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Patient Name: Silla Khaled Mohamed	Patient ID: 787432
Ref. Phy.: Dear Sir	Study Date: 16/11/2022

(DOB: Oct 14, 2012)

MEDICAL REPORT FOR AN MRI OF THE BRAIN AND WHOLE SPINE:

The study was performed outside our center

FINDINGS:-

This is a 10 years old female who was diagnosed with primary demyelinating disorder with special attention towards neuromyelitis optica study. The current MR study dated 25-10-2022 and done at an outside center is showing:

Starting with MR of the brain:

- There is abnormal focal high signal noted along the posterior aspect of the brainstem, especially the tectum of midbrain and to a lesser extent that of the pons in a periaqueductal location and also that of the pons and this is best demonstrated on the axial FLAIR sequence and on the sagittal FLAIR sequence, there is more subtle fainter high signal seen along the whole posterior aspect of brainstem, i.e. midbrain, pons and medulla and as such involving the area postreama.
- This is also associated with similar faint abnormal high signal of the optic nerves and particularly the more posterior intracranial part of the nerve prechaismatic and also involvement of the optic chiasma, best seen on the axial and sagittal FLAIR sequences and T2 coronal sequence.
- The diffusion images are showing relative tendency towards diffusion restriction particularly at the midbrain and periaqueductal part of the lesion which is denoting activity by these criteria.
- No similar supratentorial lesions nor callosal lesions.
- No T1 black holes.
- No MR evidence of brain atrophy.
- No fresh intracerebral hematoma or extra-axial collection.
- Normal MR of the sella turcica and craniocervical region.
- Such involvement is highly in keeping with the MR pattern of neuromyelitis optica rather than multiple sclerosis because of special predilection towards the posterior aspect of brainstem and for optic nerves and chiasma, while sparring the supratentorial white matter and the corpus callosum and peduncular regions.

As regards the whole spine:

- There is a long segment of spinal cord involvement, particularly most of the cervical spinal cord and more subtle as regards the dorsal cord down to the conus medullaris and this is best demonstrated on the sagittal fat-suppressed sequences with the more pronounced and more convincing involvement being at the cervical cord.
- No bone marrow lesions.
- No disc lesions.

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- No peri or intraspinal canal masses or collections throughout.
- Such long segment of involvements of the spinal cord which is apparently seen to be more at the posterior aspect is also going with neuromyelitis optica involvement because with multiple sclerosis, there is no such long segment more than 2 consequent vertebrae

OPINION:-

- The collective data in this case are highly in keeping with neuromyelitis optica (with details of involvement and reasoning given above) as a primary demyelinating disorder and more likely to be of the aquaporin positive category, however, for clinical and lab correlations and for follow-up MR spinal cord better to include post IV contrast images and to better assess for activity if warranted in this patient.

MUCH OBLIGED
PROF. DR. YASSER ABDELAZIM
A.B.