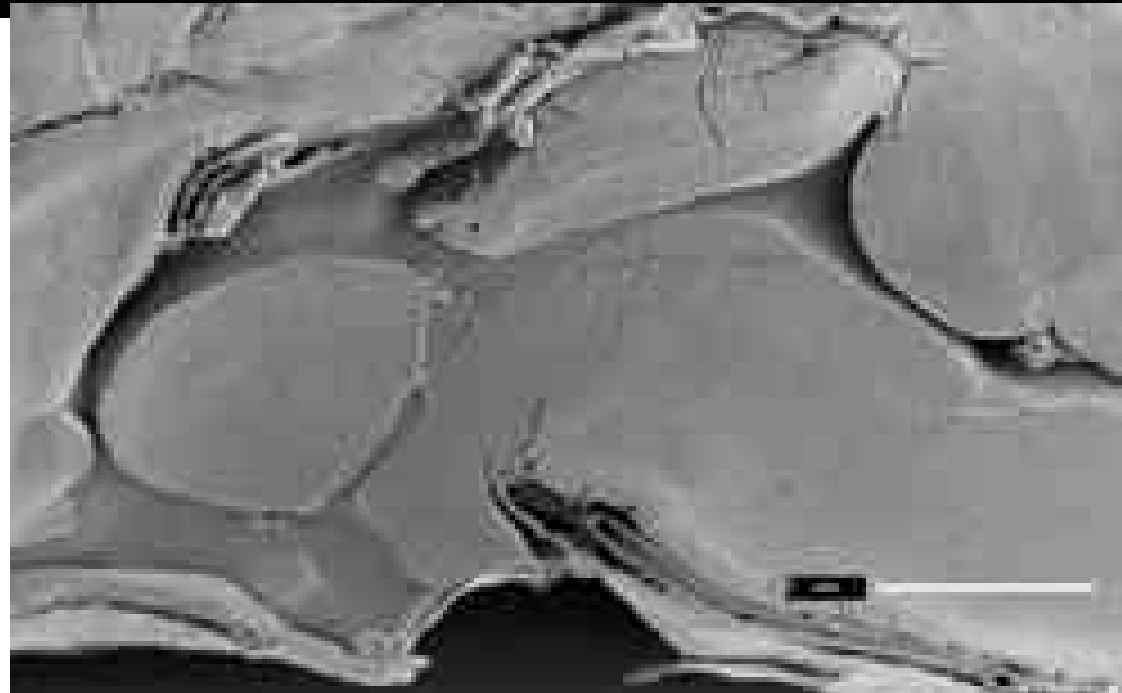


**cirkumventrikulární
orgány**

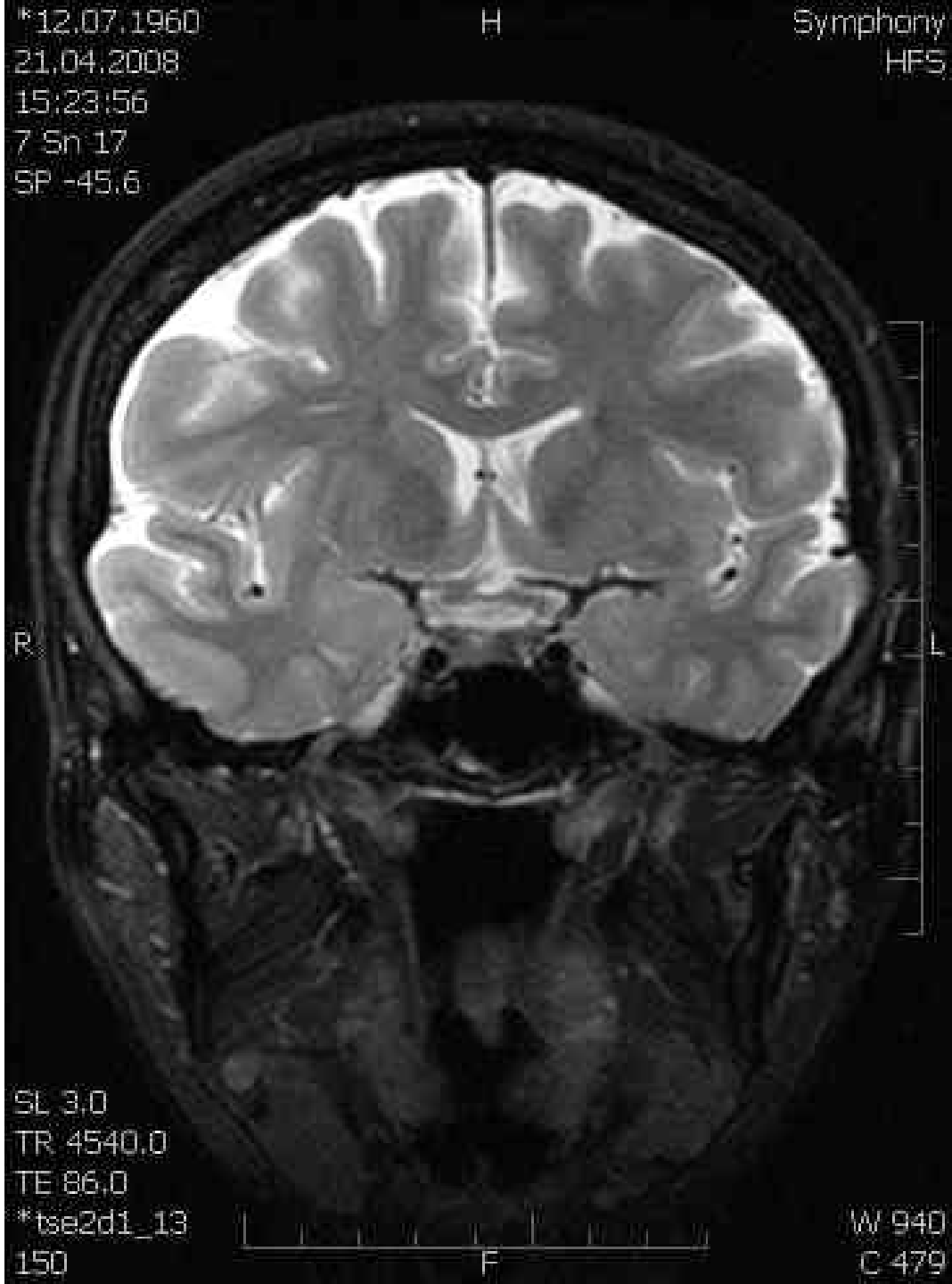


- area postrema
- organum subfornicale
- eminentia mediana
- neurohypophysis
- corpus pineale

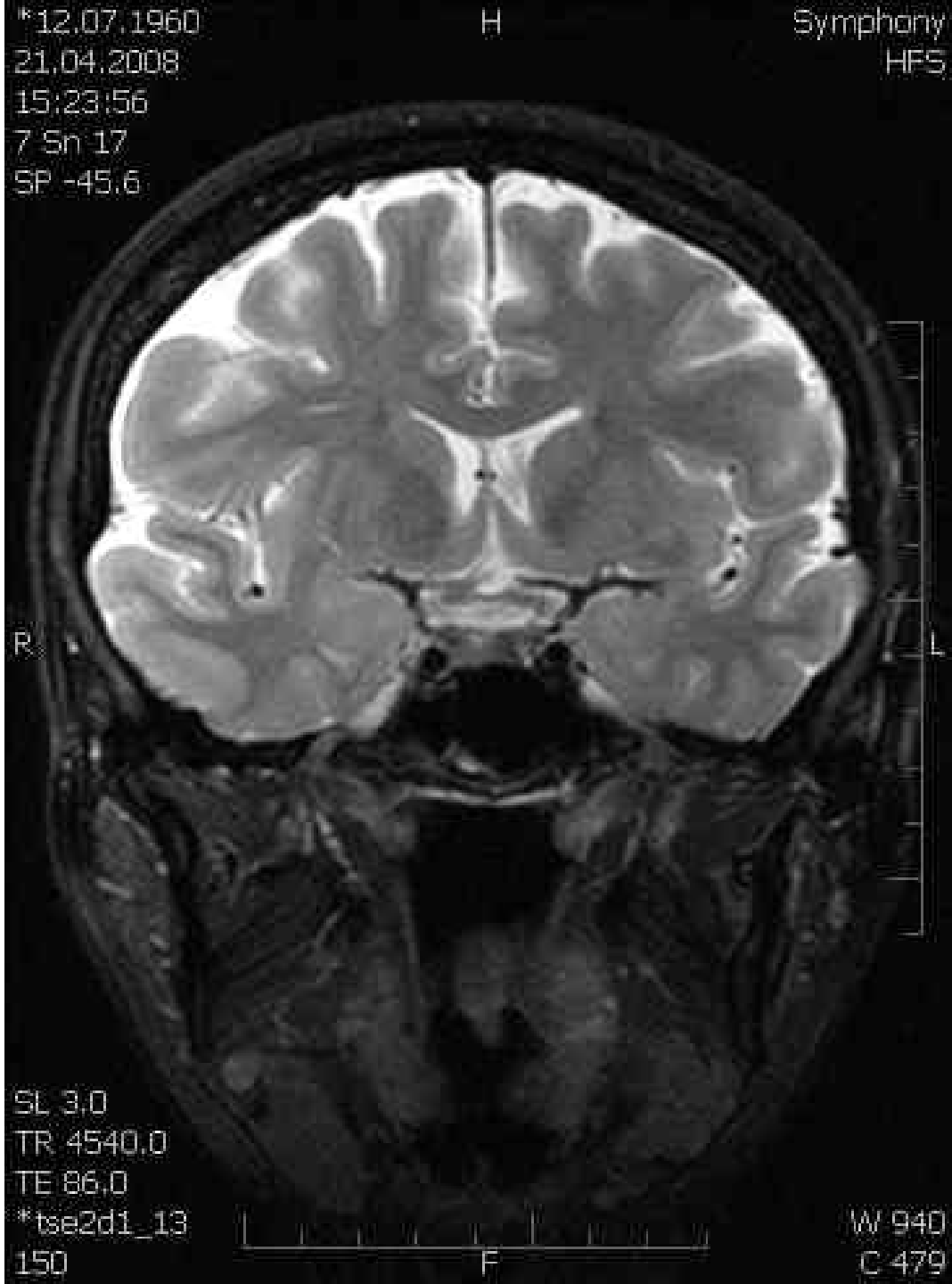
eminentia mediana



MRI – T2



MRI – T2



*12.07.1960
21.04.2008
15:19:17
4 Sn 11
SP -0,9

H

Symphony
HFS

A

SL 3,0
TR 3700,0
TE 102,0
*tse2d1_13
160

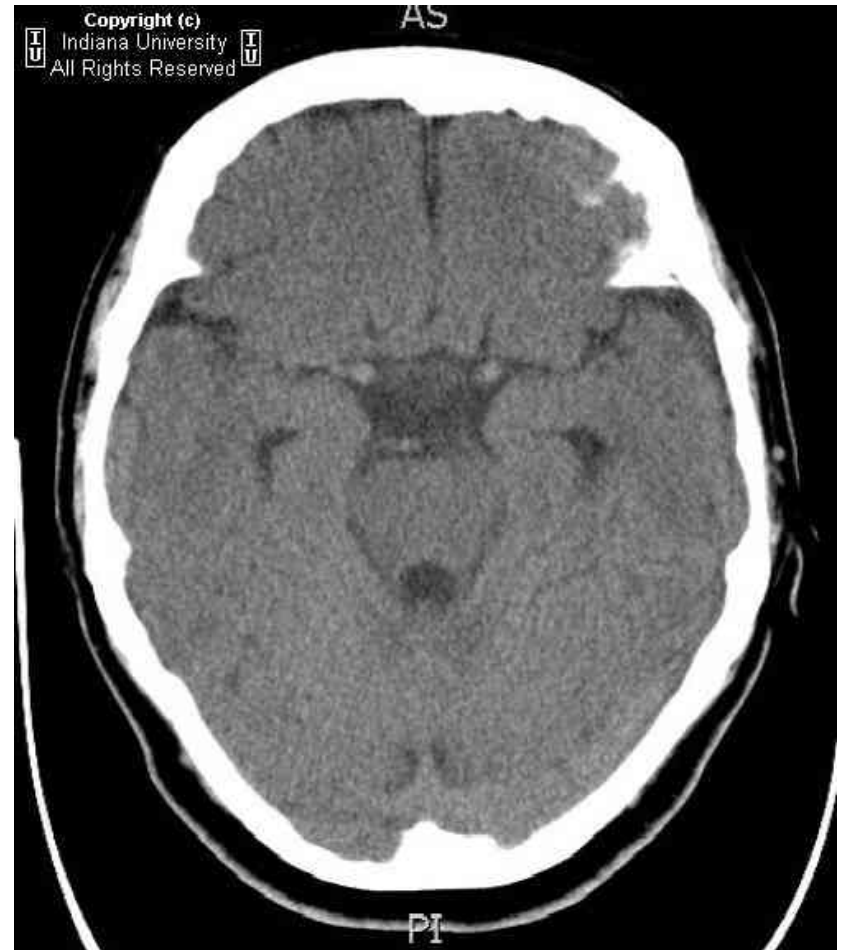


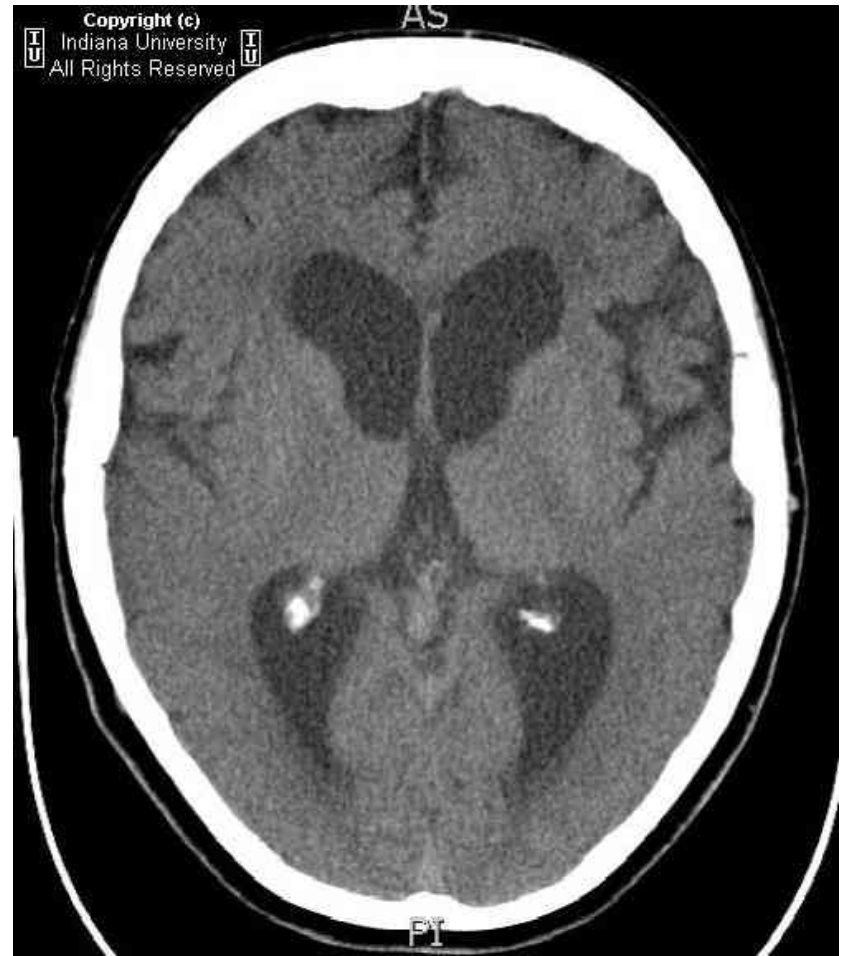
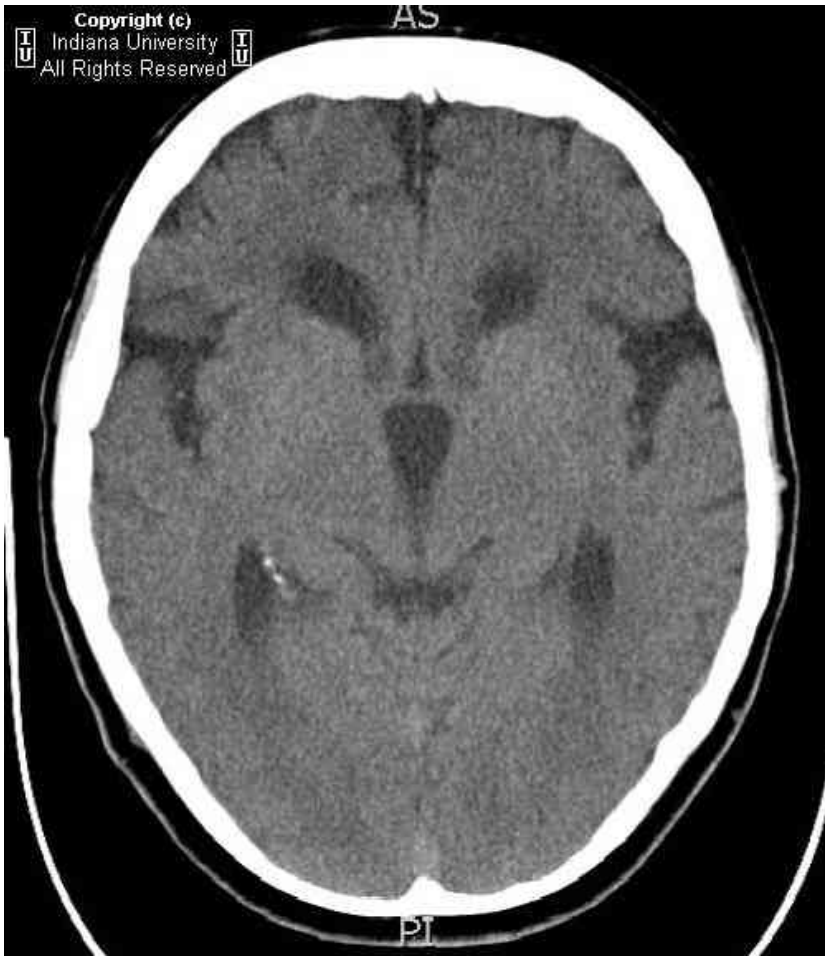
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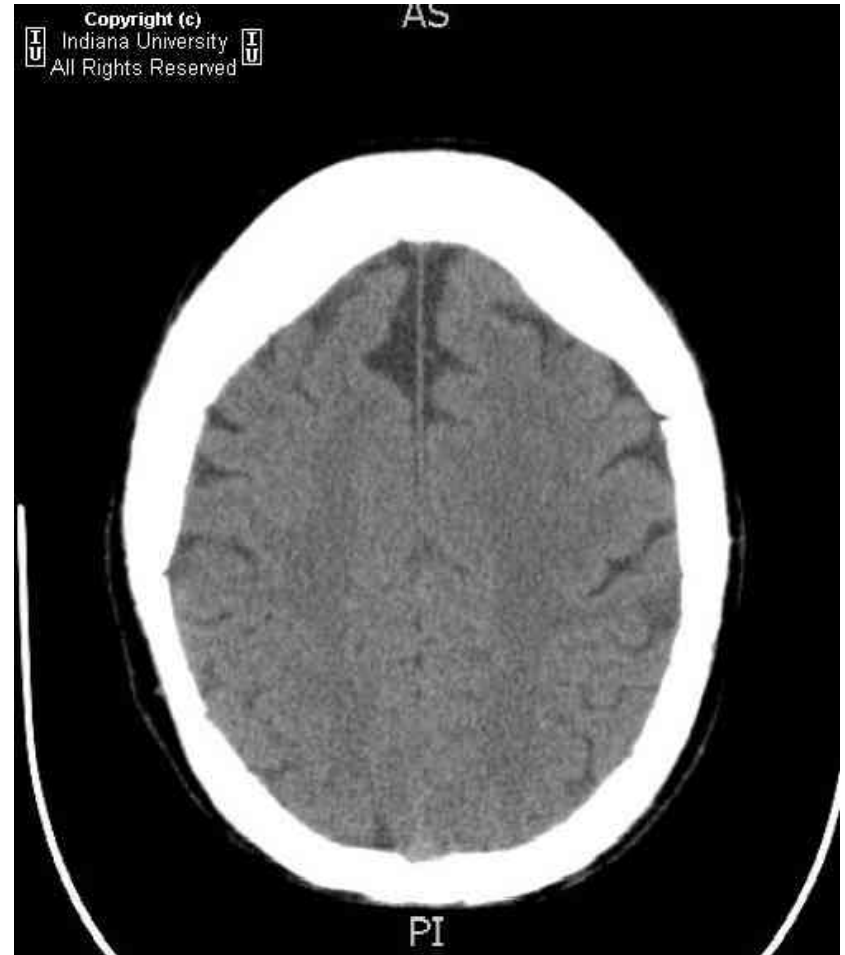
W 962
C 478



60-year woman with worsening cognitive impairment and gait disturbance







**Substantial enlargement of the 3rd, 4th, and lateral ventricles.
Relative normal appearance of sulci for age.
No evidence of substantial vascular pathology.**

Normotensní hydrocephalus

Normal pressure hydrocephalus

- Classical clinical triad of **dementia, gait disturbance, and urinary incontinence** is seen with normal pressure hydrocephalus.
- Symptoms result from distortion of white matter by distended ventricles.
- Patients commonly have a history of prior SAH or meningeal infection.
- Gradient between ventricular system and subarachnoid space due to incomplete subarachnoid block.
- **Radiographic key: Diffuse ventriculomegaly out of proportion to sulcal prominence.**
- **Not a radiographic diagnosis. Diagnosis made by improvement of symptoms after shunting.**
- **Radioisotope cisternogram shows early entry into the lateral ventricles with persistence at 24-48 hours and delayed ascent to parasagittal regions.**
- **Flow void can be seen through the aqueduct of Sylvius on MR due to increased flow velocity**

Použité zdroje

sources

- Petrovický, Anatomie III
- <http://www.radiologyassistant.nl/en/484b8328c>
- <http://www.nejm>
- <http://www.auntminnie.com/index.asp?Sec=edu>
- jiné webové zdroje a soukromý archiv