true for any epidemiological study on establishing norms (5).

A.K. Gupta,
Senior Medical Officer,
Department of Pediatrics,
Safdarjang Hospital, New Delhi 110 029.

REFERENCES


Demonstration of Brain Lesions in Acute Lymphoblastic Leukemia by Magnetic Resonance Imaging

We report brain lesions demonstrated on magnetic reassurance imaging (MRI) in a patient of acute lymphoblastic leukemia (ALL).

An 11-year-old male, diagnosed case of
ALL for last three years, was referred for MR study as he developed altered sensorium, gradually diminishing vision and hearing on both sides despite chemotherapy. CT performed twice over a gap of three weeks was reported to be normal. The MR examination was performed on 1.5 Tesla superconducting system in spin echo pulse sequences. T1 to T2 weighted images were produced in axial and coronal plane. The study revealed small hyperintense patchy lesions in centrum semiovale and in periventricular region. The lesions were low to isointense in T1 WI. Thrombosis of left ophthalmic vein, right sub-dural collection and thickening of both acoustic nerves was also observed (Fig. 1).

Bitti et al. observed periventricular hyperintense lesions in 8 to 34 patients of ALL(1). There are conflicting opinions about etiology and pathology of these lesions. These may be due to leukoencephalopathy or to disease itself. The effect of drug especially methotrexate or radiation induced edema as a cause of these MR changes also cannot be ruled out(2,3).

The sub-dural collection may be due to leukemic cells of recurrent bleeds. The thickening of both acoustic nerves in the present case may be attributed to infiltration of subarachnoid space around the nerves by the leukemic cells.

P. Gulati,
A.N. Jena,
D.C. Jain,
Chandra,
NMR Research Centre, INMAS,
Lucknow Marg, Delhi 110 054 and
Safdarjung Hospital,
New Delhi 110 029.

REFERENCES

