

# **Volumetric DESH vs Aqueductal CSF Stroke Volume in NPH**

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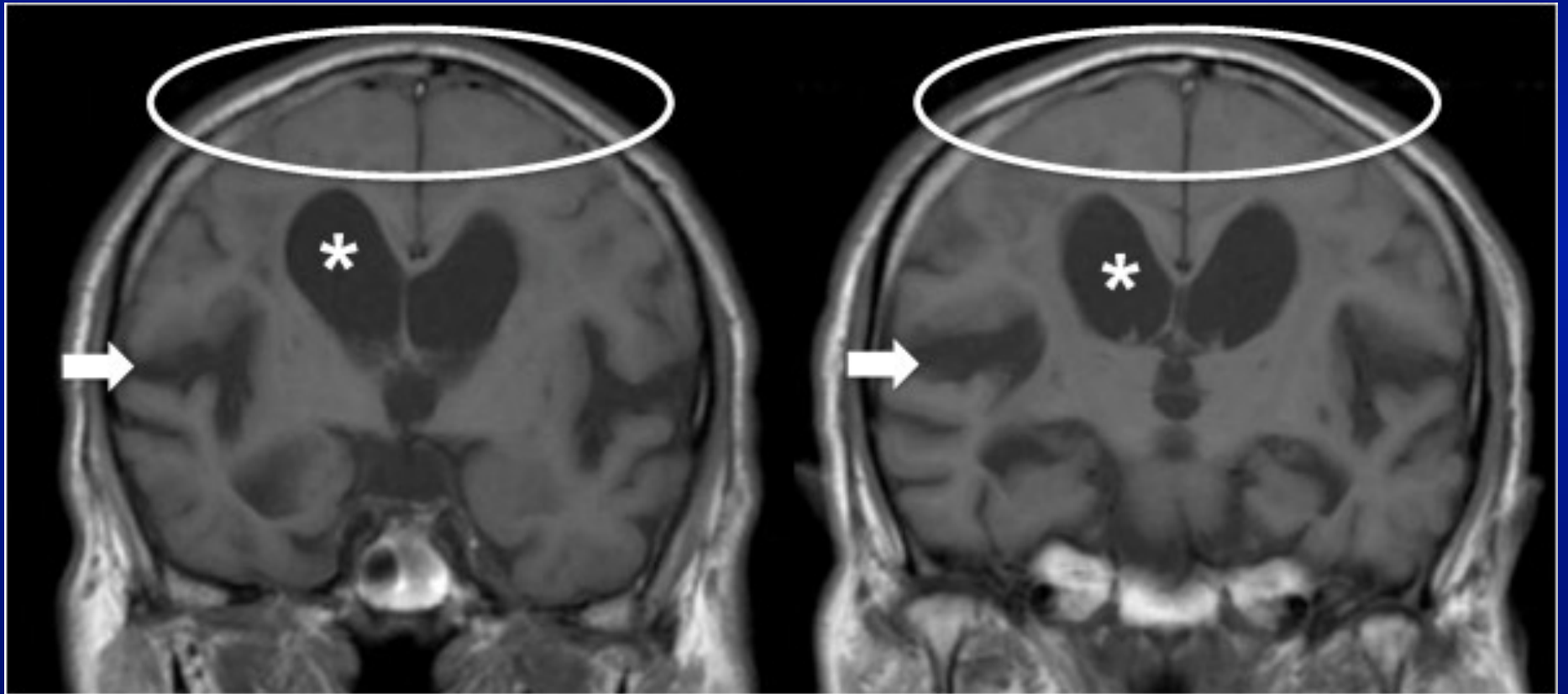
# DESH

- Disproportionately Enlarged Subarachnoid space Hydrocephalus
- Combination of enlarged Sylvian cisterns and tight superior convexities on midcoronal slice “useful” for predicting response to shunting for NPH (Hashimoto, et al, SINPHONI study)

# First DESH Reference

- Cerebrospinal Fluid Res. 2010 Oct 31;7:18.  
doi: 10.1186/1743-8454-7-18.
- **Diagnosis of idiopathic normal pressure hydrocephalus is supported by MRI-based scheme: a prospective cohort study.**
- Hashimoto M<sup>1</sup>, Ishikawa M, Mori E, Kuwana N;  
Study of INPH on neurological improvement (SINPHONI).

# DESH



Hashimoto M, et al, CSF Research, 2010

# DESH vs Tap Test

- Ishikawa, et al, paper in 2012 showed Tap Test didn't add anything if Evans Index  $> .3$  and tight superior convexities

# DESH vs Tap Test

- Fluids Barriers CNS. 2012 Jan 13;9(1):1. doi: 10.1186/2045-8118-9-1.
- **The value of the cerebrospinal fluid tap test for predicting shunt effectiveness in idiopathic normal pressure hydrocephalus.**
- Ishikawa M<sup>1</sup>, Hashimoto M, Mori E, Kuwana N, Kazui H.

# NPH Workup at UCSD

- Clinical presentation (triad)
- Routine MRI of Brain with
  - phase contrast CSF flow study through aqueduct for Aqueductal CSF Stroke Volume (ACSV)
  - Midcoronal T1 or T2 for DESH pattern
  - midsagittal FIESTA for AS
- Tap Test

# Our Experience with Hyperdynamic CSF Flow in NPH

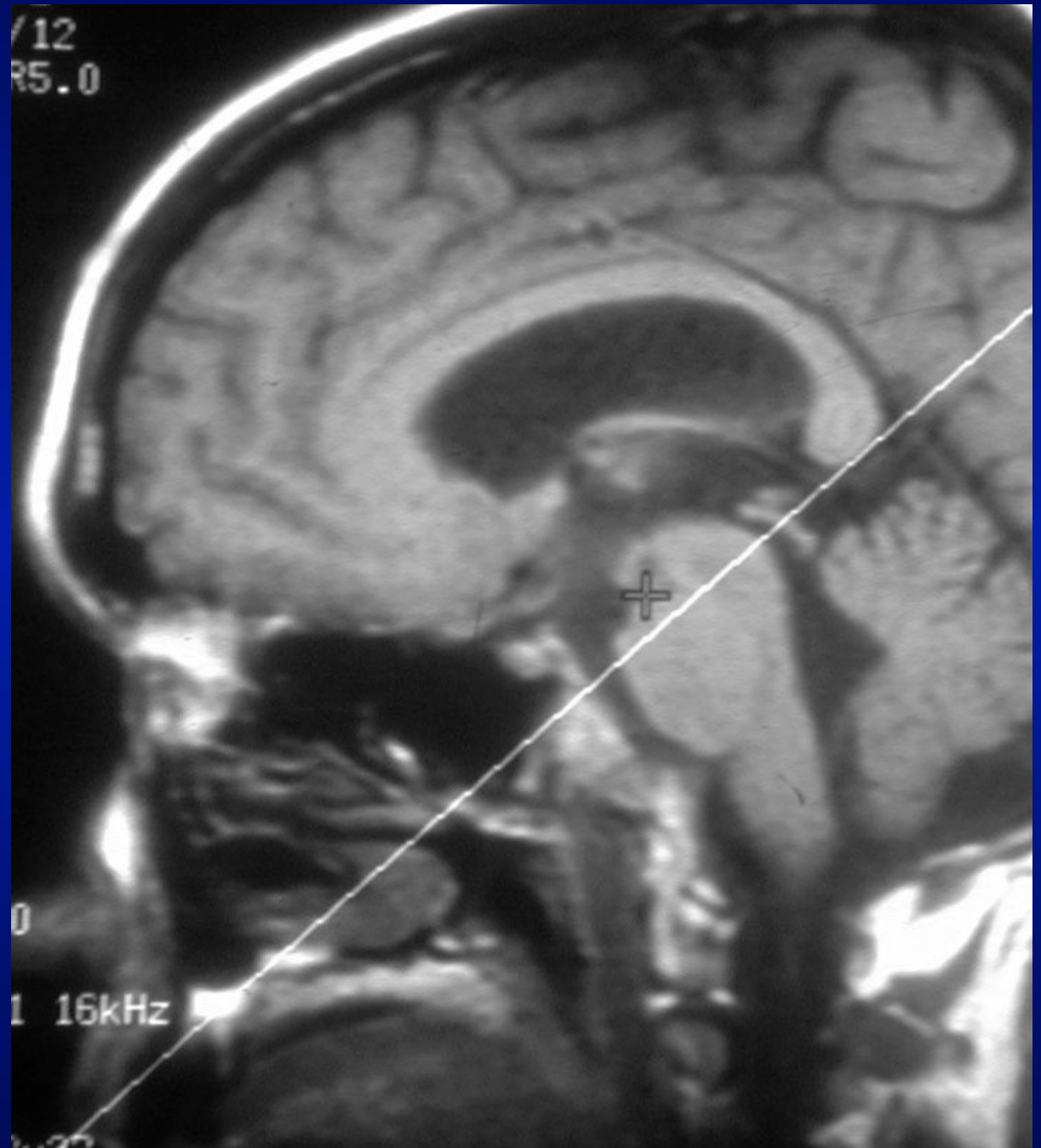
- 30 years ago: hyperdynamic CSF flow
  - flow void from foramen of Monro through obex
  - Correlation with shunt-responsive NPH:  $p < .003$
- 18 years ago: elevated ACSV had 100% PPV for shunt-response NPH
  - Elevated ACSV means they don't have atrophy
- More detail on how we calculate ACSV:



# Quantitative CSF Flow Study

- 512x512; 16 cm FOV
- .32 mm pixels
- 4mm slice angled perpendicular to aqueduct
- Velocity-encode in slice direction
- Retrospective cardiac-gating (not EKG triggering)

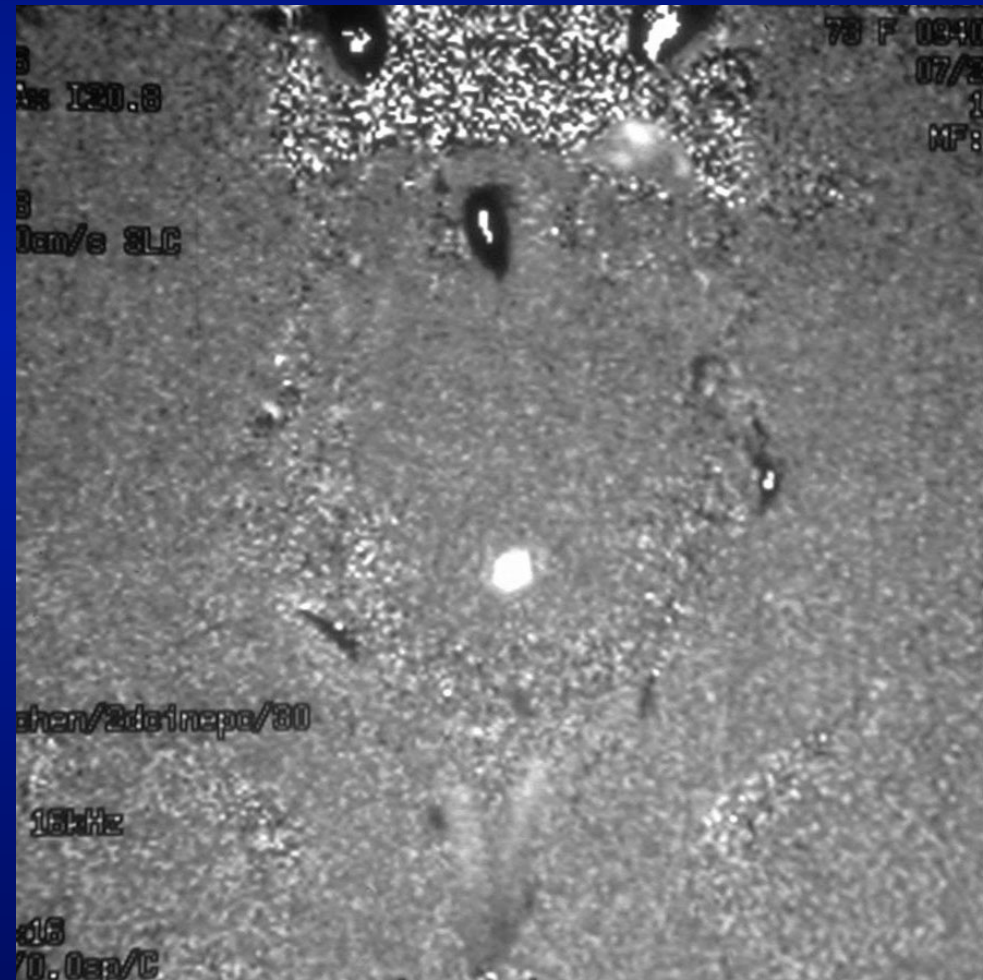
# Quantitative CSF Velocity Imaging

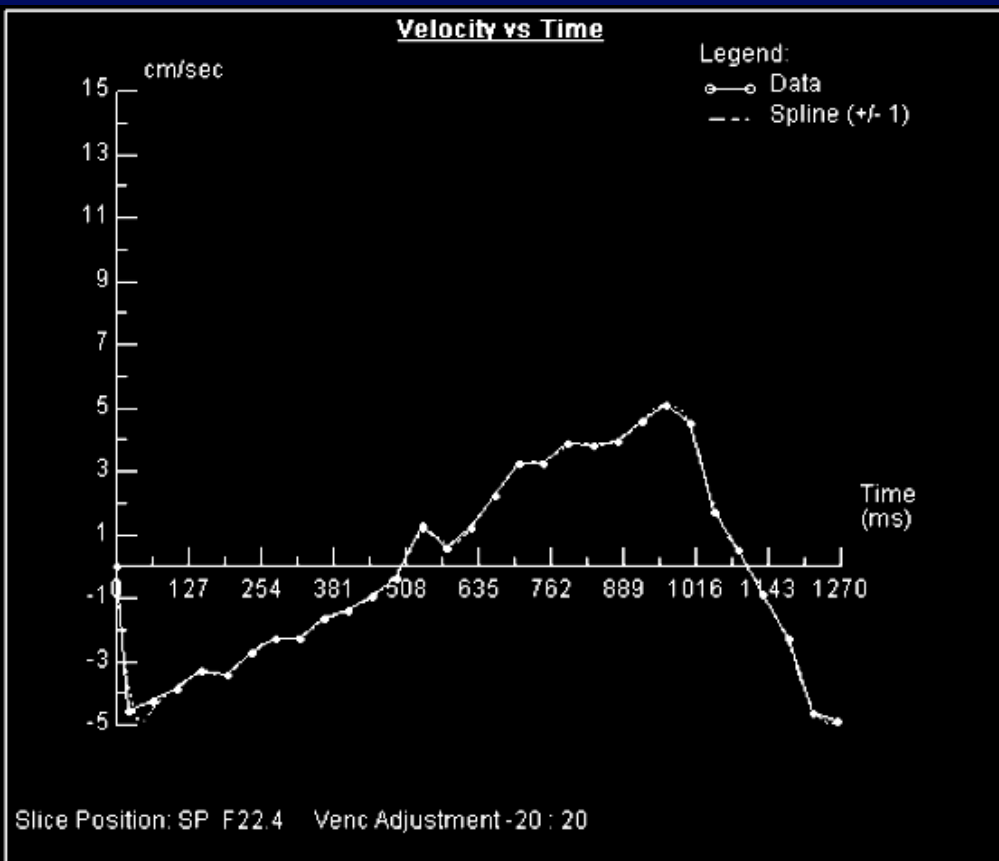


# Quantitative CSF Flow Study

- Through-plane flow-encoding
- $V_{enc} = 10, 20, 30$  cm/sec (NPH)
- $V_{enc} = 5$  cm/sec (shunt malfunction)

# Quantitative CSF Velocity Imaging





Slice Position: SP F22.4	Region: 1
Range,ms: 0 to 1263	Venc Adjustment -20 cm/sec 20 cm/sec
Body Surface Area (BSA):	---- m^2
Velocity	
Peak Velocity:	15.14 cm/sec
Average Velocity:	-0.004 cm/sec
Flow	
Average Flow Over Range:	-0.001 ml/sec
Average Flow Per Minute:	---- l/min
Forward Volume:	0.255 ml
Reverse Volume:	0.255 ml
Net Forward Volume:	-0.001 ml
Net Forward Volume / BSA:	---- ml/m^2
Area	
Average Area:	0.150 cm^2
Minimum Area:	0.150 cm^2
Maximum Area:	0.150 cm^2

Normal ACSV on our scanners is 0.040 ml (40 uL)

We call hyperdynamic flow when 2x normal

# Materials and Methods

- 20 Patients (age 54-85)
- Suspected NPH
- Routine MRI of Brain
- Quantitative CSF Velocity Imaging
- VP Shunt
- Follow up at 1 month

**Bradley WG**, et al, “Normal-pressure hydrocephalus: evaluation with cerebrospinal fluid flow measurements at MR imaging” *Radiology* 198:523-529, 1996.

# Results

- Of 20 shunted patients:
- 14 had hyperdynamic flow
  - (SV>42 microliters; NB: machine specific!)
  - 13 had a good surgical response
  - 1 did not (chronic MS)
- 6 had normal or decreased flow
  - (SV<42 microliters)
  - 3 had a good surgical response
  - 3 did not (concomitant atrophy)

**Bradley WG**, et al, “Normal-pressure hydrocephalus: evaluation with cerebrospinal fluid flow measurements at MR imaging” Radiology 198:523-529, 1996.

# How Does DESH Compare to Aqueductal CSF Stroke Volume?

- 30 patients with clinical NPH and elevated ACSV with midcoronal T1 or T2
- How to quantify “tight superior convexity subarachnoid space”?
- Segmented CSF volumes for midcoronal slice (n=30) vs full AP extent (n=20) of Sylvian cistern
- SAS defined by line connecting superior convexity gyri; sulci measured separately

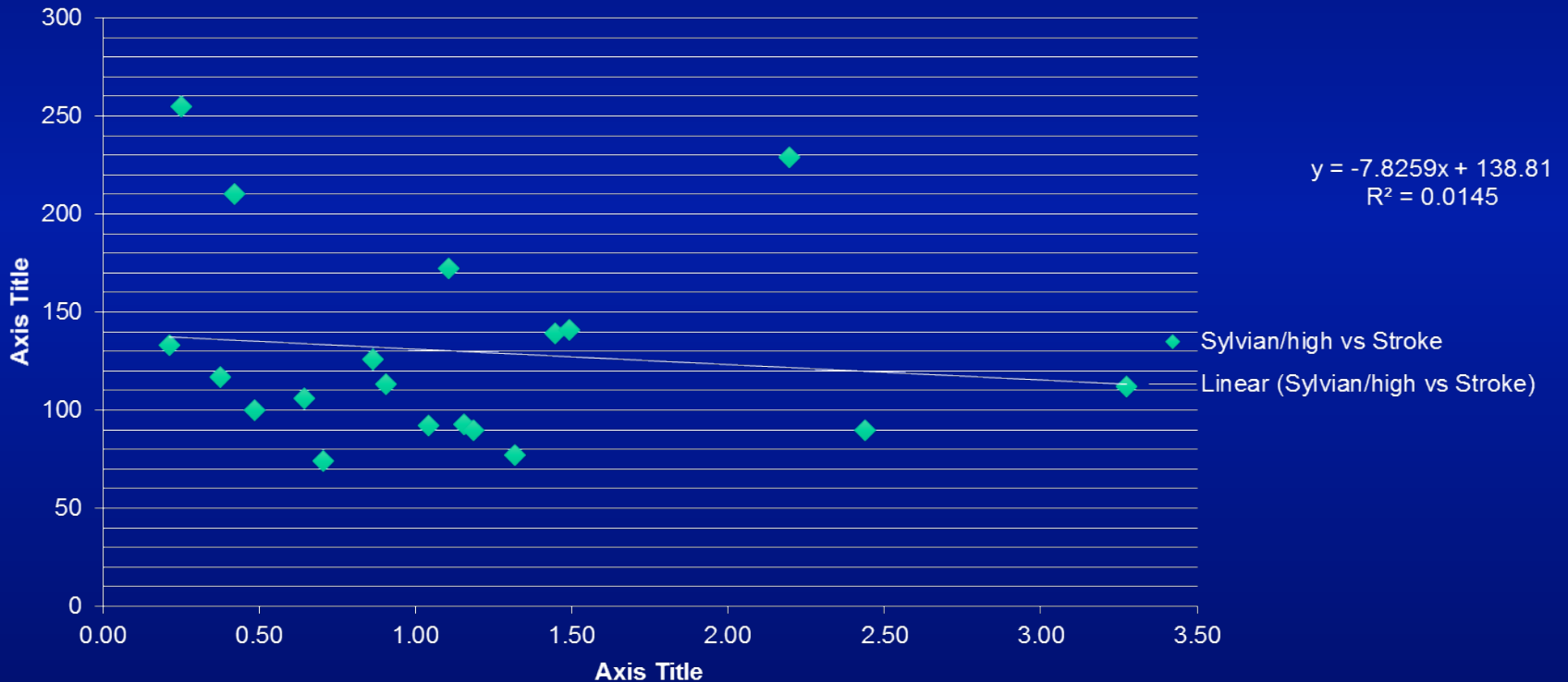


# Measured Variables for DESH vs ACSV

- Stroke volume vs DESH volume (midcoronal slice and full AP volume of Sylvian cistern)
  - Sylvian cistern volume/high convexity volume
  - (Lat vent + Sylvian)/high convexity volume
  - Lateral vent + Sylvian cistern volume
  - Sylvian cistern volume
  - High convexity volume
  - Superior sulci volume

# Volume: Sylvian/high convexity vs ACSV

Sylvian/high vs Stroke

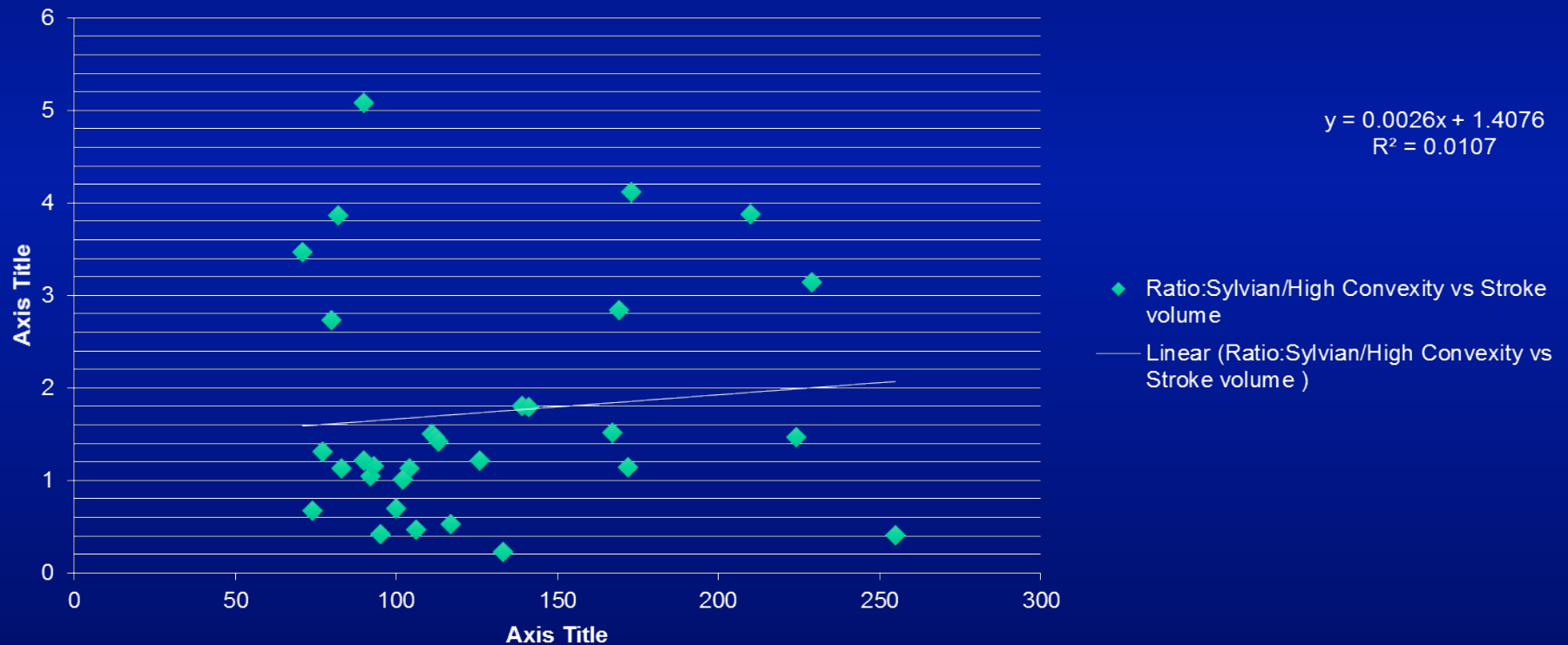


ACSV

Not expected. As Syl/high goes up, SV should go up

# Midcoronal: Sylvian/high convexity volume vs ACSV

Ratio:Sylvian/High Convexity vs Stroke volume

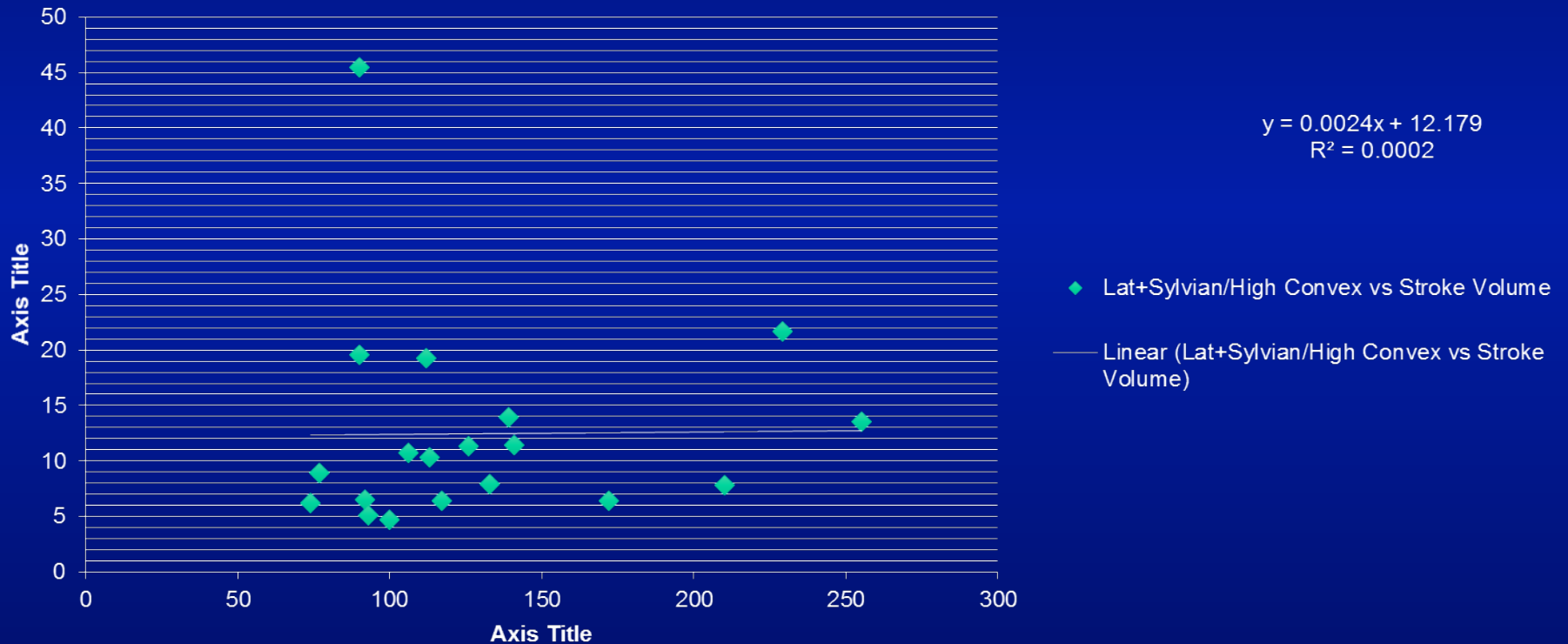


ACSV

Better on single slice but still....

# Volume: (lateral vents+Syl)/high convexity

Lat+Sylvian/High Convex vs Stroke Volume

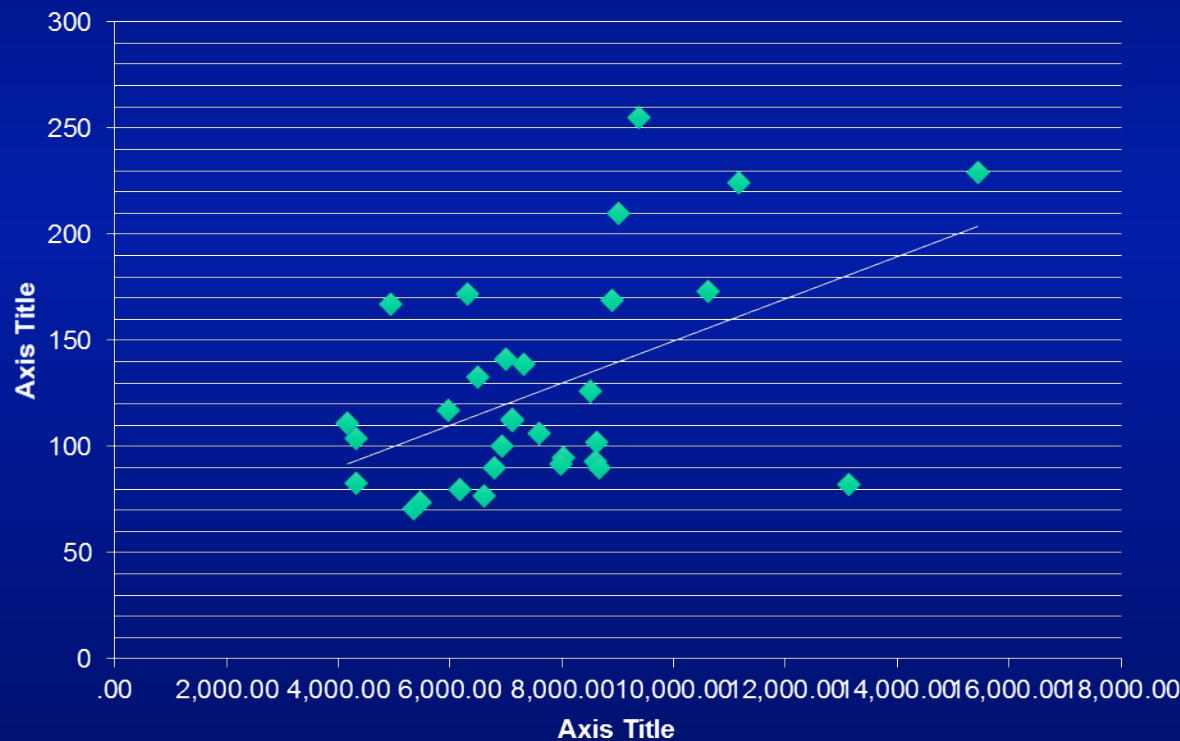


ACSV

Surprisingly worse

# Midcoronal: Lat vent vs ACSV

Lateral Ventricle volume vs Stroke volume



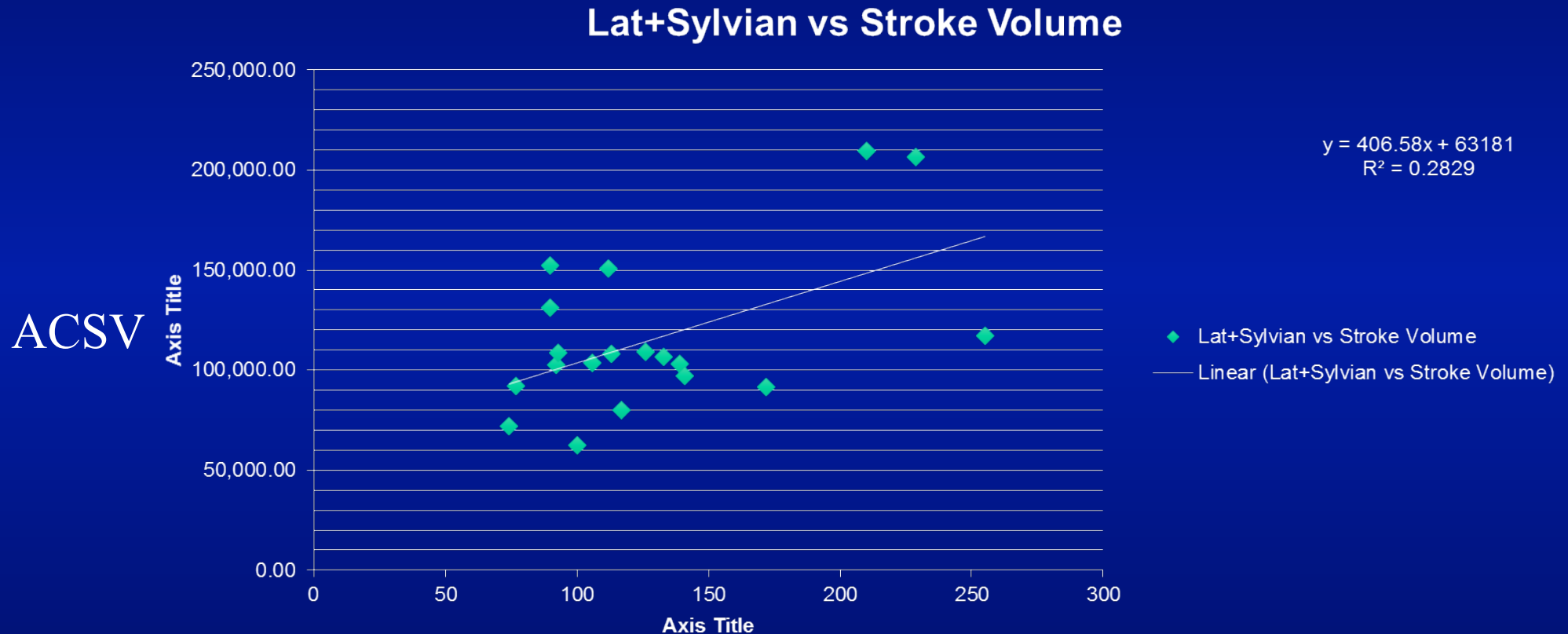
$$y = 0.0099x + 50.79$$
$$R^2 = 0.2427$$

- ◆ Lateral Ventricle volume vs Stroke volume
- Linear (Lateral Ventricle volume vs Stroke volume )

ACSV

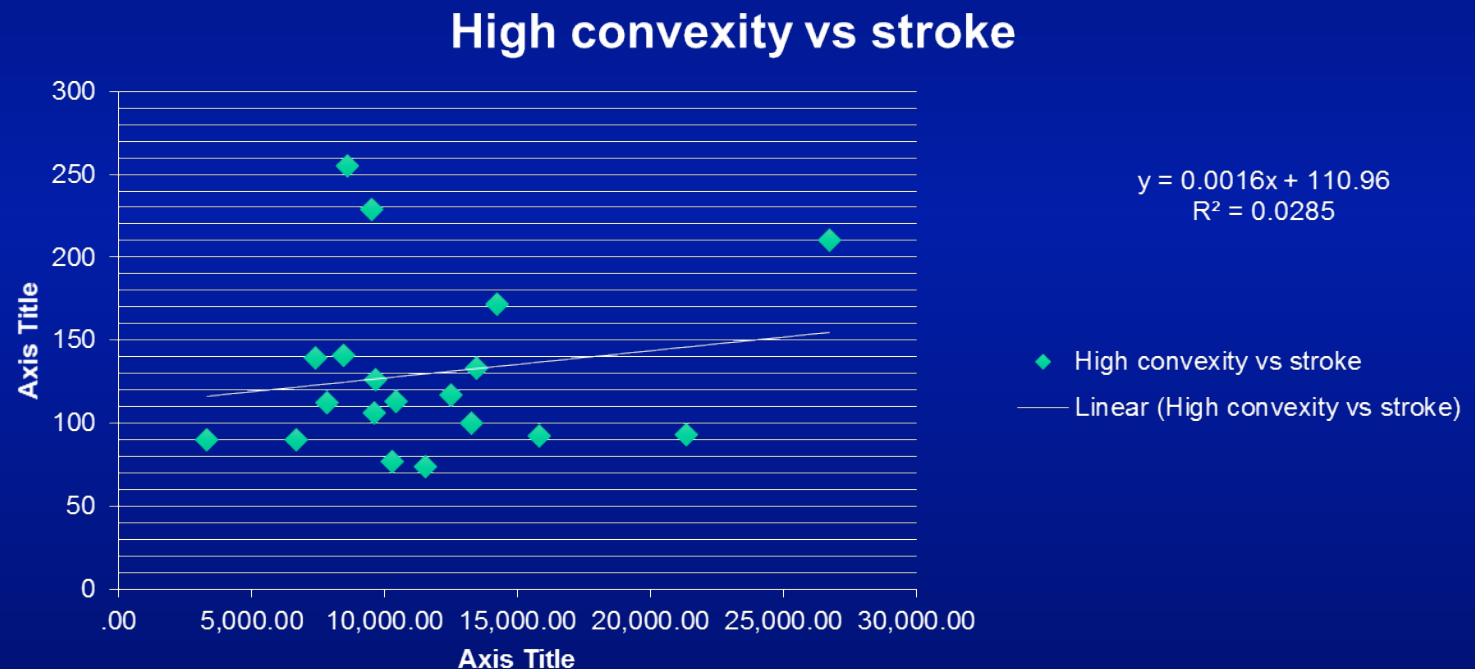
Larger ventricular drum head

# Midcoronal: Lat + Sylvian vs ACSV



Larger ventricular drum head again;  
surprising that adding Sylvian cistern volume improves correlation

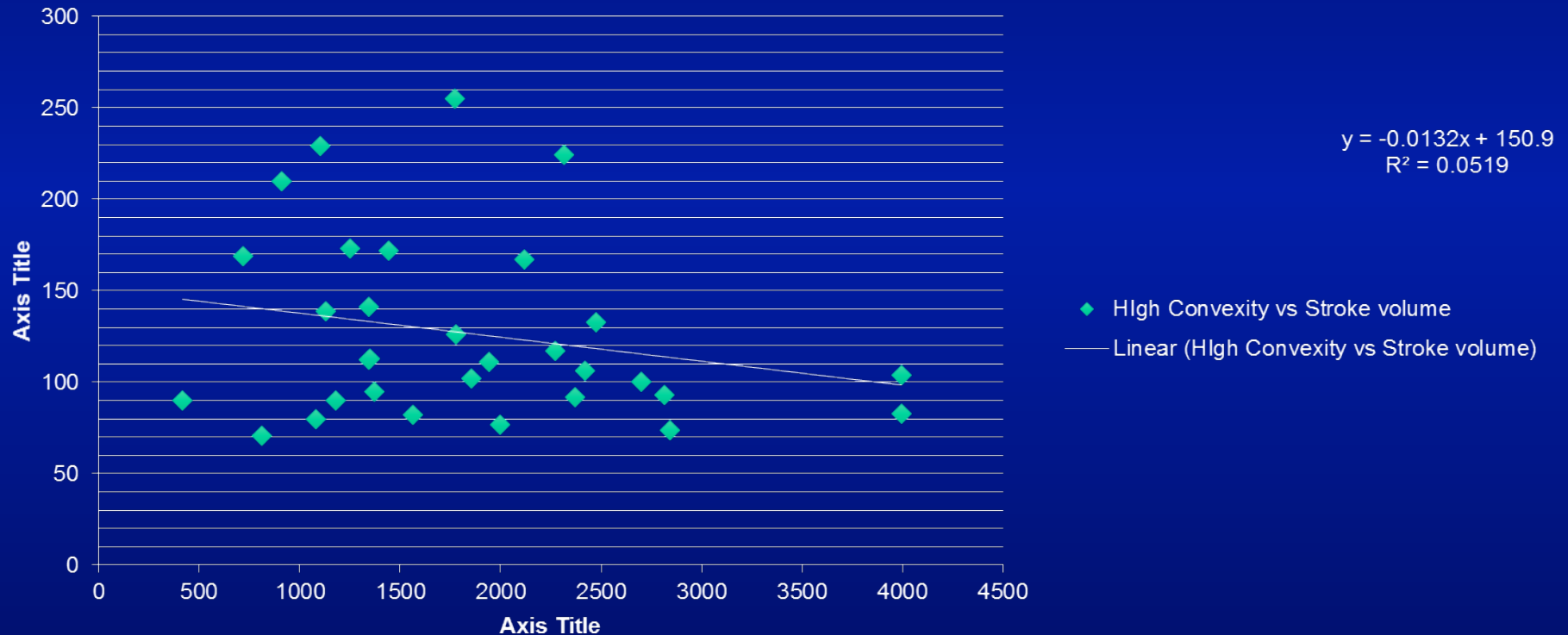
# Volume: High Convexity vs ACSV



Would have expected increased SV to correlate with **smaller** convexity vol

# Midcoronal: High Convexity vs ACSV

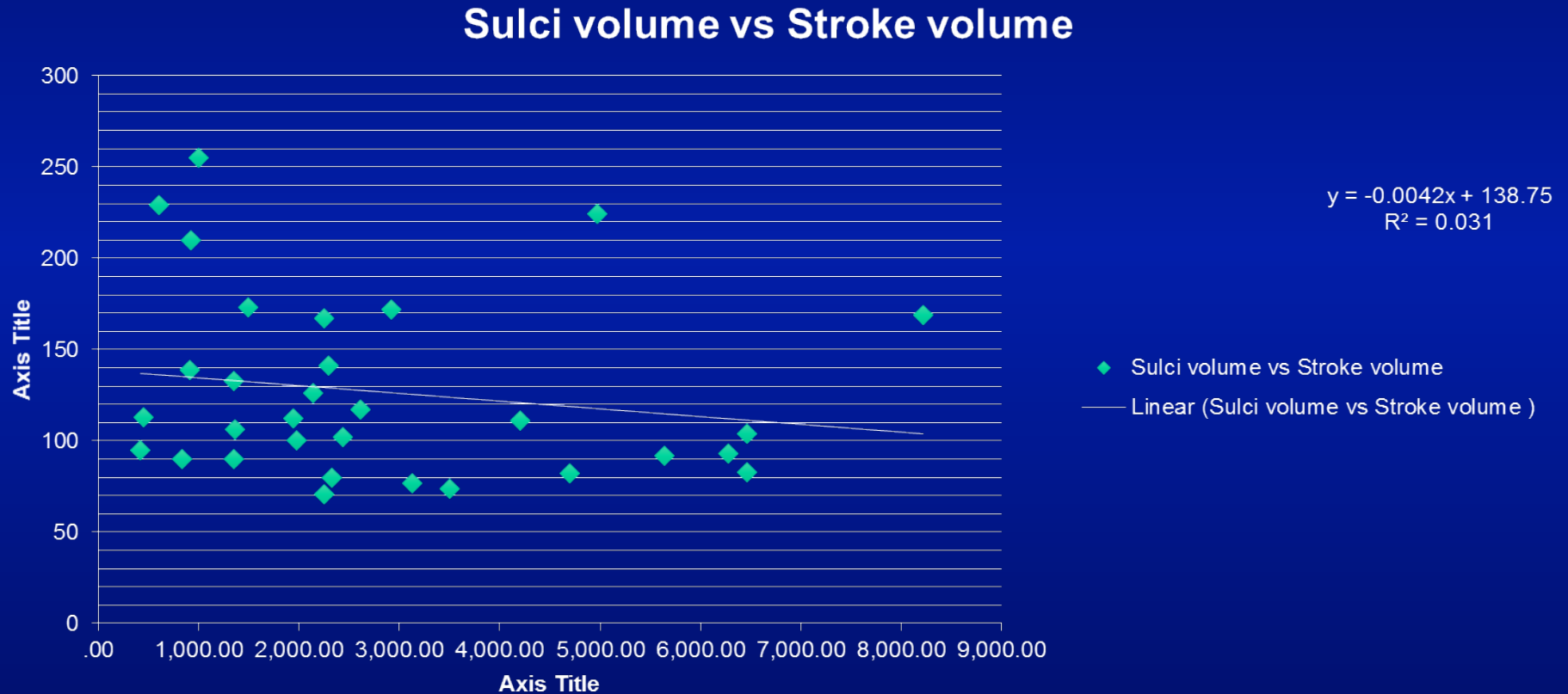
## High Convexity vs Stroke volume



Now it is going down on single slice, ie,  
increased SV correlates with tight convexities

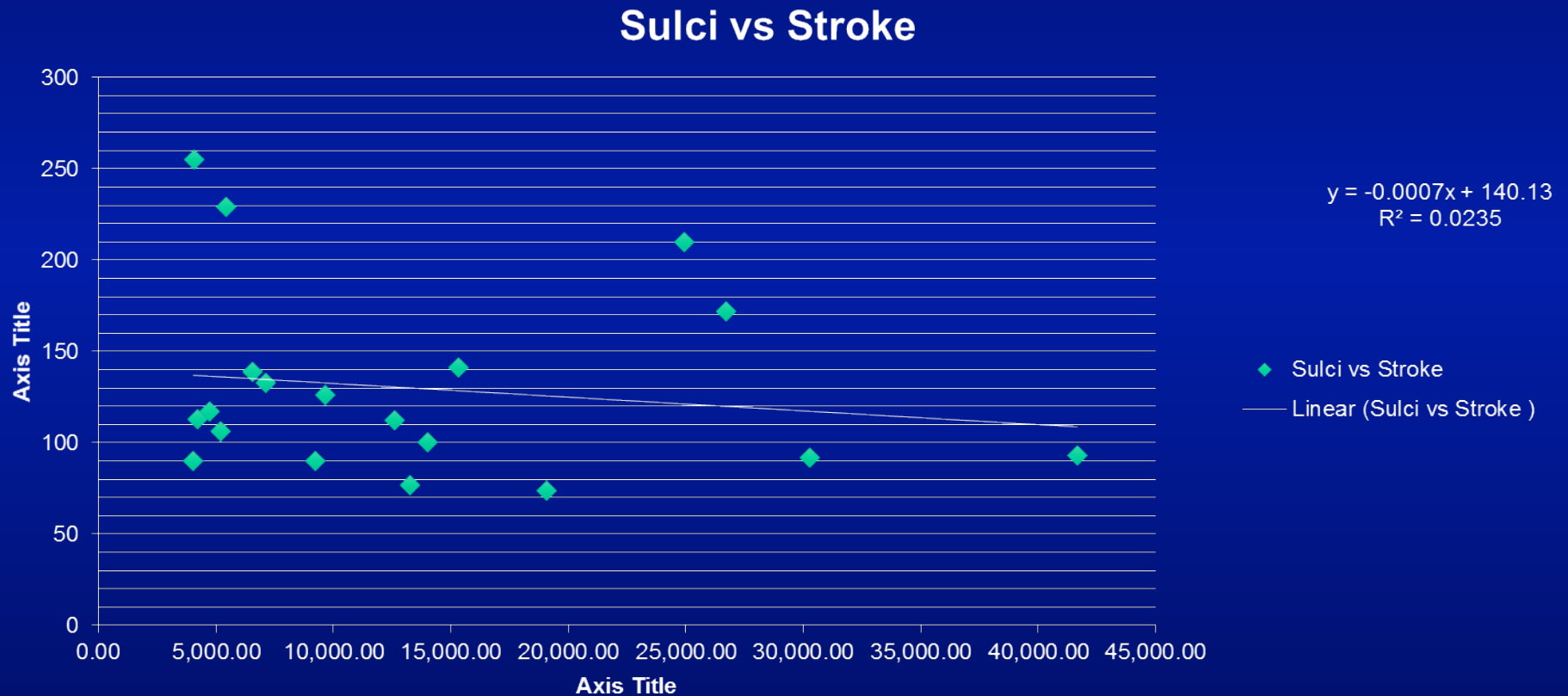


# Midcornal: Sulcal Volume vs ACSV



Expected: stroke volume goes down with atrophy

# Volume: Superior Sulcal Volume vs ACSV



Same thing with full volume

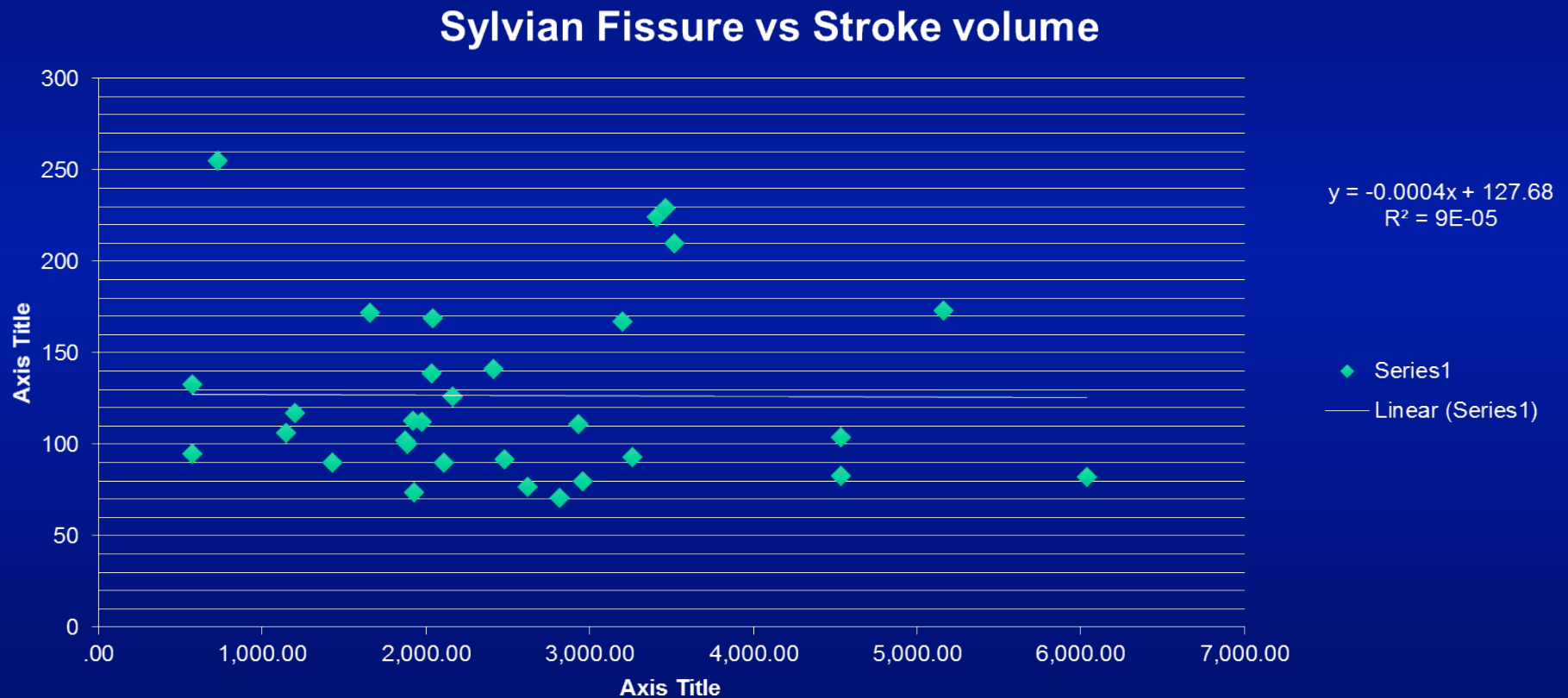
# P values

Volume	Pearson	P-value	R <sup>2</sup>
Lat+Sylvian vs Stroke volume	.354	.051	0.12526
High Convexity vol/Stroke Volume	.123	.509	0.01518
Lateral ventricle vs Stroke volume	.424	.018	0.17953
Ratio:Sylvian/High Convex vs Stroke volume	-.067	.720	0.0045
Ratio: Sulci vol/High Convex vs Stroke volume	-.081	.666	0.0065
Lat.+ Sylvian/High Convexity vs Stroke volume	.077	.671	0.00592
Sulci CSF volume Vs Stroke volume	-.151	.417	0.02289
Sylvian Fissure volume vs Stroke volume	-.045	.081	0.00203

# Conclusions

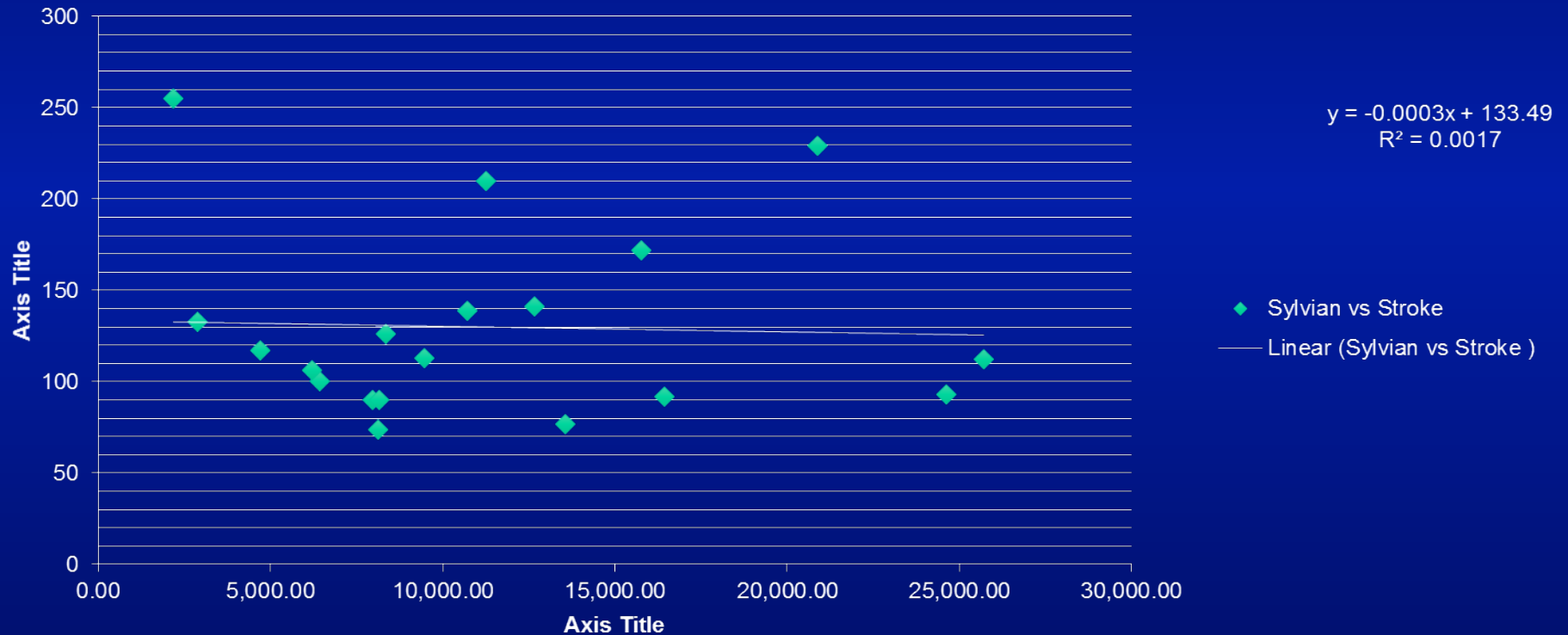
- The combination of large Sylvian cisterns and tight superior subarachnoid space (DESH pattern) does not appear to correlate with Aqueductal CSF Stroke Volume for predicting shunt-responsiveness in NPH
  - Using segmented volumes from mid-coronal slice or
  - Using volumes from Sylvian cistern front to back
- Reason: different populations?, small sample size?

# Midcoronal: Sylvian vs ACSV

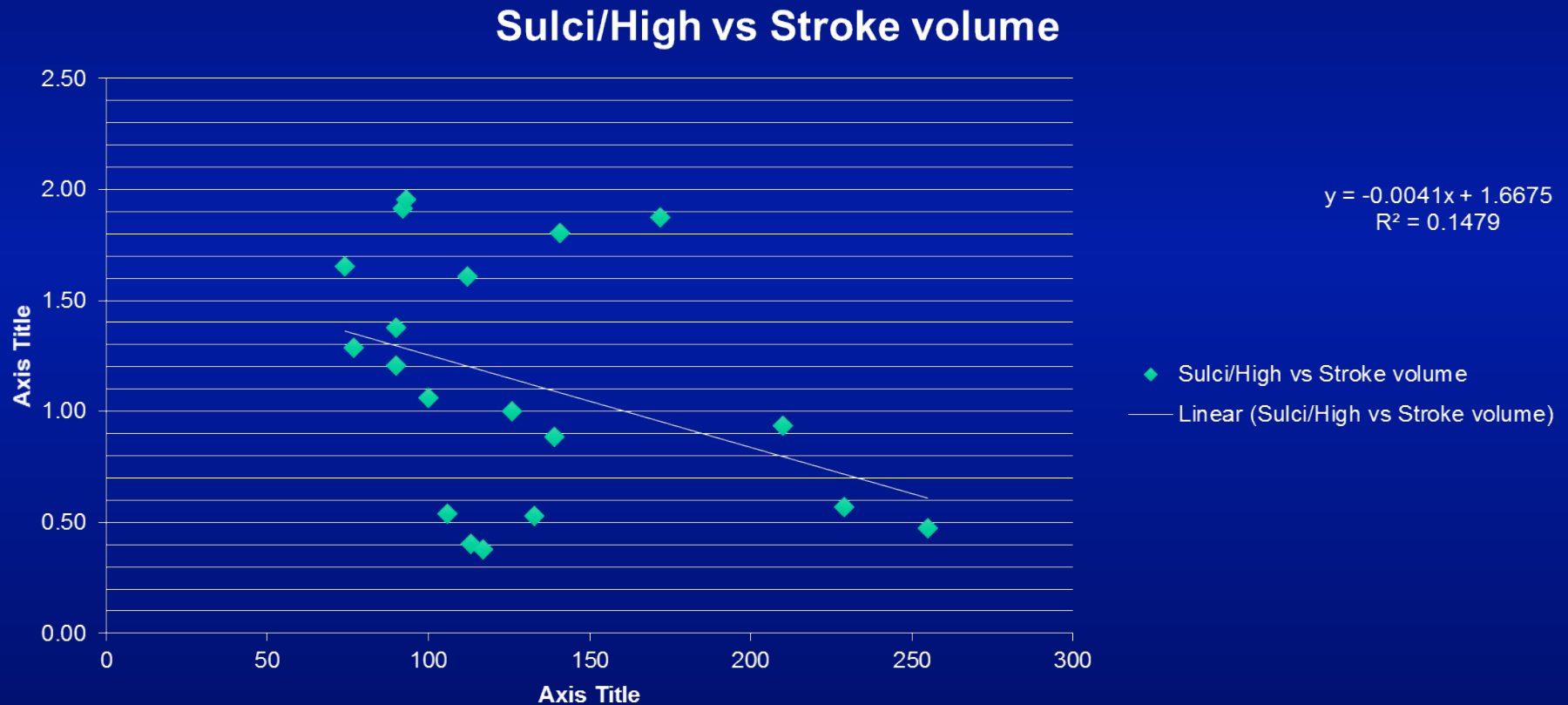


# Full Volume: Sylvian Cistern vs ACSV

Sylvian vs Stroke



# Volume: Sulci/ high convex SAS vs ACSV



Not sure what to do with this