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Ingenia 1.5T study of AS patient

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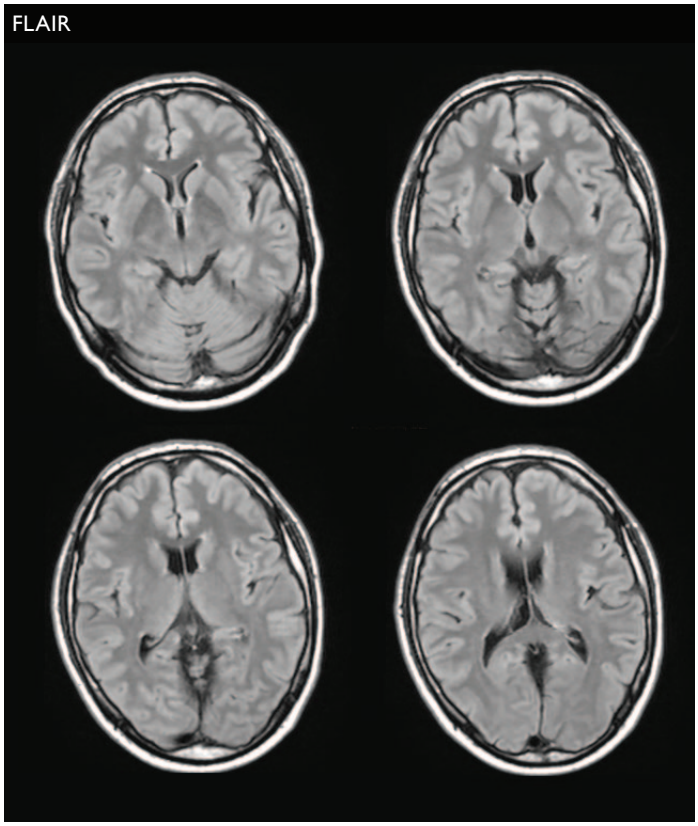
Clinical case report

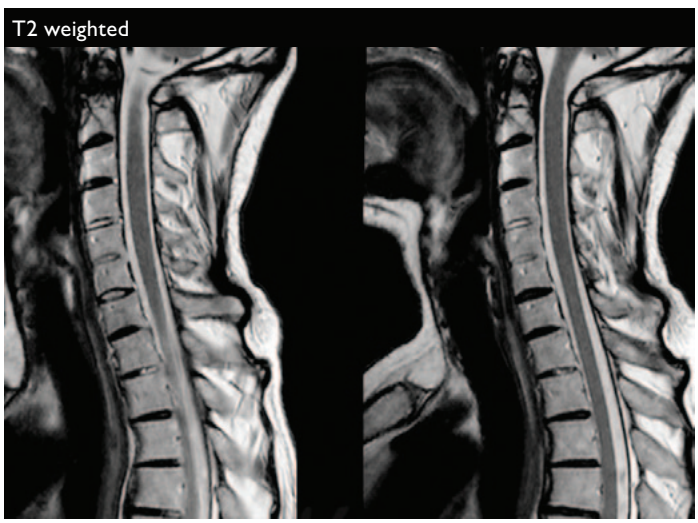
Patient history

55-year-old male patient with ankylosing spondylitis (AS) was evaluated because of suspected TIA. The patient reported an episode of blurred vision and dizziness. The clinical question was, if there was any evidence of ischemia in the brain, or any evidence of atherosclerosis in the aortic arch or carotid arteries. In addition evaluation of the cervical spine was requested because of the AS.

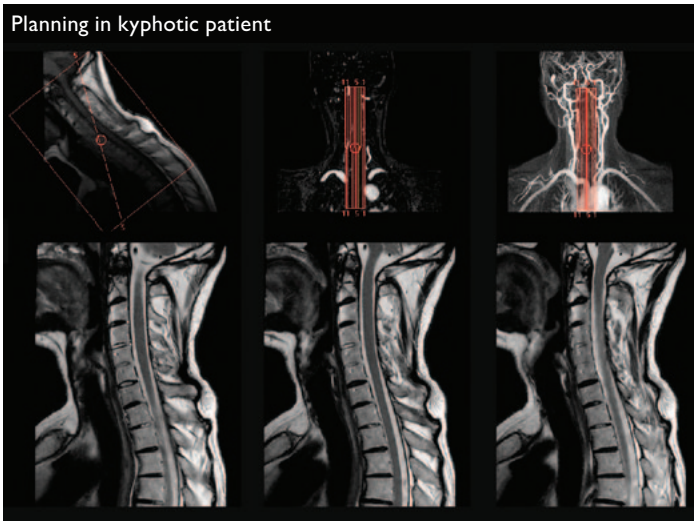
MR examination

Ingenia 1.5T with dStream HeadSpine coil solution with tiltable head section was used to provide easier positioning and more comfort for kyphosis patients.





patient


Planning in kyphotic patient


MRA

Results of the study

No focal abnormalities in the brain parenchyma on any of the sequences including the diffusion images. In the cervical spine multiple fused vertebrae are seen. The MRA was unremarkable and did not show any stenosis or plaque.

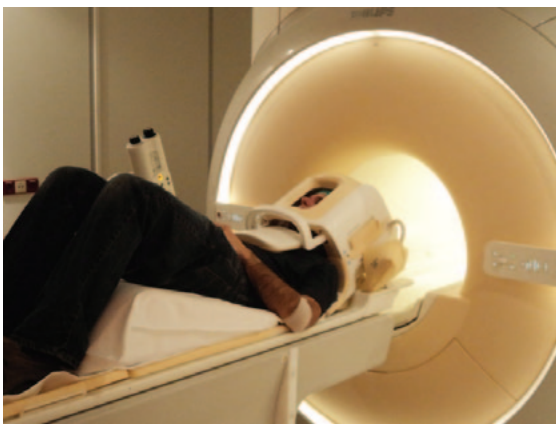
Carotid ultrasound (not shown) confirmed MRA findings.

Impact of using Ingenia

MR imaging in patients with ankylosing spondylitis can be challenging because of difficulties with patient positioning and subsequent motion artifacts due to patient discomfort.

In a traditional MR system this patient could not be supported in a comfortable position. However, the Ingenia's wide bore and the ability to angulate the coil helped the patient to successfully undergo the study.

In addition, note the lack of signal drop-off at the lower limit of the aortic arch due to the superb architecture of the new dStream HeadSpine coil solution.


The dStream HeadSpine coil can be tilted up to 20 degrees.