Fig. 1

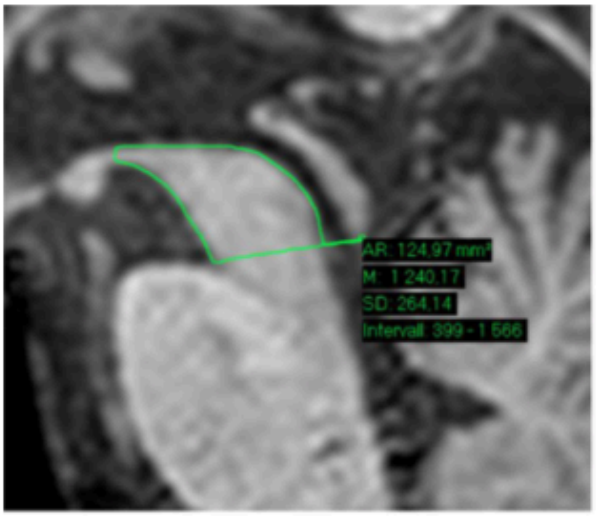


Fig. 2

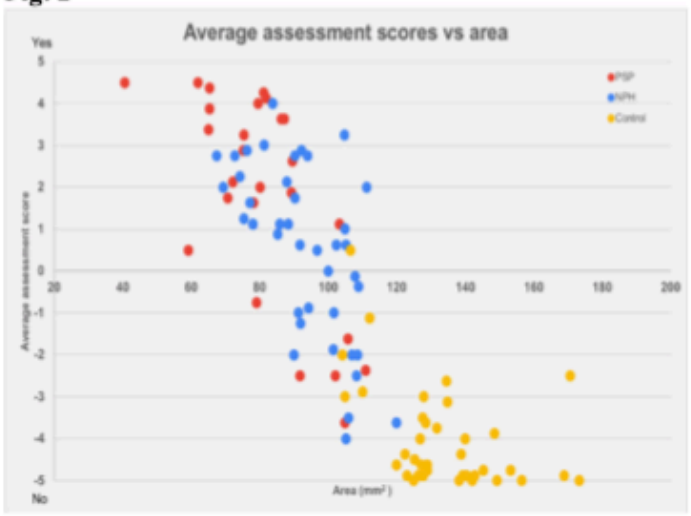


Fig. 3

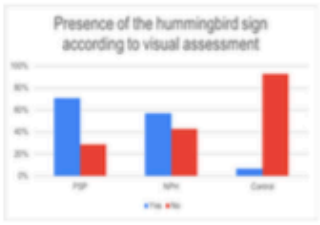


Fig. 4

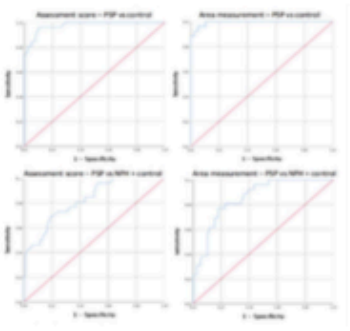
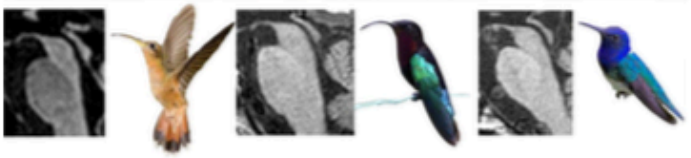


Fig. 5



1-P54

INTERDISCIPLINARY INTER-OBSERVER AGREEMENT AND ACCURACY OF THE NEW SIMPLIFIED EDINBURGH CT CRITERIA FOR CEREBRAL AMYLOID ANGIOPATHY-ASSOCIATED INTRACEREBRAL HAEMORRHAGE

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Keywords: ct, stroke, Edinburgh

Introduction

To validate in our centre the proposed new Edinburgh CT criteria for cerebral amyloid angiopathy-associated (CAA) lobar intracerebral haemorrhage (ICH), published in 2018, as a reliable interdisciplinary score that can be used on daily basis in the Emergency Department.

Method

We retrieved the images of 400 patients, with first-ever intracerebral haemorrhage diagnosed by non-contrast CT, in our Emergency Department. Two expert neuroradiologists, two general radiologists and two neurologists independently evaluated the CT imaging appearances to assess the presence or absence of the simplified Edinburgh CT predictors. Namely, the extra-axial haemorrhage (in the subarachnoid, subdural, or intra-ventricular spaces), the finger-like projections (elongated extensions arising from the hematoma, longer than they are wide) and the localization of the intracerebral haemorrhage (whether lobar or non-lobar). Intra- and inter-observer agreement, the sensitivity and specificity were calculated.

Result

There was a significant inter-observer agreement between Neurologists, Radiologists and Neuroradiologists ($p > 0{,}05$) in assessing the presence or absence of the extra-axial haemorrhage and the localization of the intracerebral haemorrhage. Nevertheless, we found a decent inter-observer agreement between Radiologists-Neuroradiologists and Neurologists in detecting the finger-like projections.

Discussion & Conclusion

The new simplified Edinburgh CT criteria represent a valuable score that can be used to diagnose cerebral angiopathy-associated lobar intracerebral haemorrhage in every emergency department. Indeed, when missing the expertise of the Neuroradiologists, these criteria can be used by other figures (Radiologists and Neurologists) in Emergency, to quickly diagnose the CAA associated lobar ICH.

1-P55

ACCURACY OF BRAIN MRI SCAN IN DIAGNOSING DEMENTIA SUBTYPES IN COMPARISON TO 18F-FDG PET-CT

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Keywords: dementia, FDG PET, Alzheimer's disease, MRI brain

Introduction

18 F-FDG PET-CT has a well-established role in identifying different patterns of brain metabolism associated with different subtypes of dementia and has been shown to be able to identify focal cerebral hyoperfusion at an earlier stage then the atrophy pattern on MRI. However MR brain imaging is easily