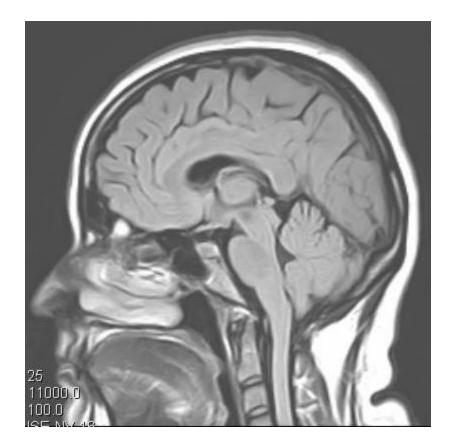
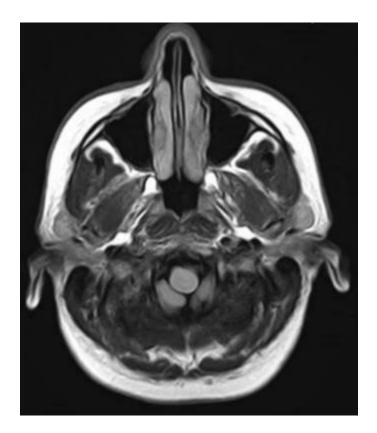
### The Diagnosis of Chiari Abnormalities

Ulrich Batzdorf, M.D. Department of Neurosurgery David Geffen School of Medicine at UCLA Los Angeles, CA 1. Designations used by Radiologists for Low-Lying Cerebellar Tonsils

2. Variations in Posterior Fossa Anatomy seen in Association with Chiari Abnormalities

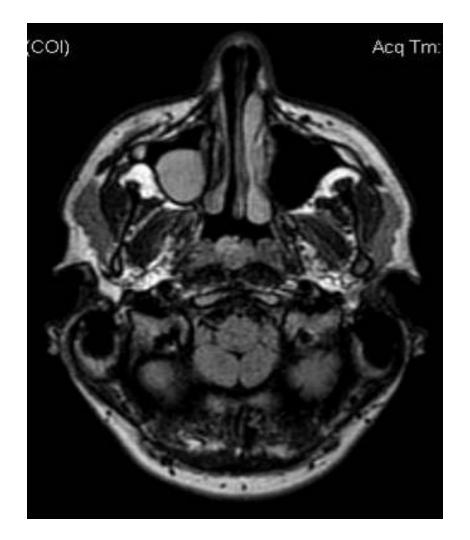
"Chiari I malformation with moderate stenosis at the level of the foramen magnum".





"Chiari I malformation. CSF flow study recommended".





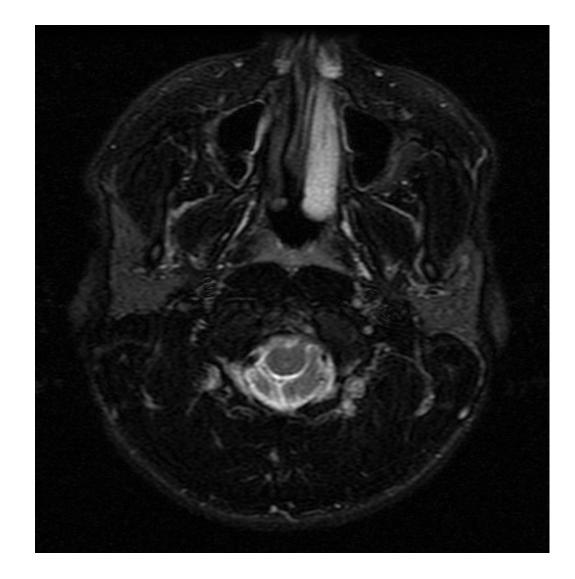
"Chiari I Malformation"





"There is fullness of the foramen magnum suggestive of a Chiari 1 malformation"

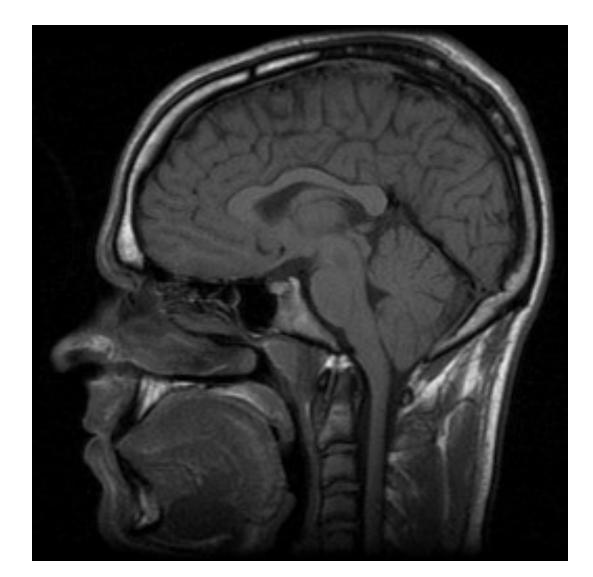


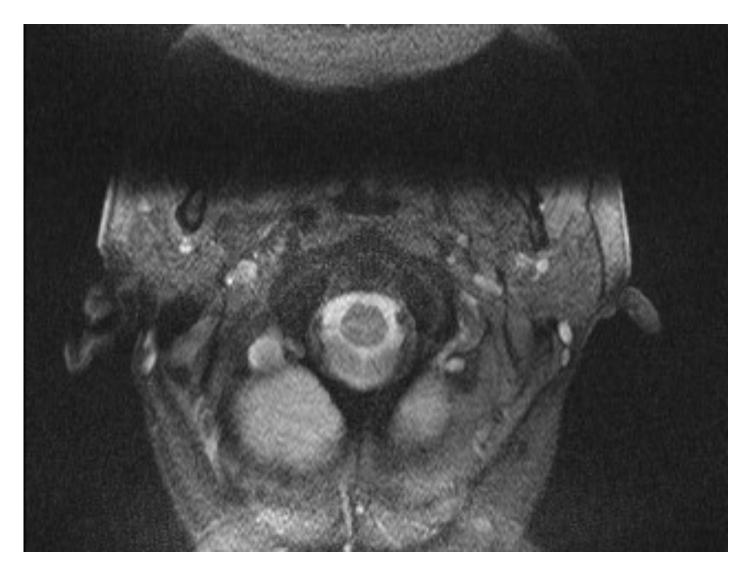


#### "Chiari I malformation"

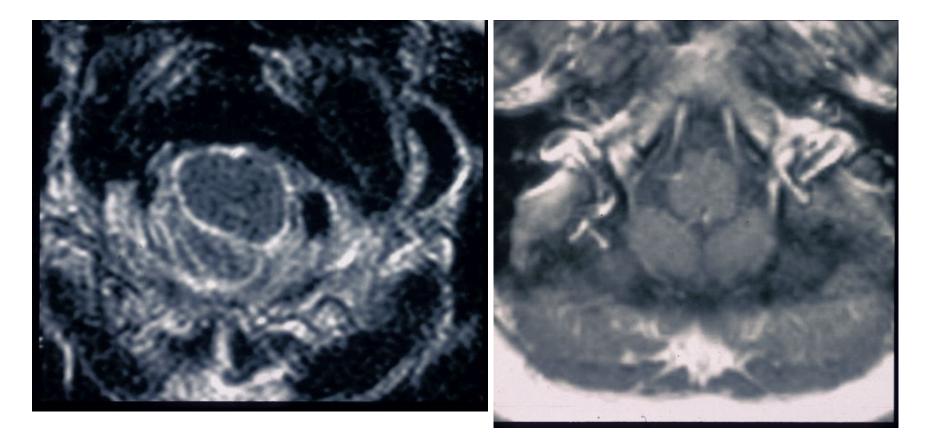




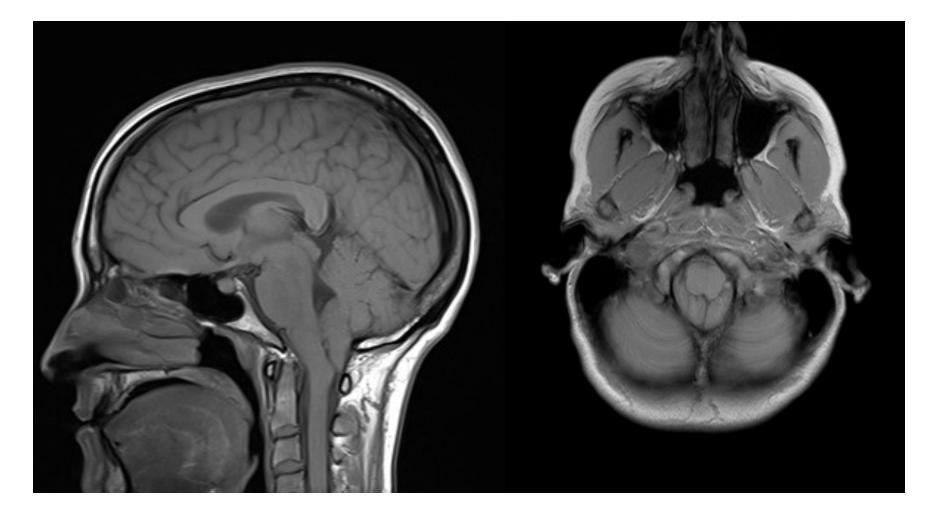




# Axial Images at/near the F.M.



# Chiari for sure -



Variations in Posterior **Fossa Architecture** seen with Chiari Abnormalities

MF 1.00

A

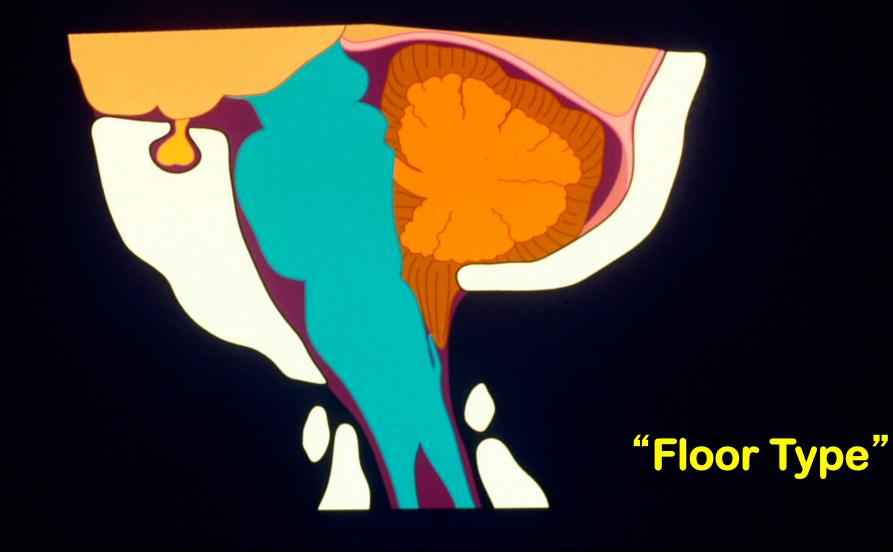
TR 400.0 TE 14.0 TA 01:16 BW 90.0 M/ND A1/SAT1 HE Normal P. F. Architecture

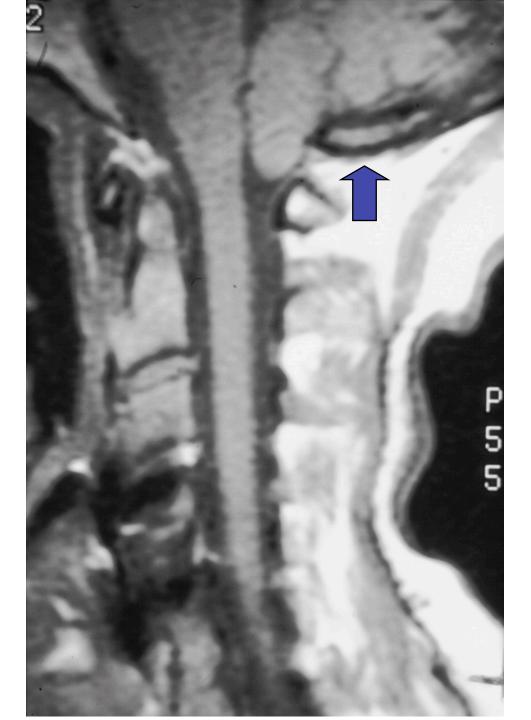
SP R6.0 SL 5.0 FoV 230\*230 384\*512 I Sag W 925

10cm

E

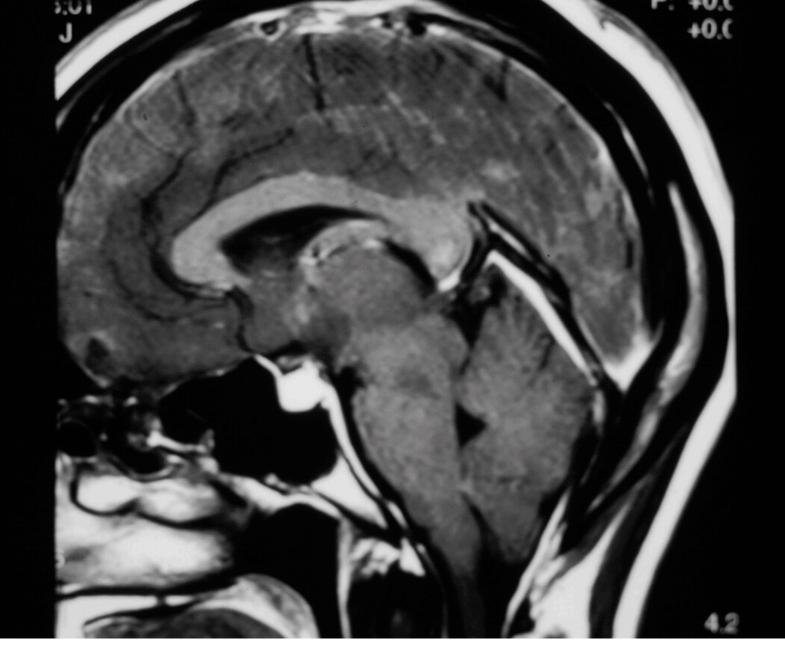
# **Shallow Posterior Fossa**





# Low Insertion of Torcula





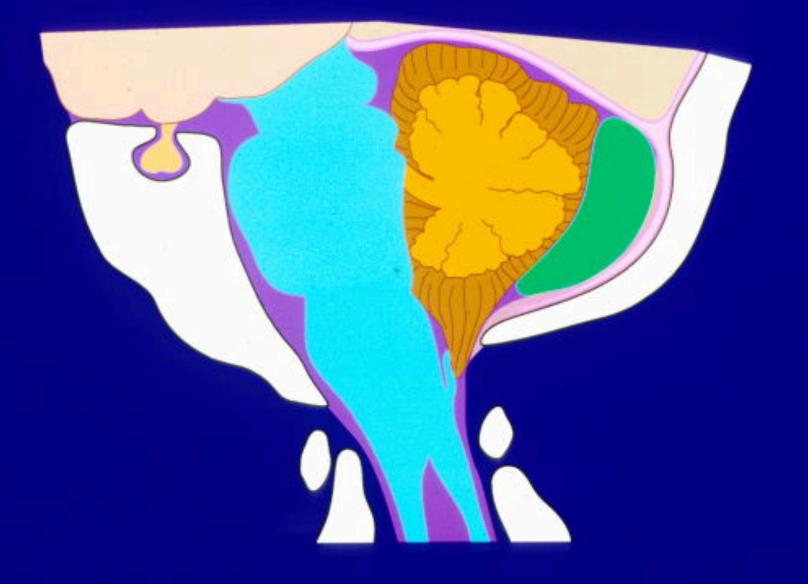
#### **Clivus and tent are nearly parallel**

### **Basilar Invagination**





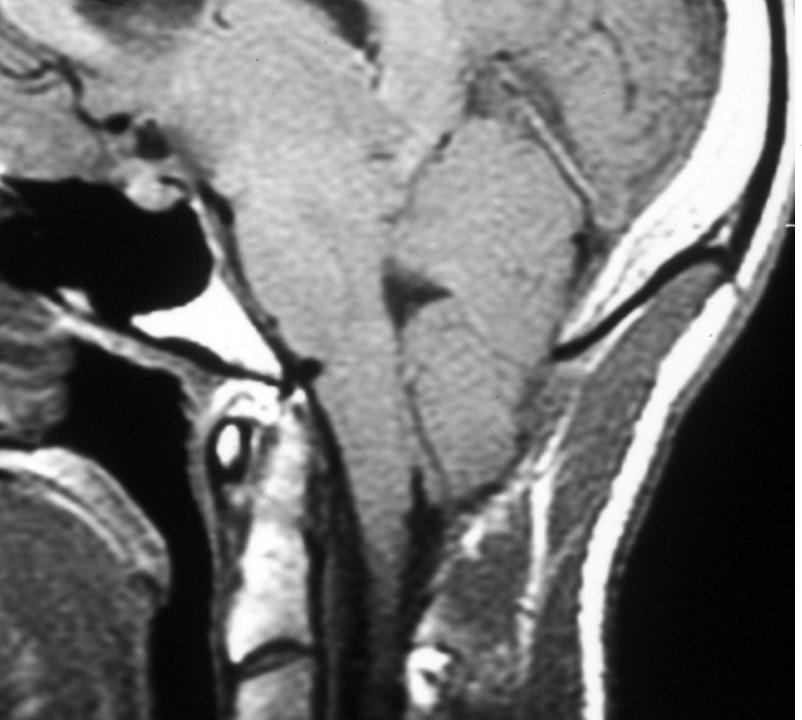
# **Space Occupying Mass**



**Posterior Fossa Arachnoid Cyst** 

.Osp

Why this matters from a surgeon's perspective:



# To Avoid This:



When You See That:

Low Tentorium Insertion

# - And Avoid This When One Can Estimate Thickness of Bone from MR scan



Dural Ectasia