MR Perfusion Study for Cerebral Toxoplasmosis and CNS Lymphoma in an Immunocompromised Host

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routine contrast imaging. It provides higher spatial resolution and adds only a few more minutes to the total acquisition time. However, the drawback with MRP is that it should be interpreted with caution in lesions localized near the cortex since perfusion studies are sensitive to blood flow in large vessels. An area of hyperperfusion near the cortex may be neoplastic or may be related to high blood flow in an adjacent large vessel.

To conclude, on perfusion imaging, rCBV within the lesion is increased in active lymphoma lesions and reduced in toxoplasmosis. More importantly, MRP observations, when considered in light of clinical and serological details, provide a more conclusive information. Addition of perfusion MR to the conventional MRI protocols in AIDS patients with focal brain lesions may assist in accurate and early diagnosis, thereby helping in prognostication and avoiding invasive procedures.

Bibliography


