

KLiMiK 2025

HAKKINDA PROGRAM BİLDİRİ ÖZETLERİ KAYIT-KONAKLAMA YARIŞMALAR İLETİŞİM

25. TÜRK KLİNİK MİKROBİYOLOJİ VE
İNFEKSİYON HASTALIKLARI KONGRESİ

24-27 NİSAN 2025
PINE BEACH BELEK / ANTALYA

Santral Sinir Sistemi İnfeksiyonlarında Radyoloji

Prof. Dr. Kamil Karaali
Akdeniz Üniversitesi
Radyoloji A.B.D.

Santral Sinir Sistemi İnfeksiyonları

Menenjit

Serebrit

Ensefalit

Apse

Granülom

Ventrikülit

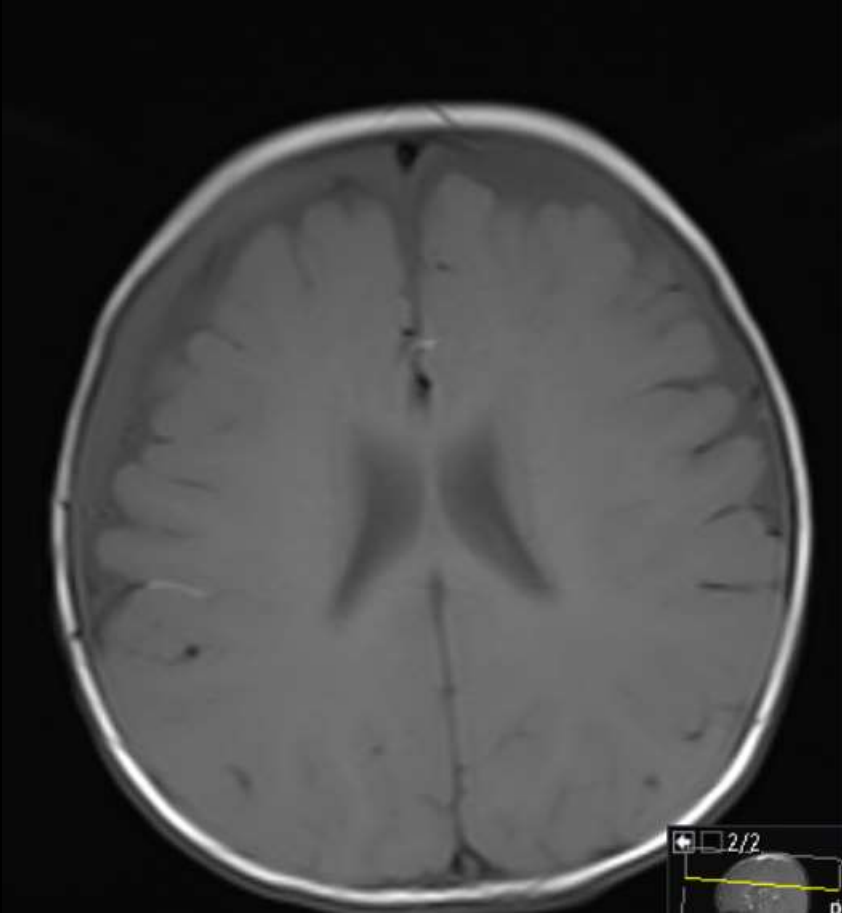
Ampiyem

Akut bakteriyel menenjitler

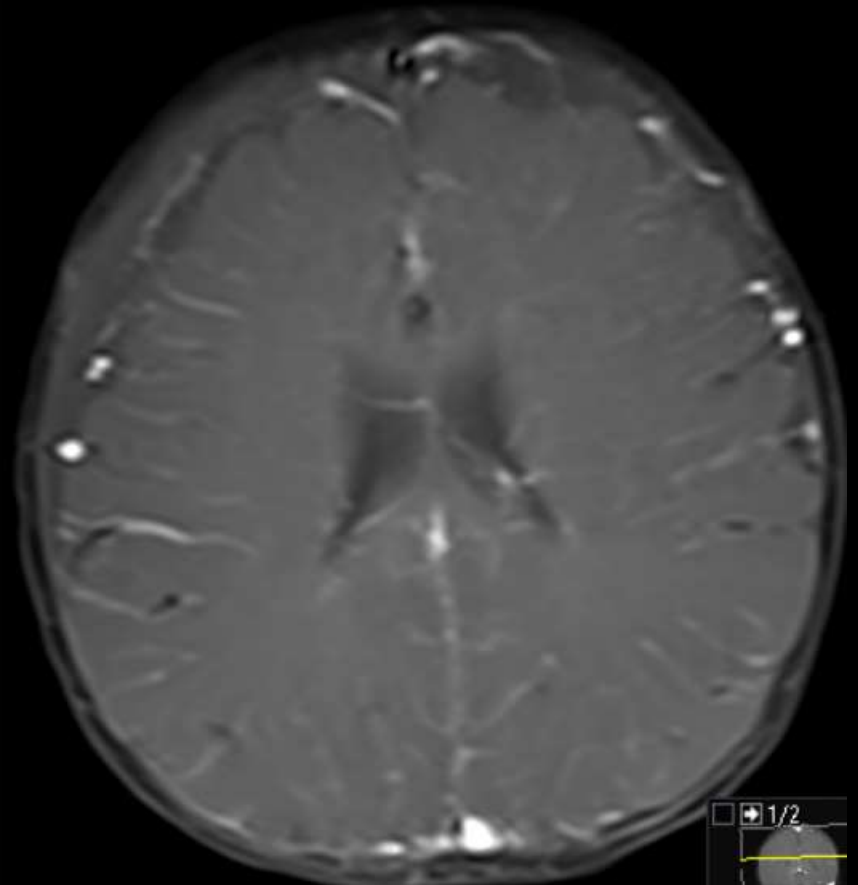
- MRG normal olabilir (olguların yarısı !!)
- Amaç tanıdan çok komplikasyon görüntülemedir
- **Leptomeningeal enhansman**
- FLAIR'de bu alanlar parlak çıkabilir
- Sulkal / sisternal silinme



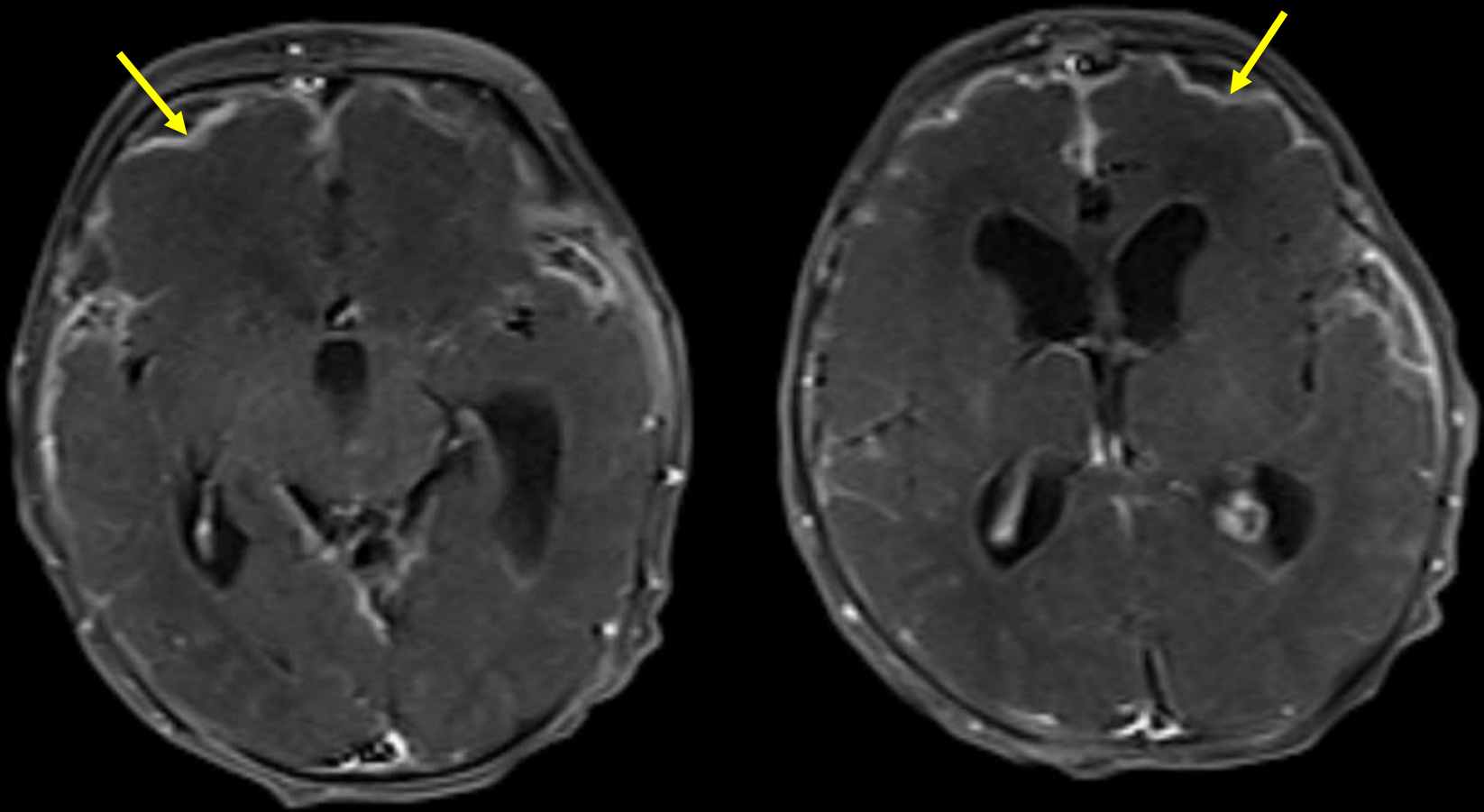
Kontrast öncesi T1



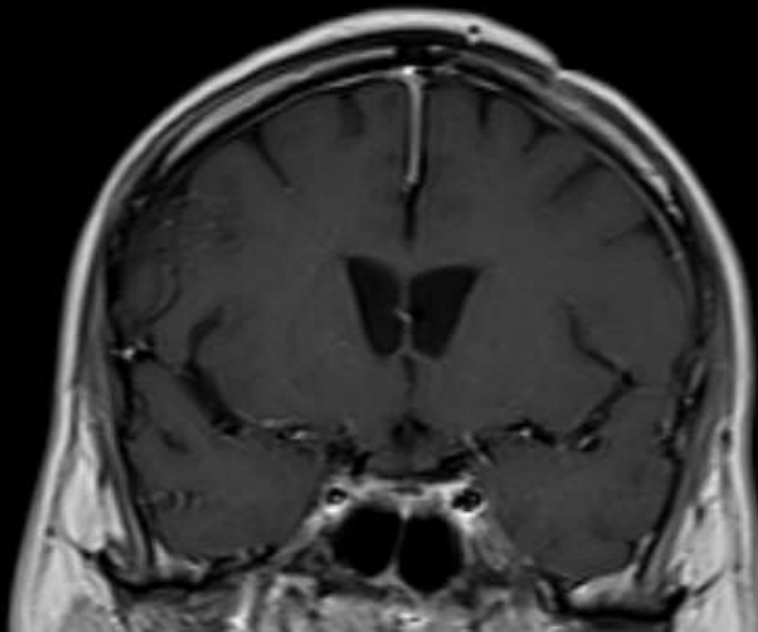
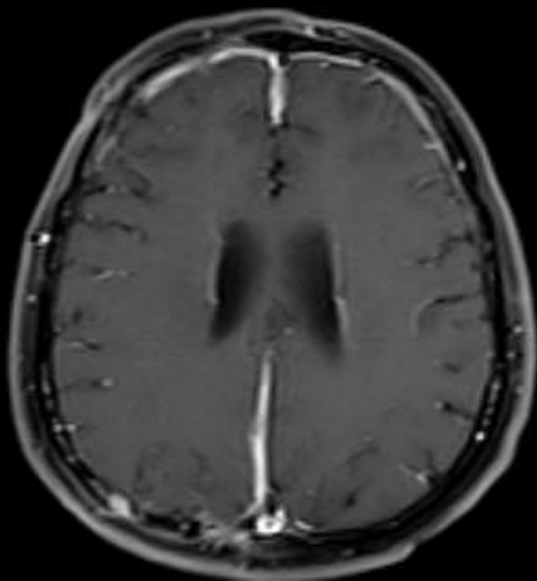
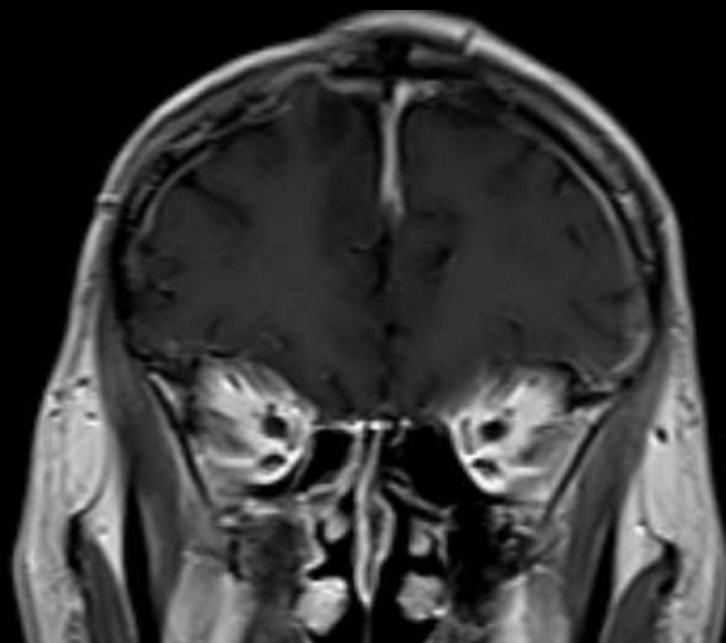
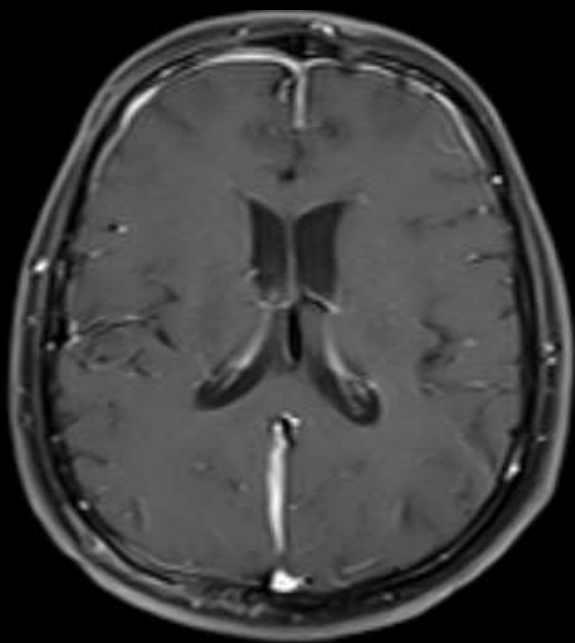
Kontrast sonrası T1

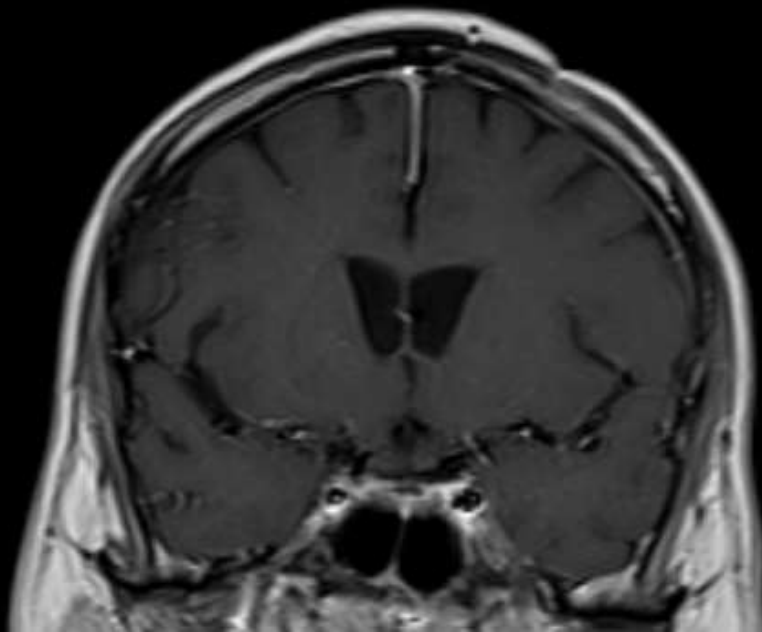
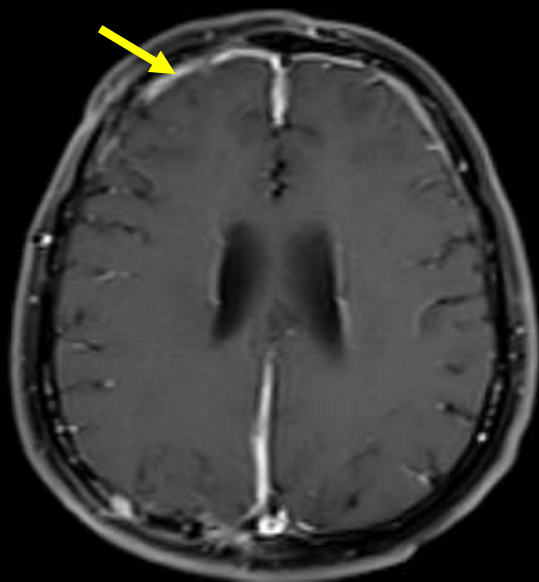
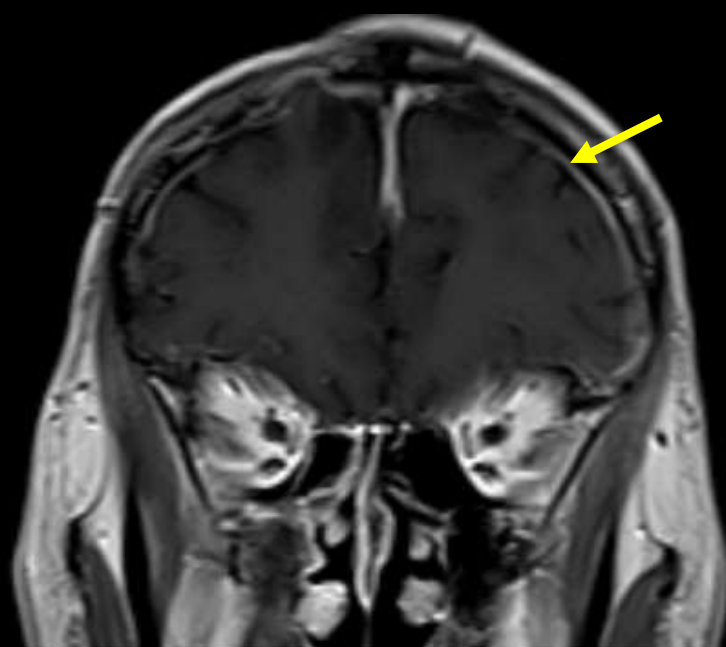
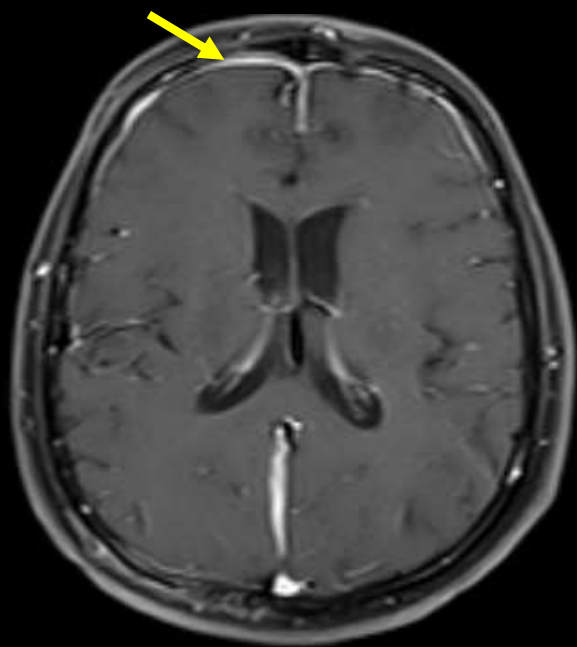


Leptomeningeal enhancement



Dural enhancement





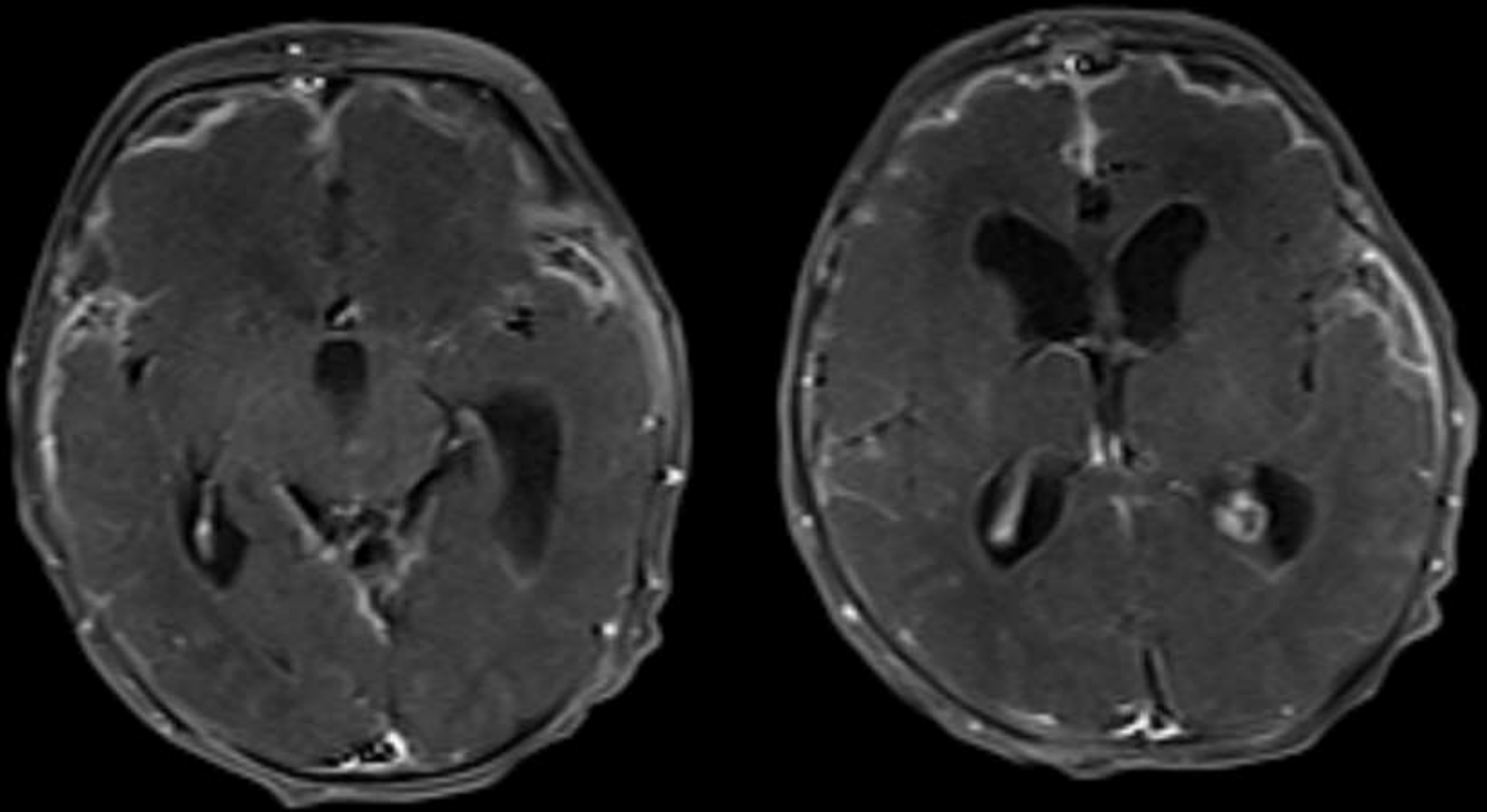
Akut bakteriyel menenjitler

- Difüzyon MRG'lere özellikle dikkat
- Parankimal komplikasyonlar (meningovaskülit)
- Oklüzyon
- İskemi
- Parankim tutulumu erken bulgusu

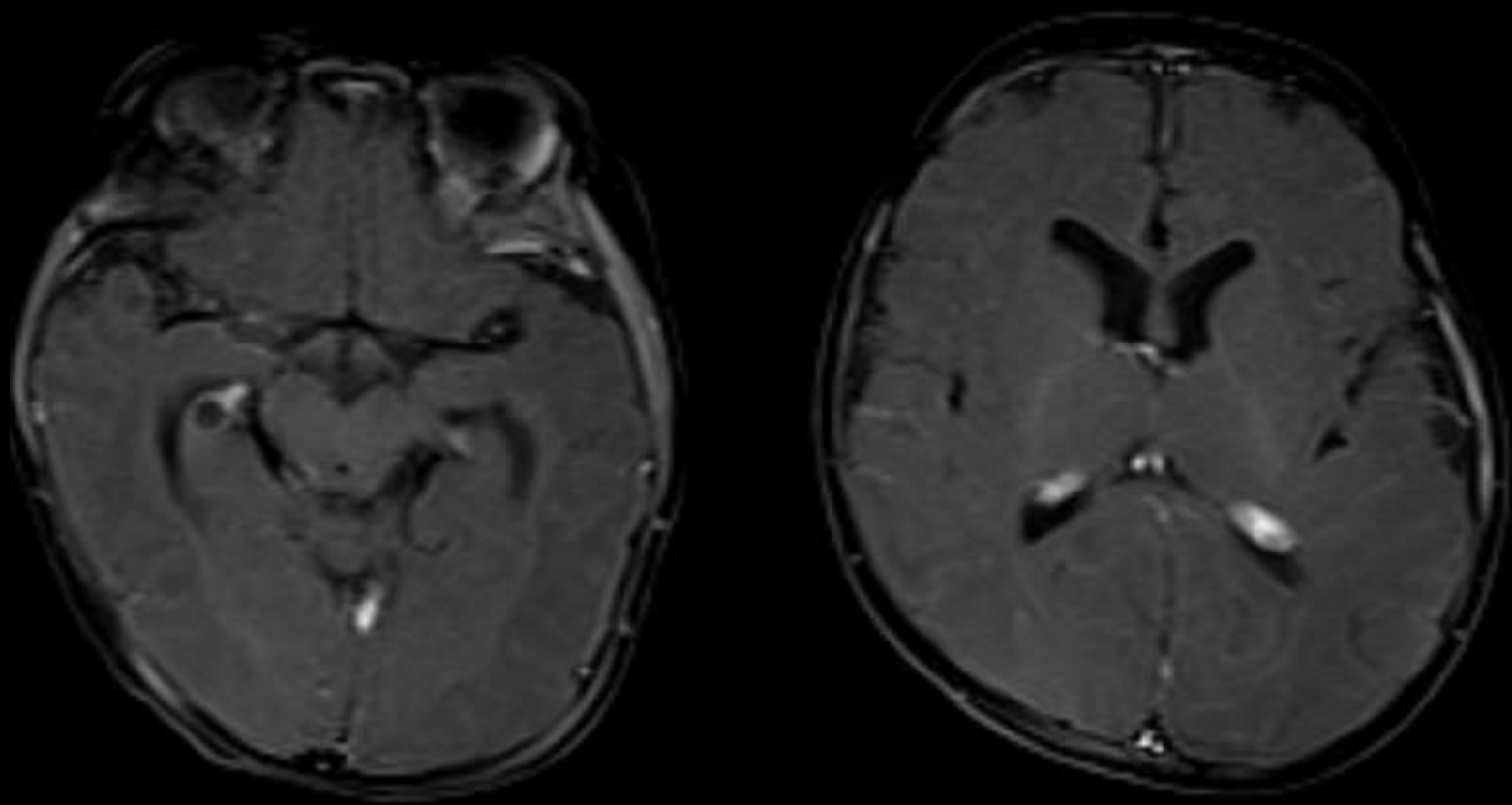
Akut bakteriyel menenjitler

- Komplikasyonlar ??
 - Hidrosefali
 - Ampiyem
 - Serebrit / Apse formasyonu
 - Vasküler tutulum → İskemi & enfarkt
 - Sekel değişiklikler

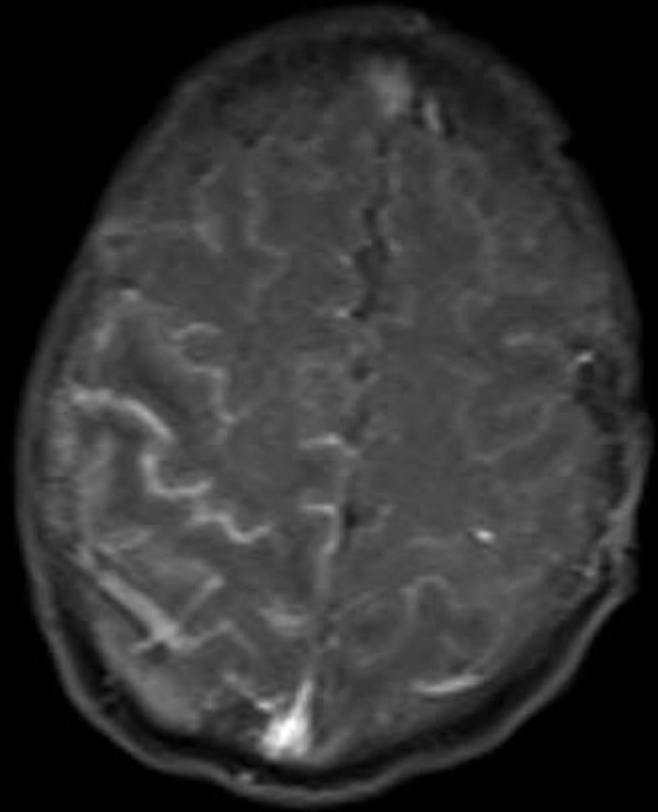
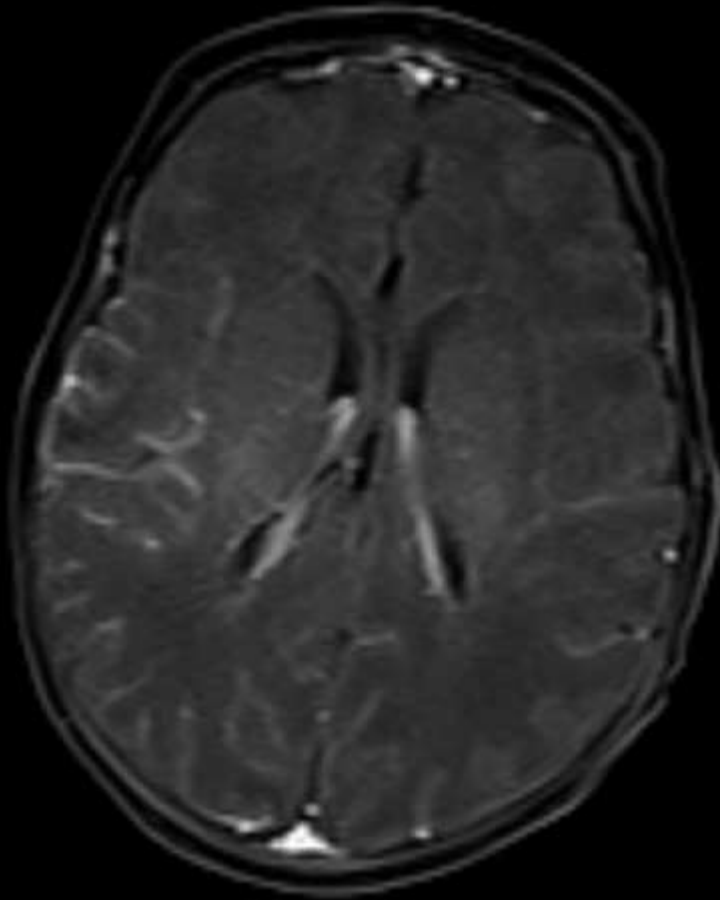
21 günlük, Erkek



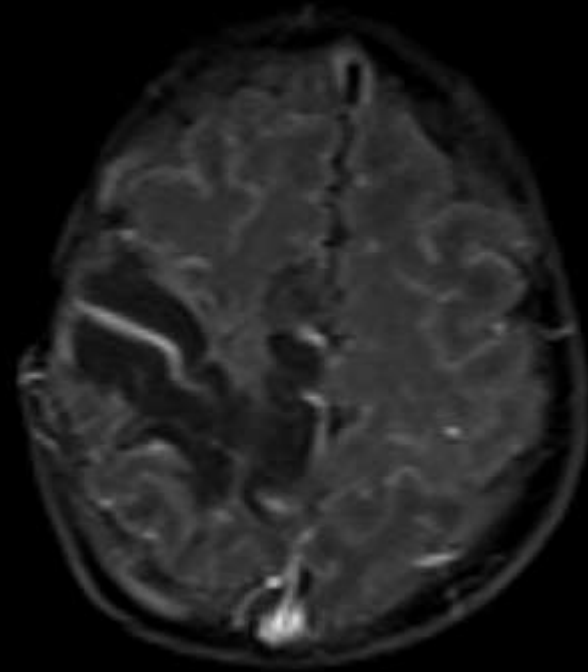
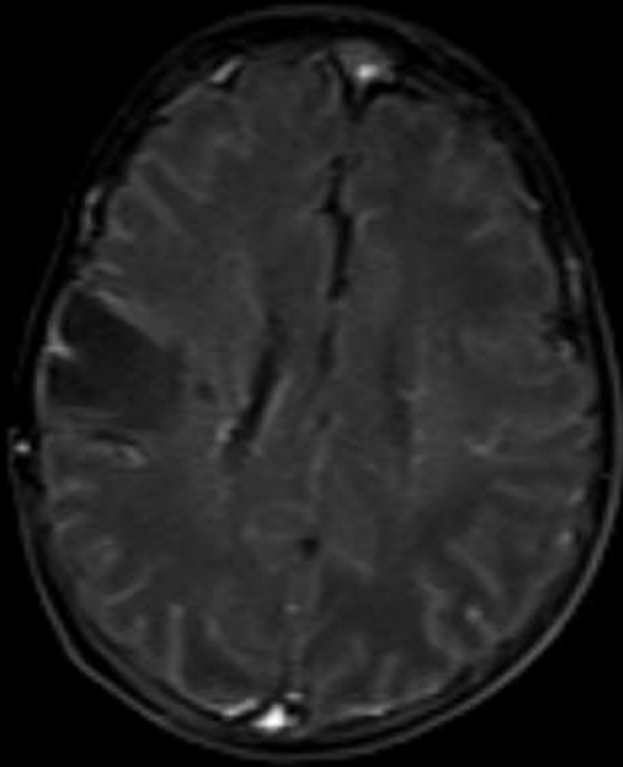
2 ay sonraki takip MRG



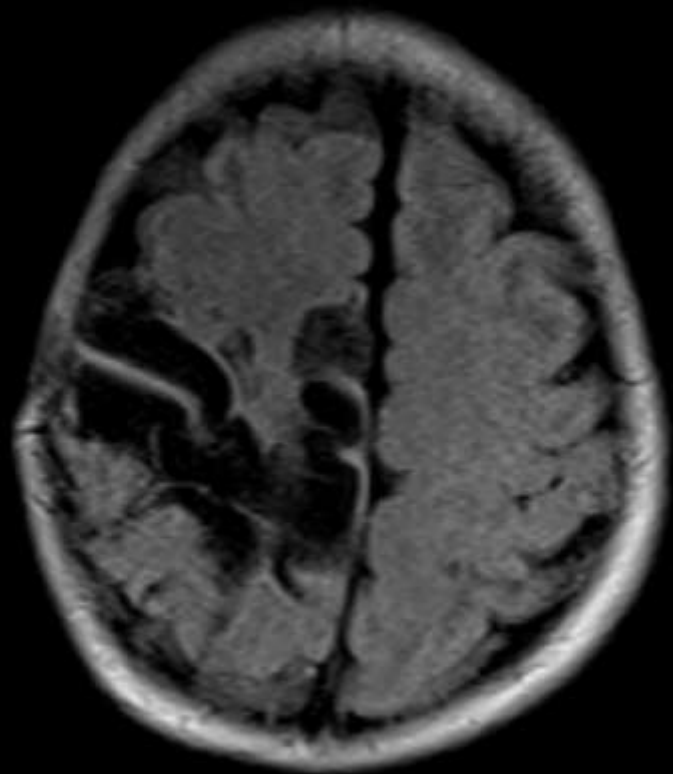
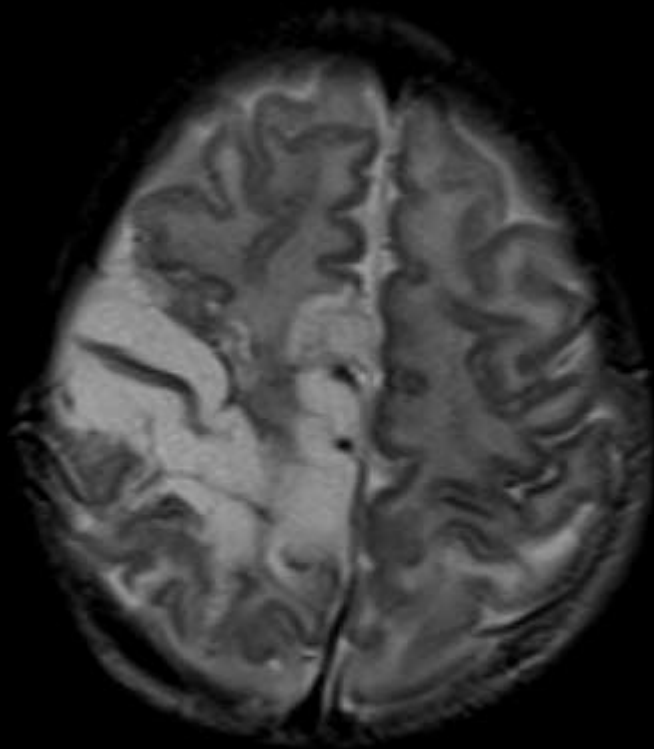
26 gün, Erkek



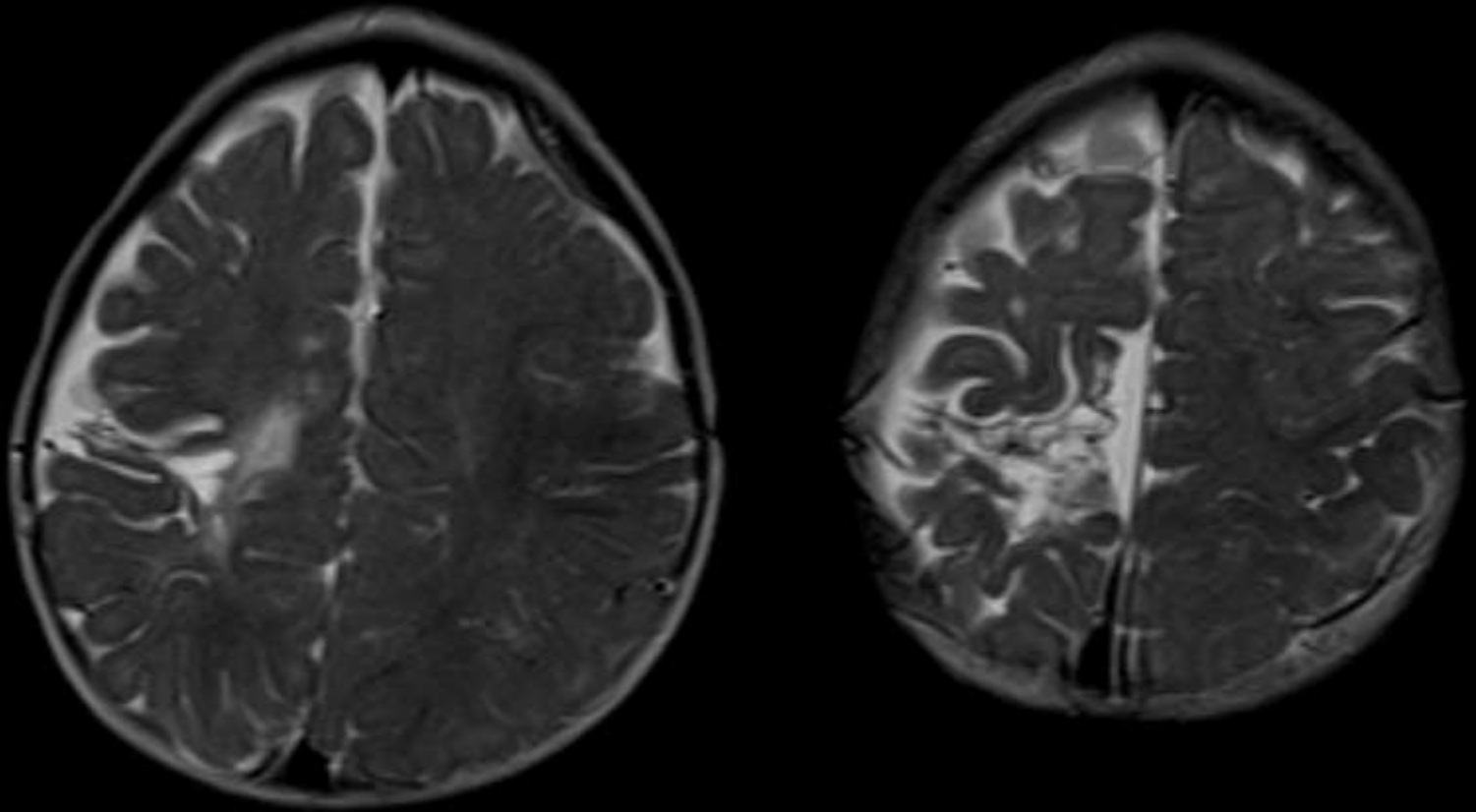
9 gün sonraki takip MRG



9 gün sonraki takip MRG



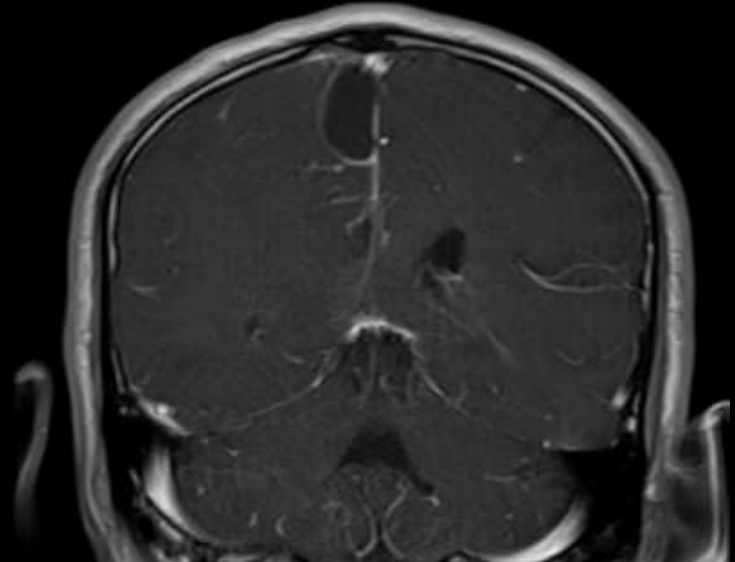
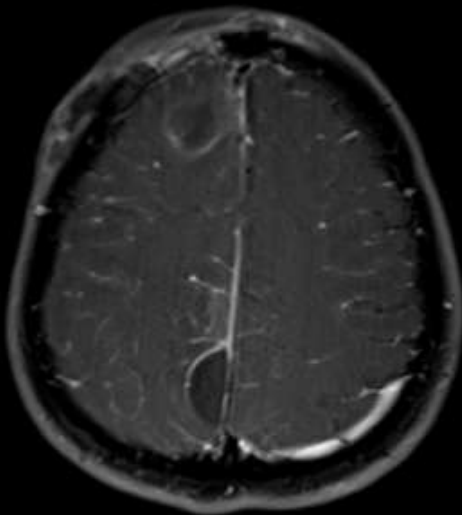
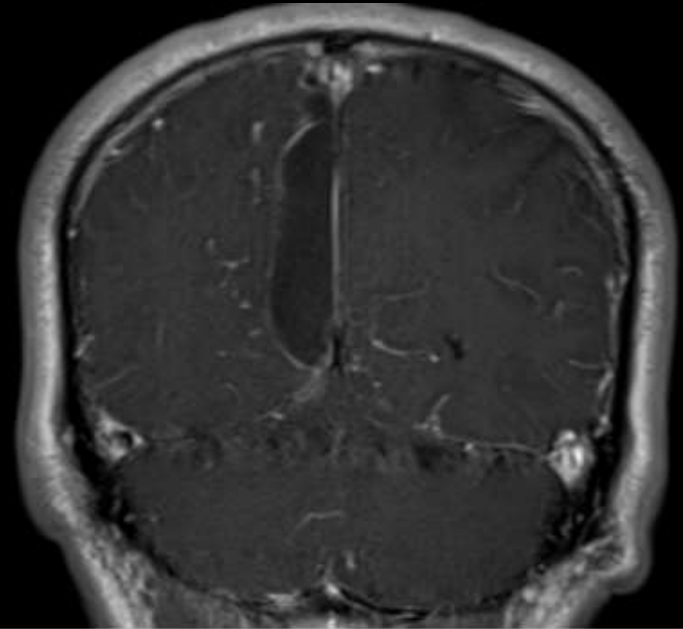
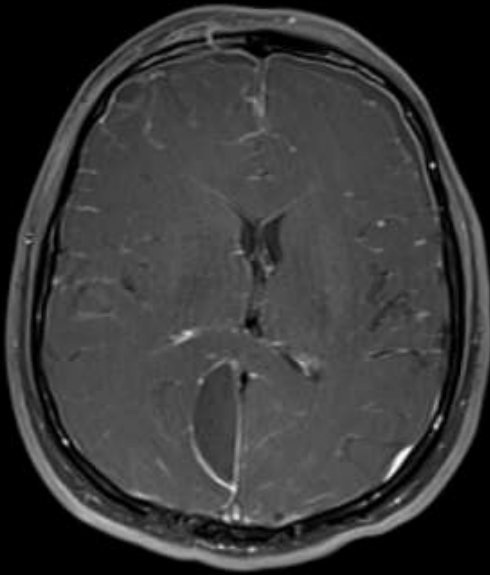
Bir yıl sonraki takip MRG

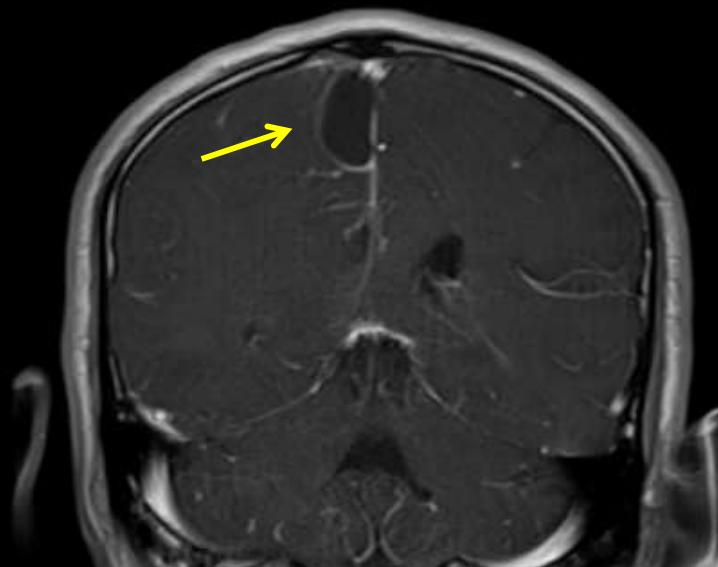
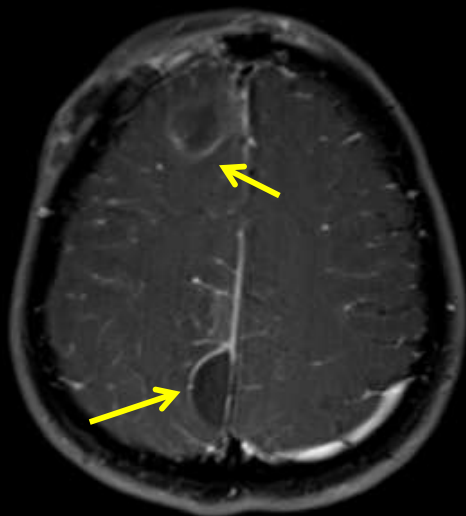
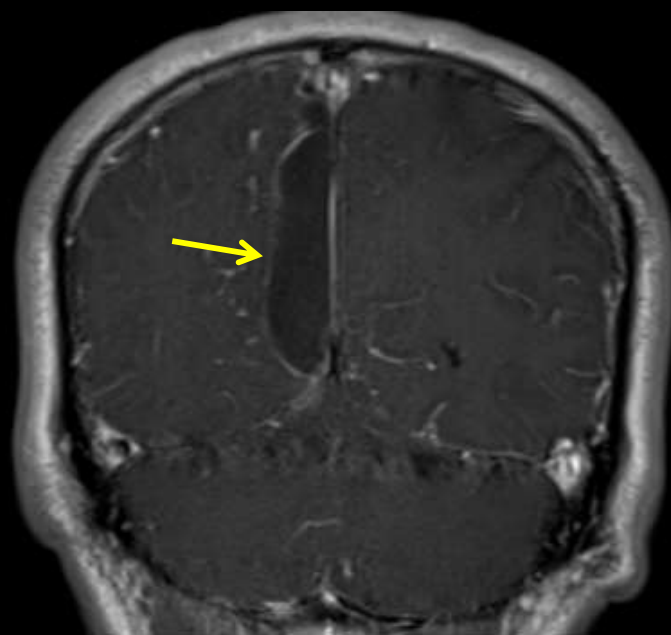
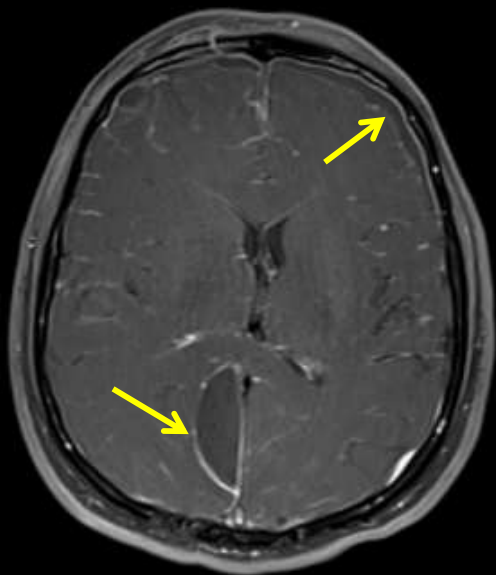


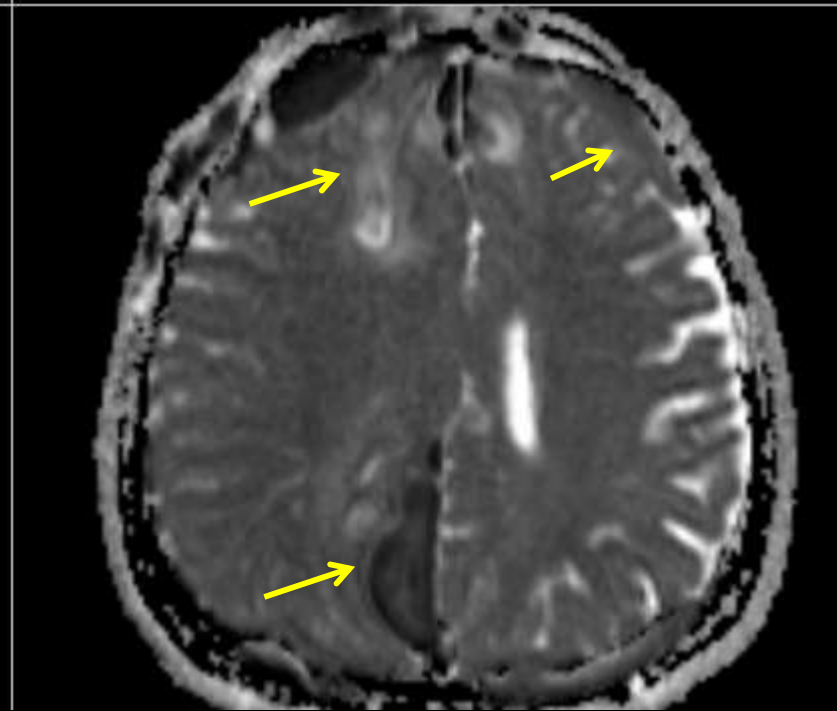
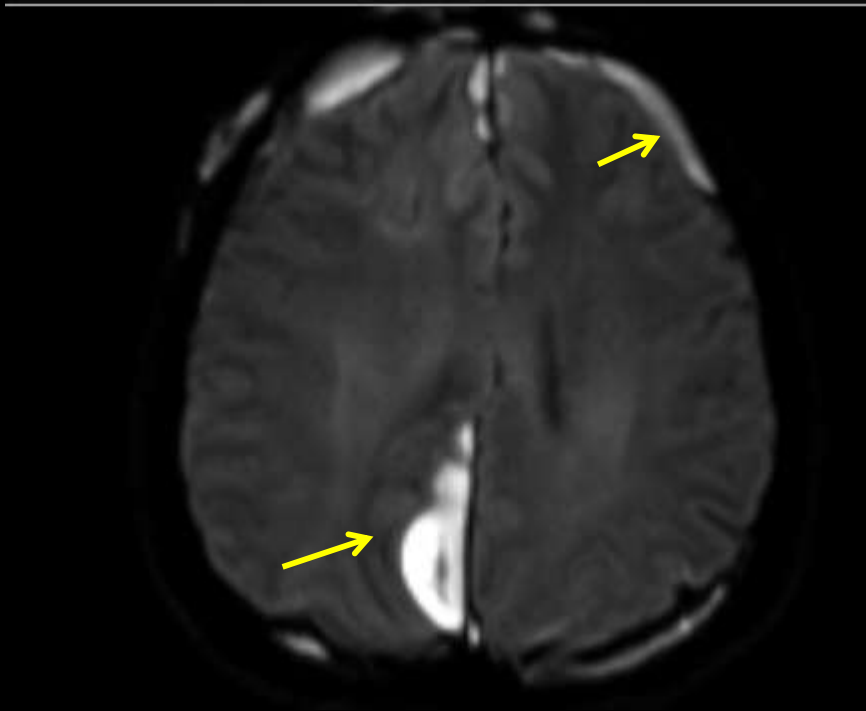
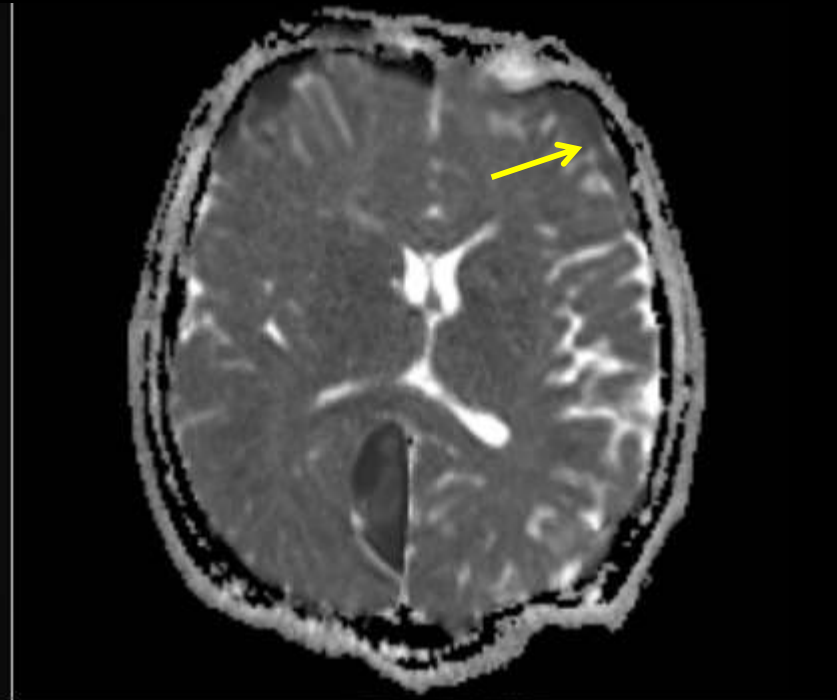
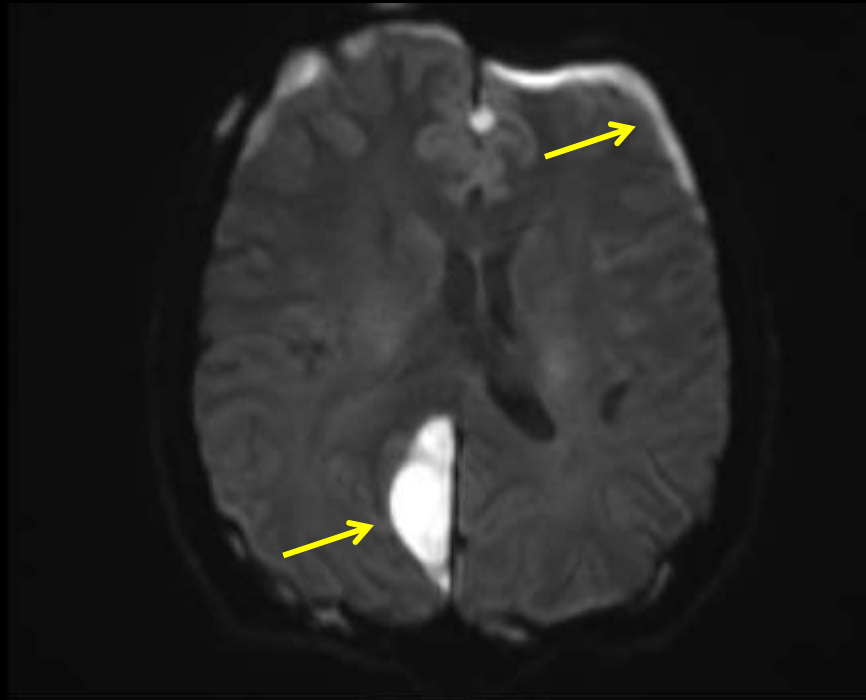
Ampiyem

- Subdural ya da epidural mesafede olabilir
- Subdural çok daha sık
 - Sinüzit
 - Mastoid hücrelerde enfeksiyon
- Epidural
 - Benzer nedenler
 - Post operatif

44 y, Erkek







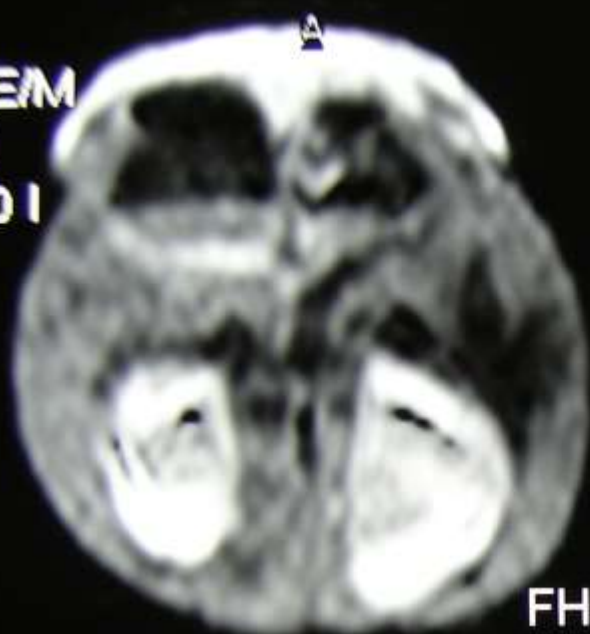
Yenidoğan, sepsis tablosu



FLAIR

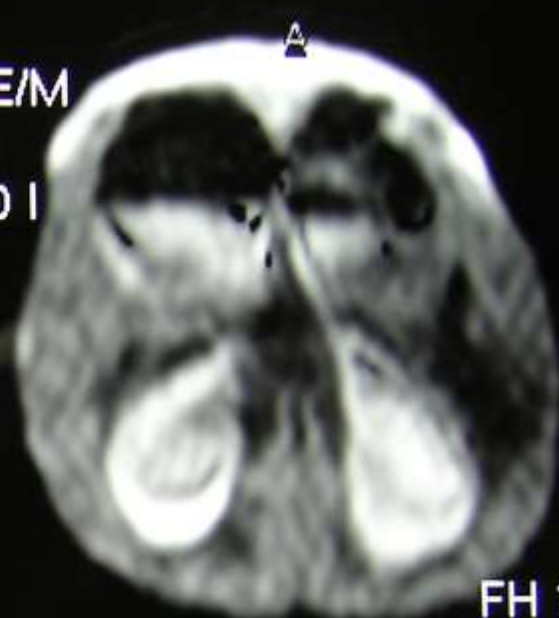


Sc 7
DwiSE/M
SL 11
b 1000 l



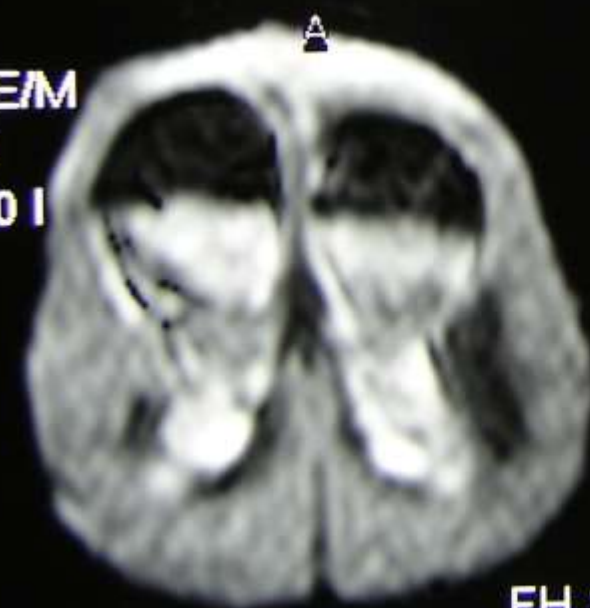
FH 7 head

Sc 7
DwiSE/M
SL 12
b 1000 l



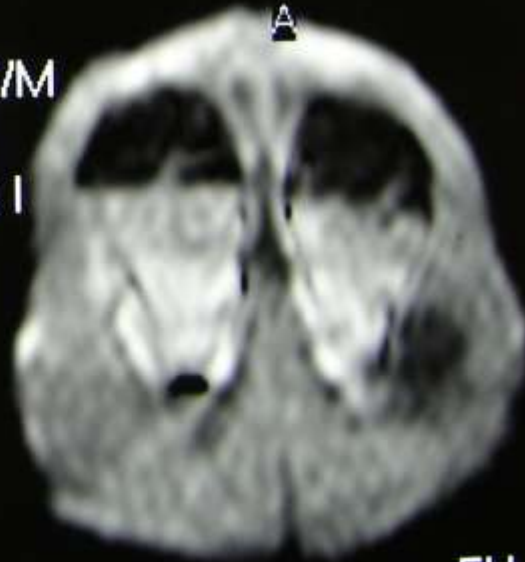
FH 13 head

Sc 7
DwiSE/M
SL 14
b 1000 l



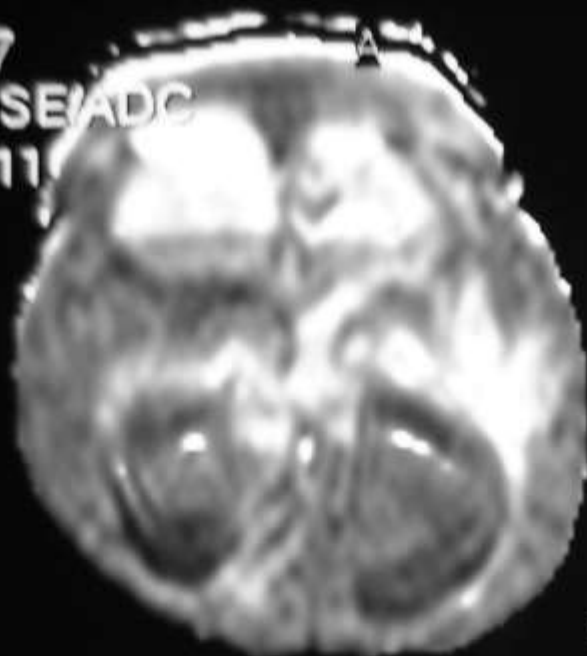
FH 25 head

Sc 7
DwiSE/M
SL 15
b 1000 l



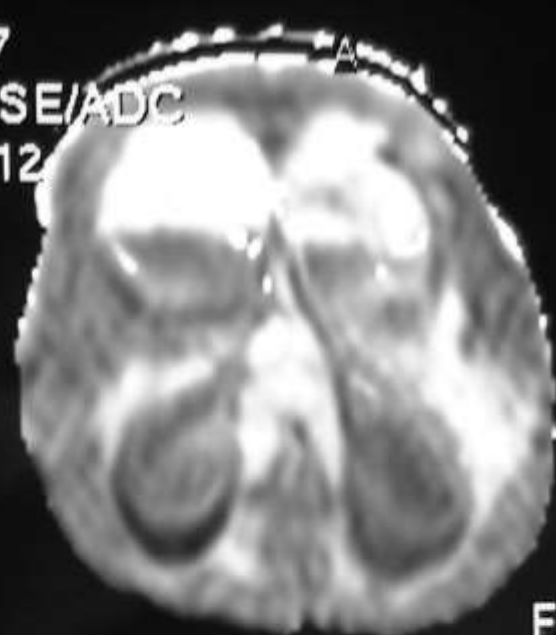
FH 30 head

Sc 7
DwiSE/ADC
SL 11
I



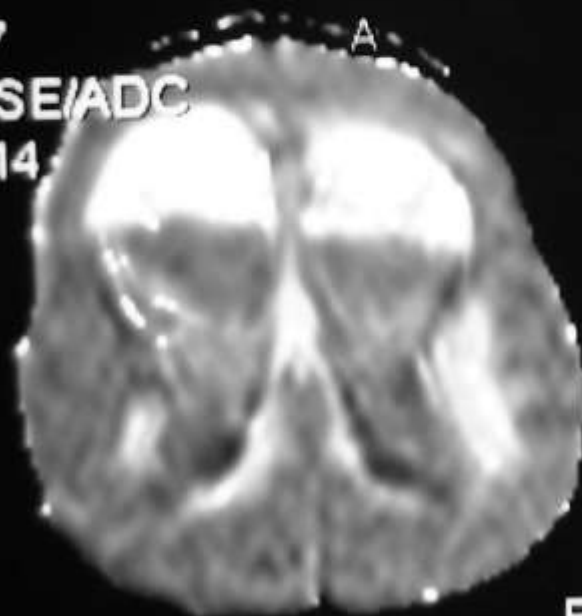
FH 7 head

Sc 7
DwiSE/ADC
SL 12
I



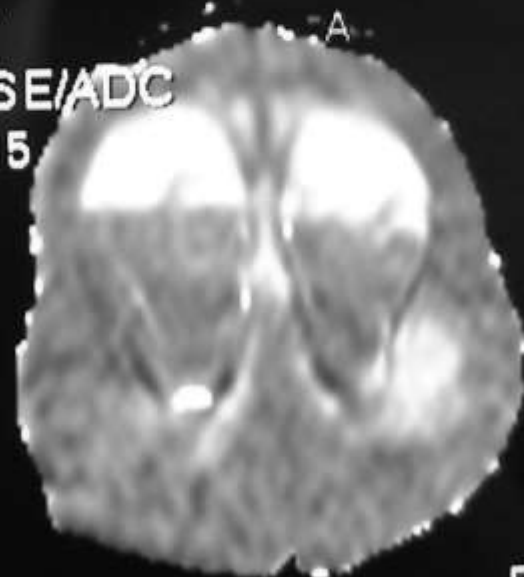
FH 13 head

Sc 7
DwiSE/ADC
SL 14
I



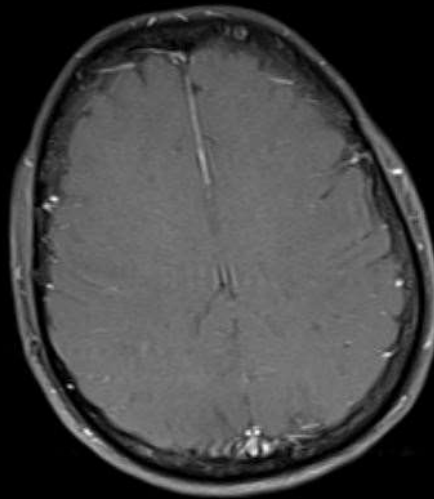
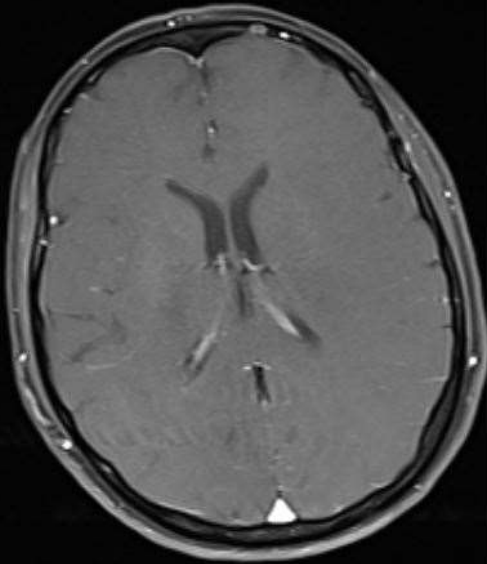
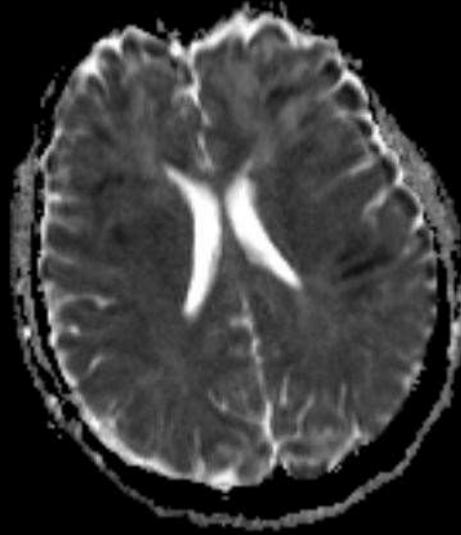
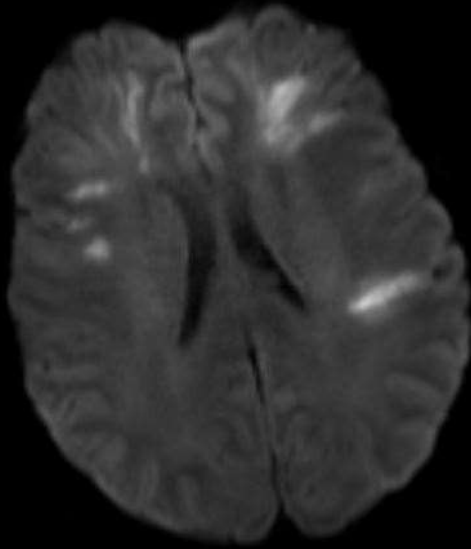
FH 25 head

Sc 7
DwiSE/ADC
SL 15
I

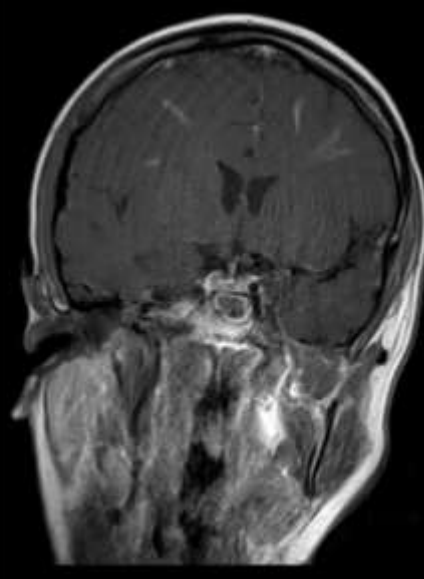
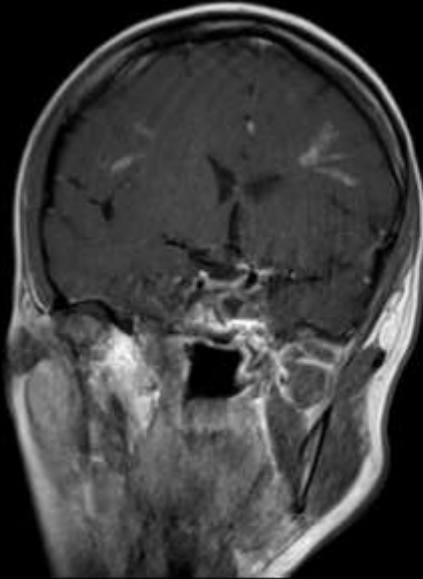


FH 30 head

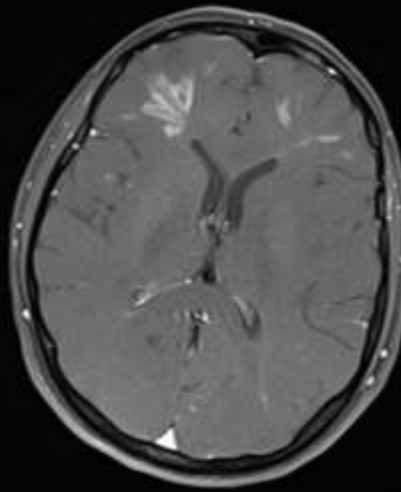
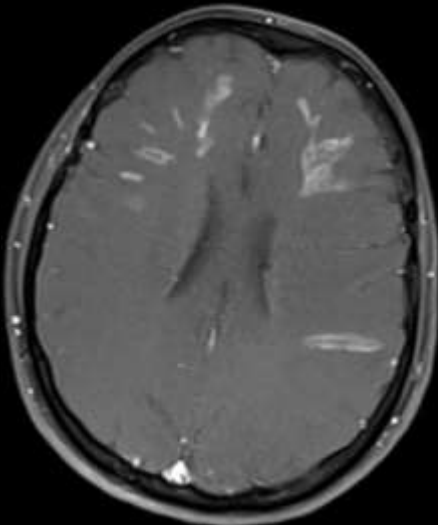
37 y, K, septik tabloda



Bir hafta sonraki MRG

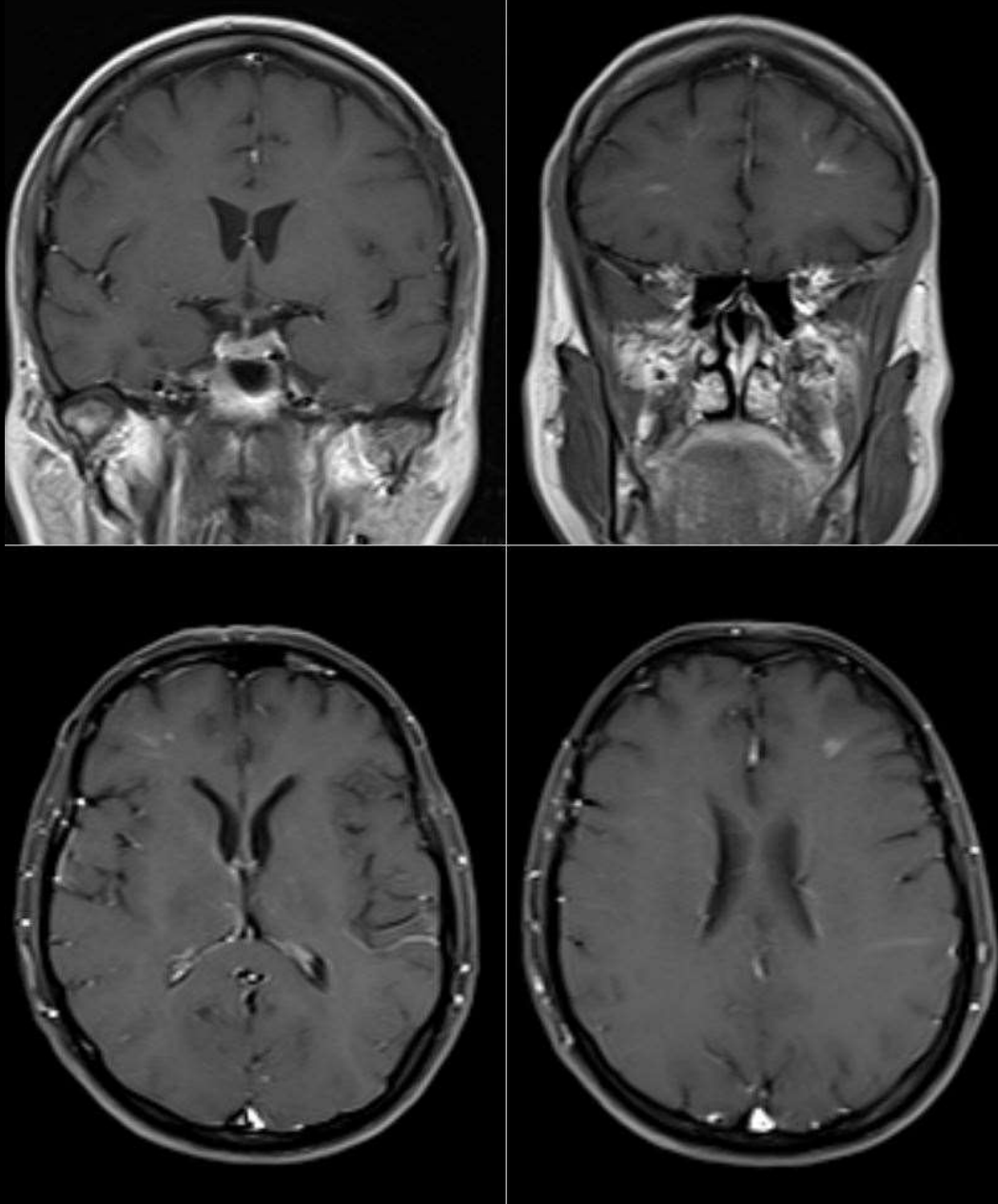
[illegible]

Kan kültürleri: Pnömonokok



Septik emboli !!

Üç hafta sonraki MRG

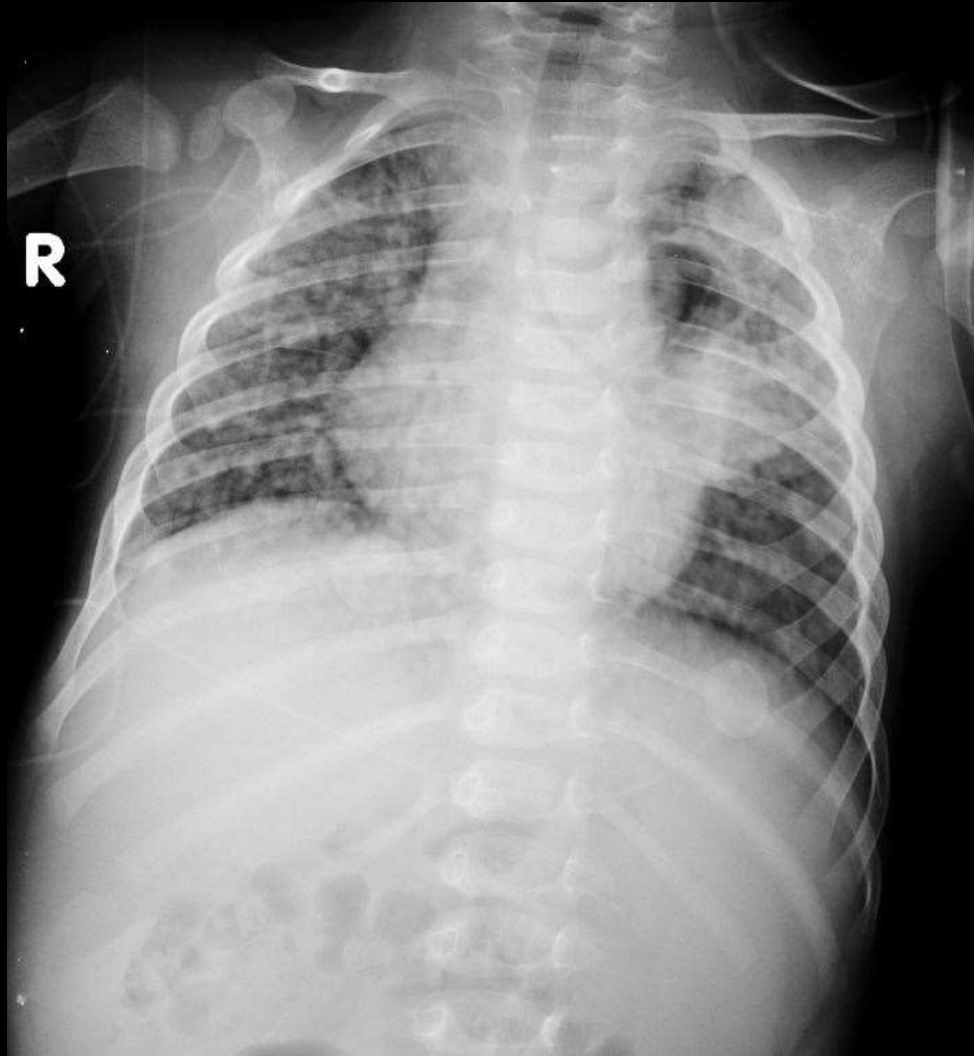


Tüberküloz menenjit

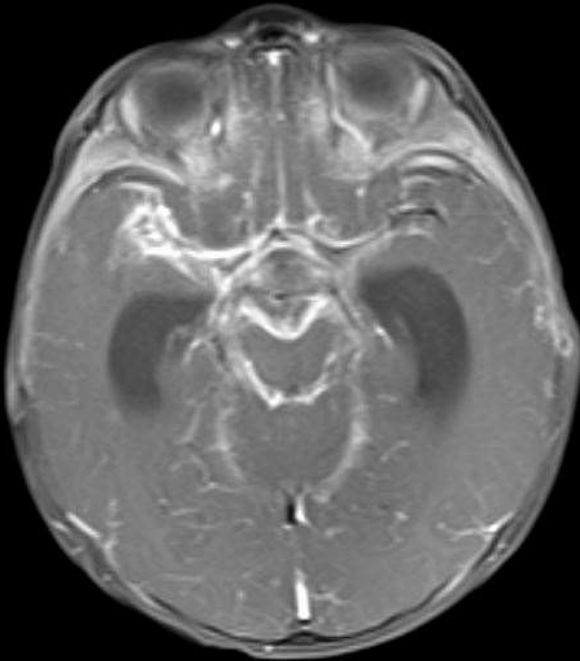
- Tüm TB olgularında % 5'lere varan SSS yayılımı
- HIV, immün sistem yetmezliğinde sıklığı artar
- Bazal menenjit
- Tüberkülomlar
- Apse formasyonu
- Kronikleşebilir



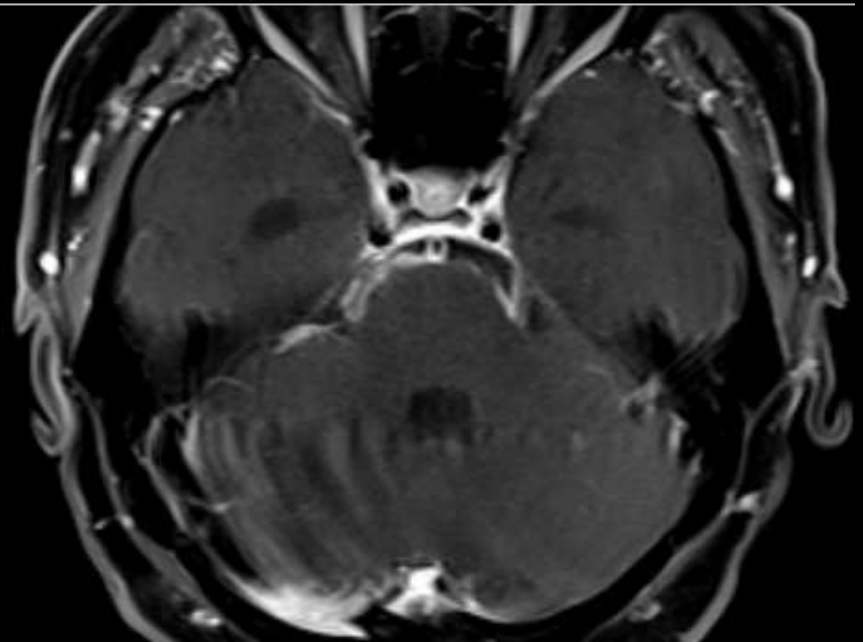
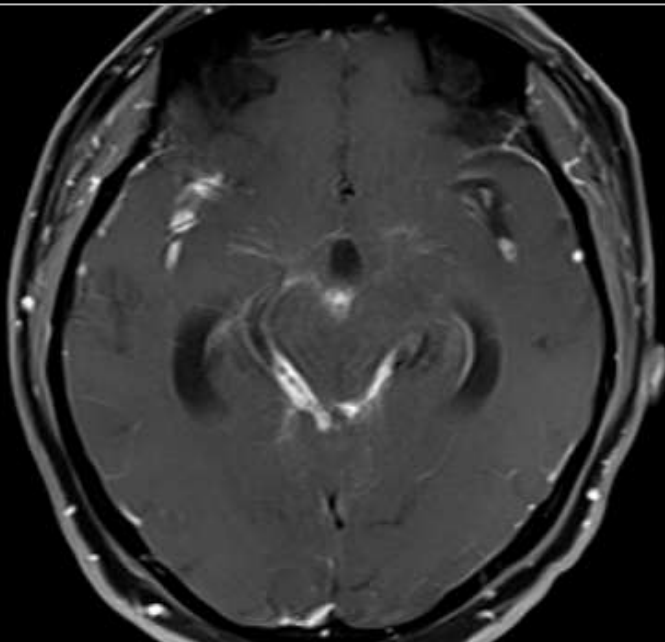
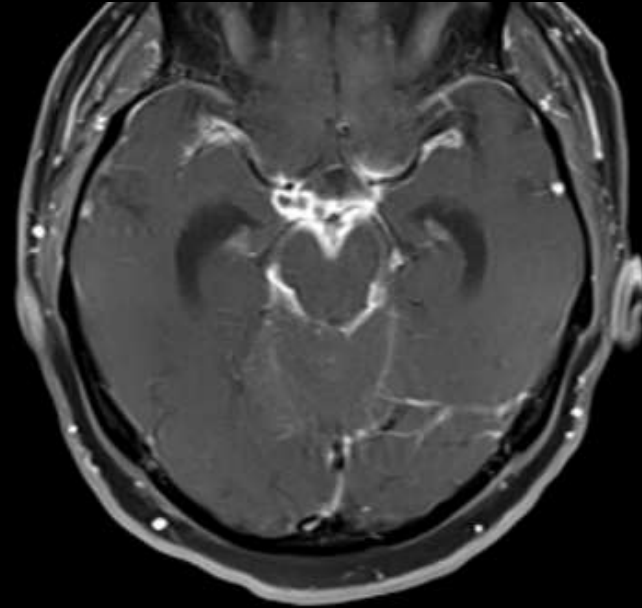
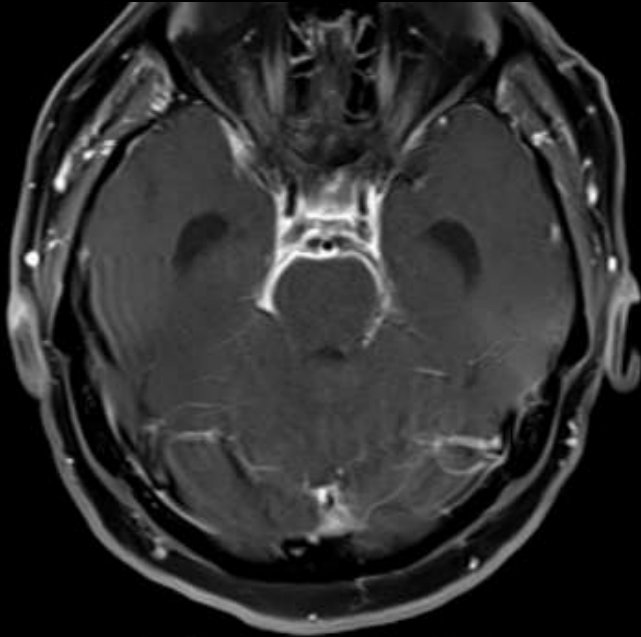
8 aylık erkek, ateş, genel durum bozuk



Aynı olgu



47 yaş, erkek; Tbc menenjit / BAZAL MENENJİT



Serebrit ve Apseler

- Büyük kısmı bakteriyel
- Sinüsler, mastoid hücreler, diş köklerinden direkt yayılım
- Hematojen yayılım (endokardit, pnömoni, karın içi enfeksiyonlar ...)
- Travma & cerrahi sonrası

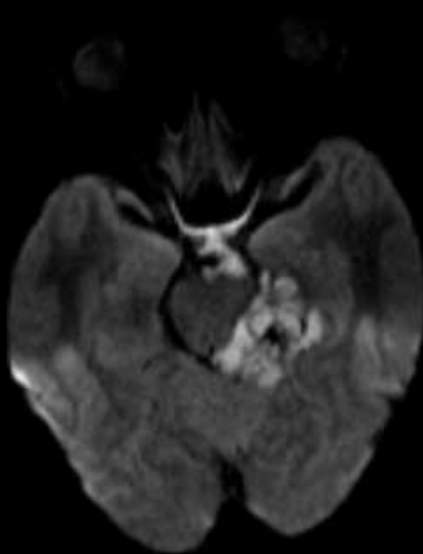
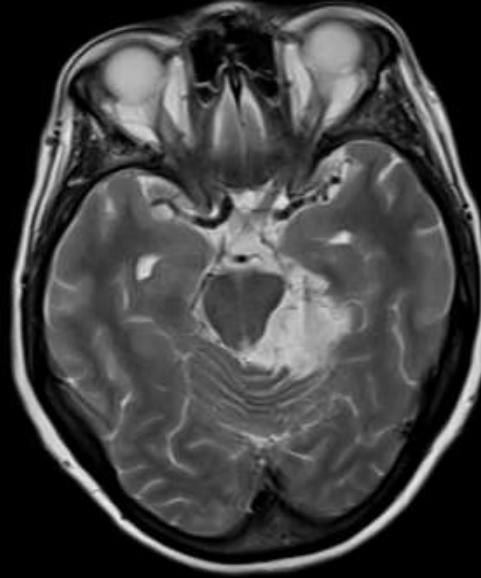
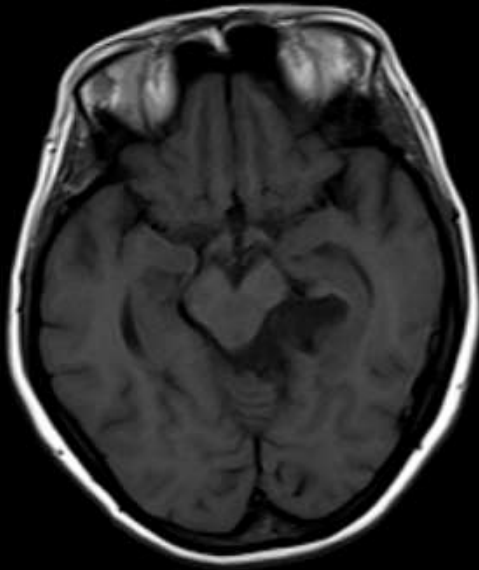
Serebrit → Apse

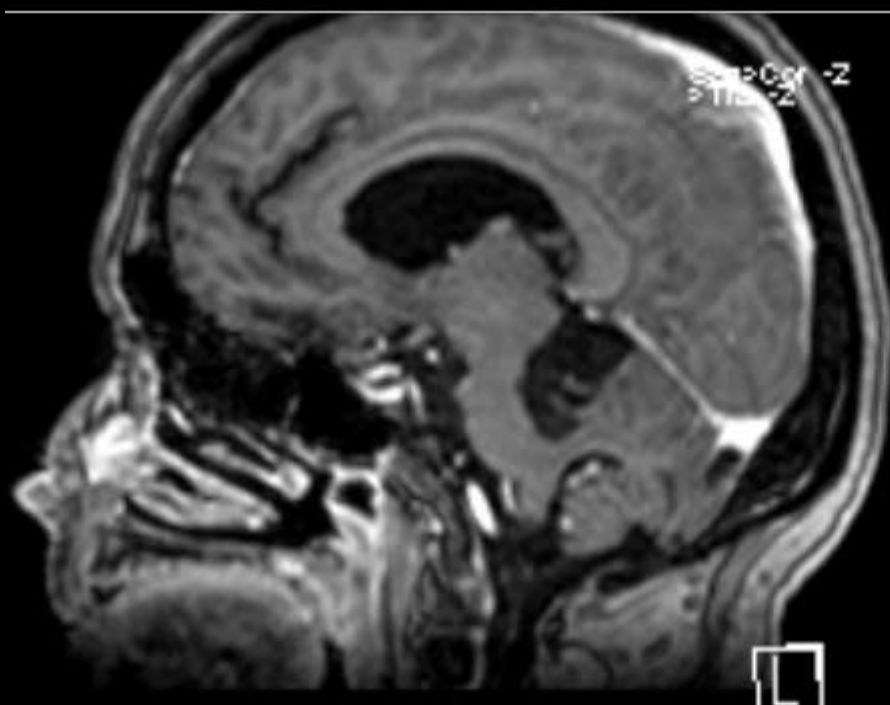
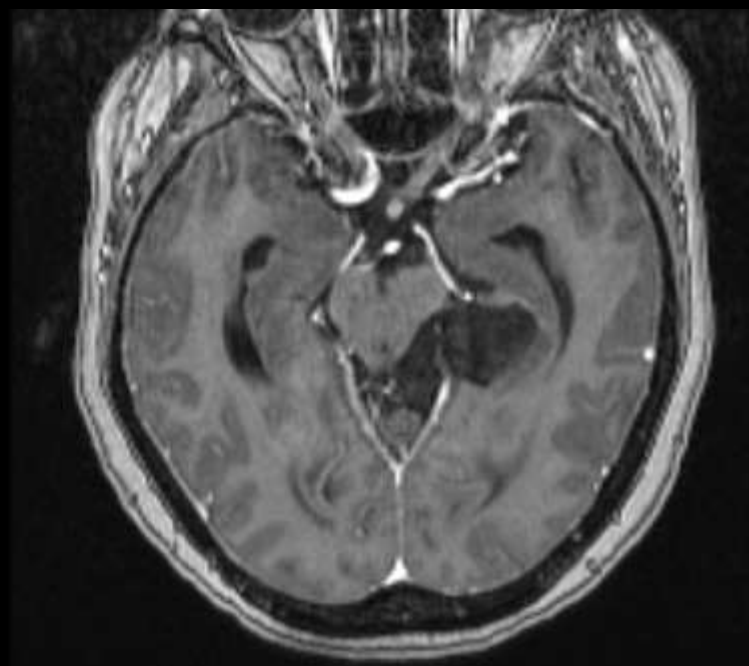
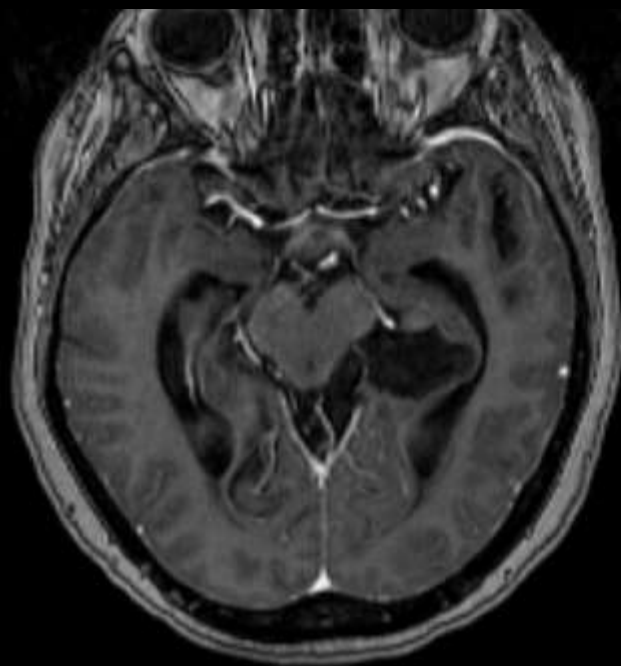
- İlk 7 gün: **Erken serebrit**
 - T2 ve difüzyonda intensite artışı
- 7- 10 gün: **Geç serebrit**
 - Vazojenik ödem oluşumu
 - Kontrast tutulumu (heterojen/çevresel)

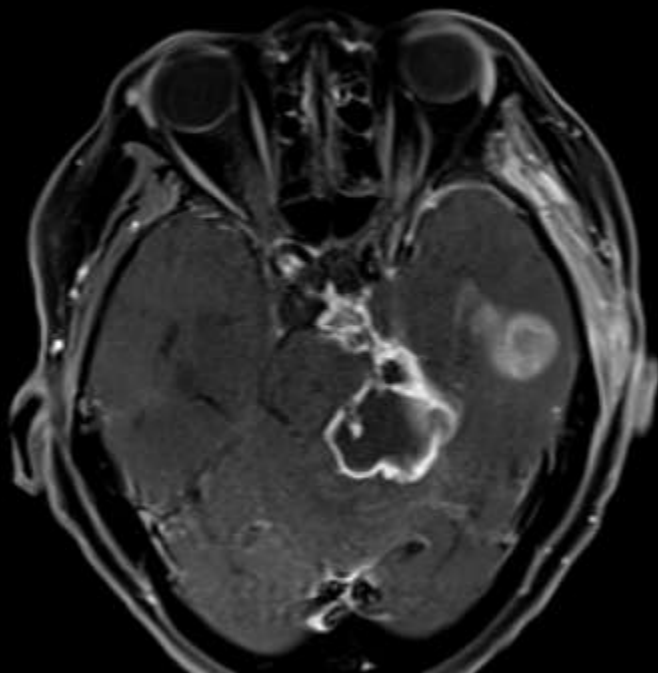
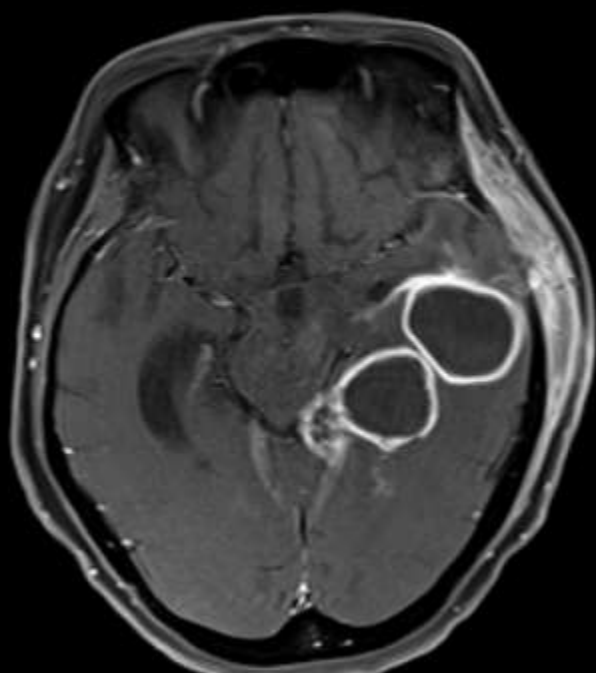
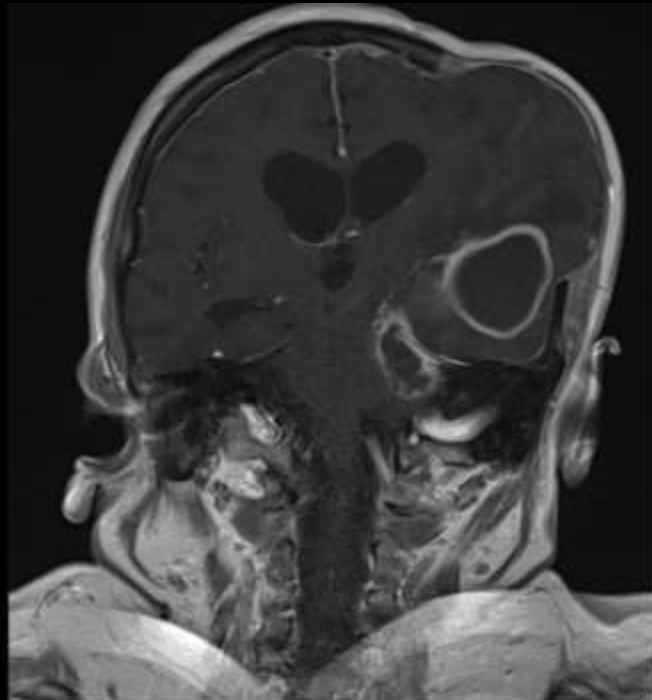
Serebrit → Apse

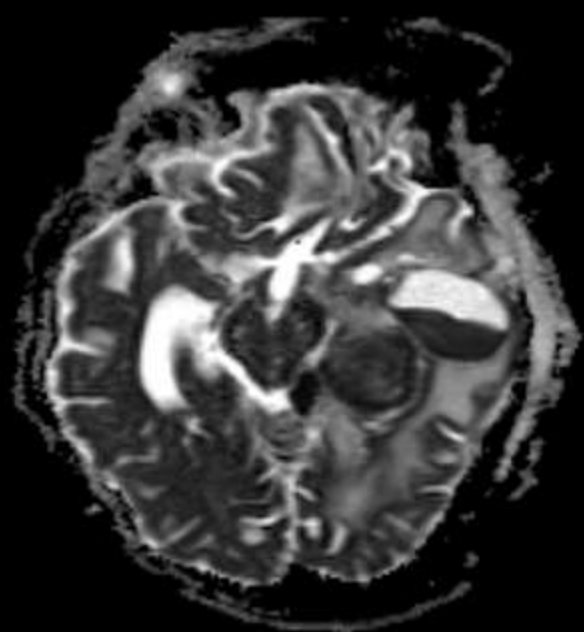
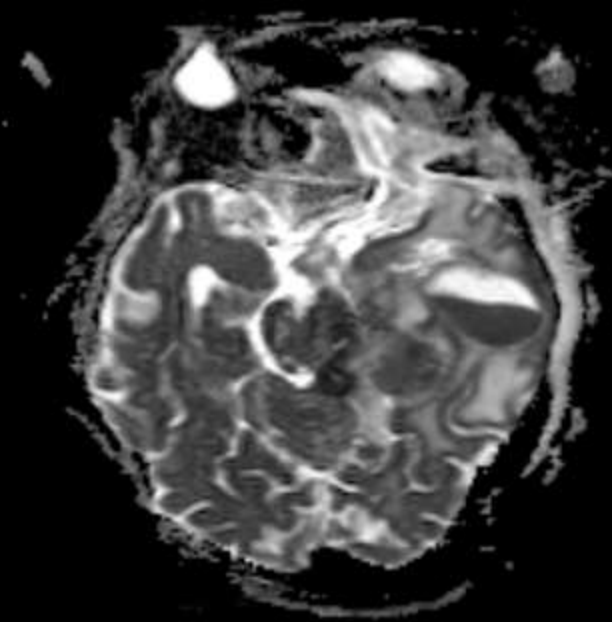
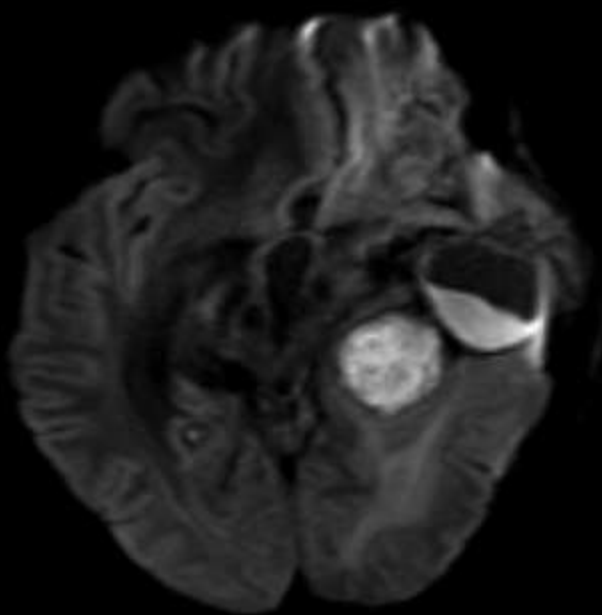
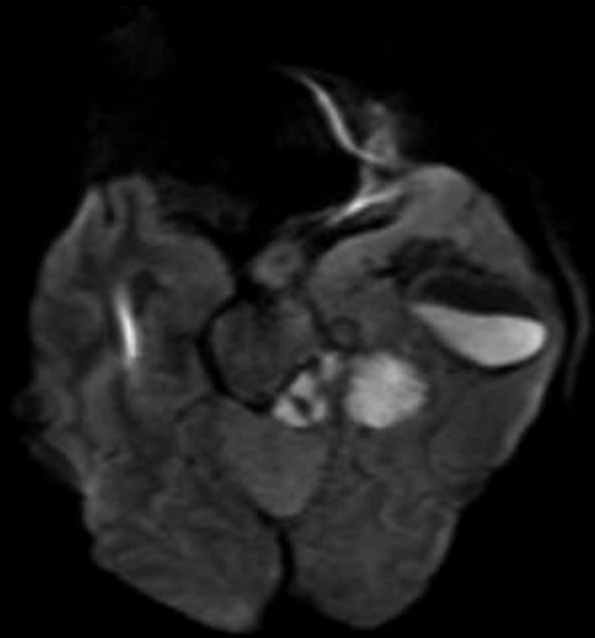
- 10-14 gün: **Erken apse formasyonu**
 - Kapsül enhansmanı
 - Pürülan materyal birikimi (difüzyonu kısıtlı !!)
- **Olgun apse:** Kapsül belirgin
 - T2 düşük; T1 hafif parlak
 - Homojen çevresel enhansman

57 y, K, ??



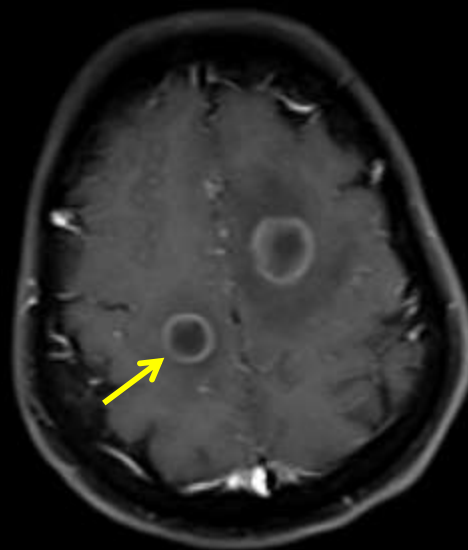
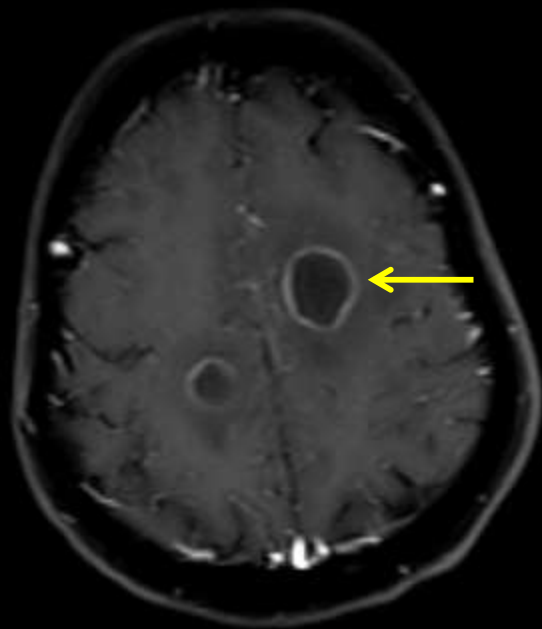
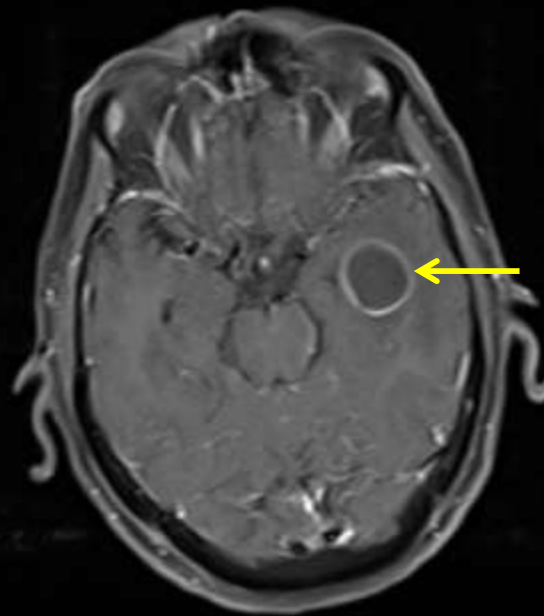
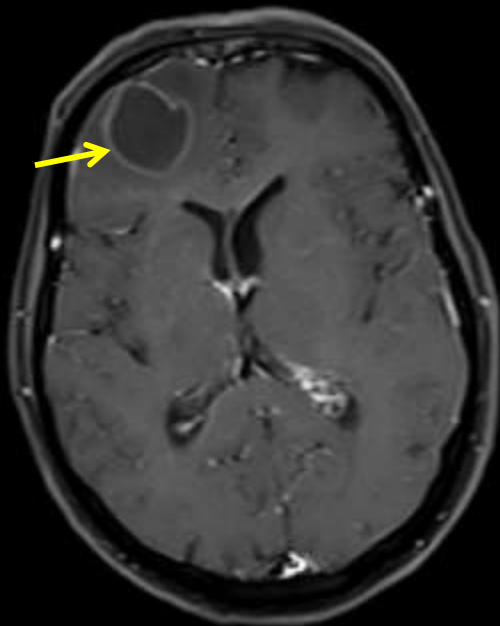


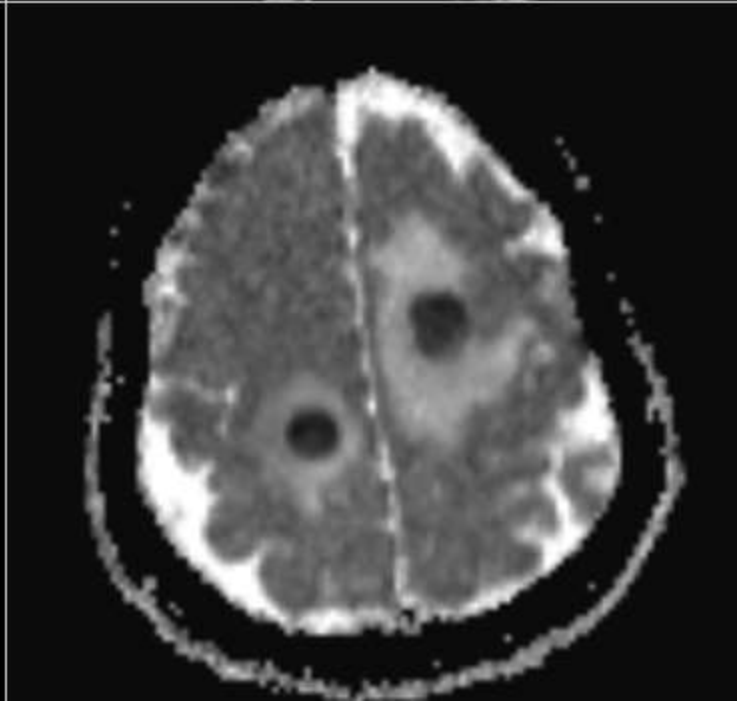
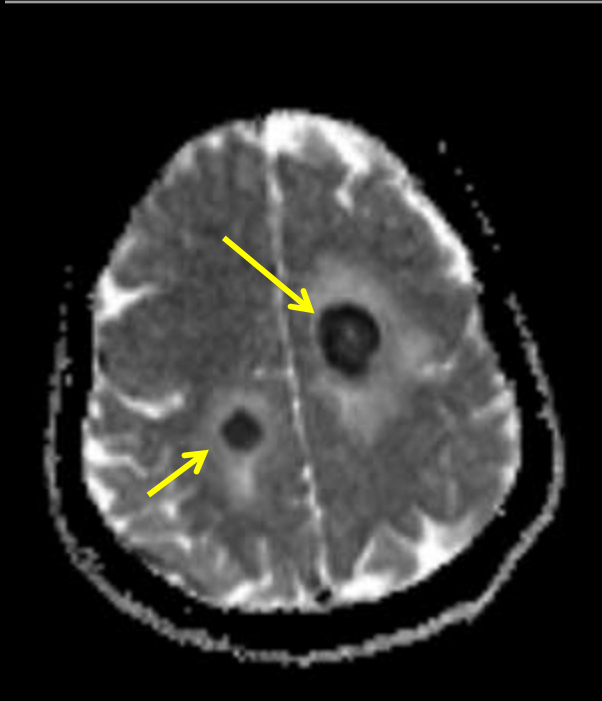
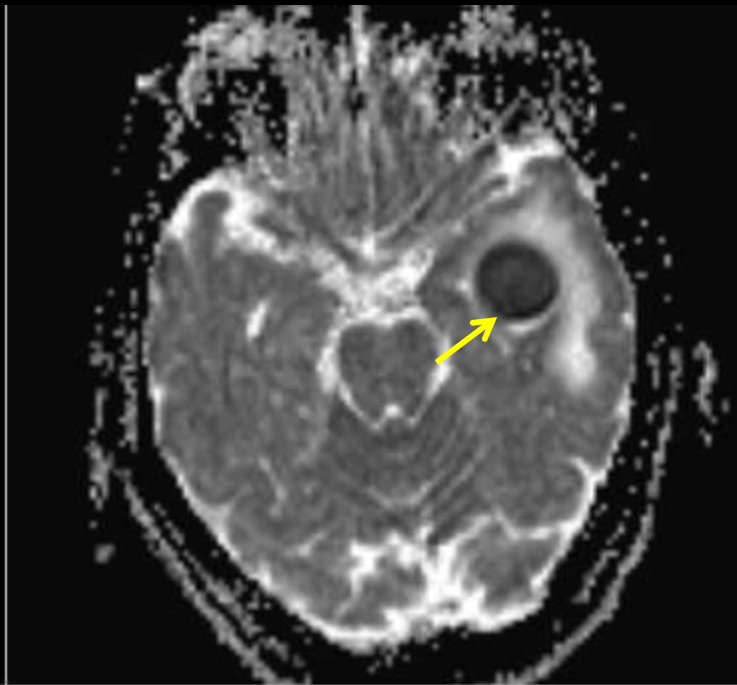
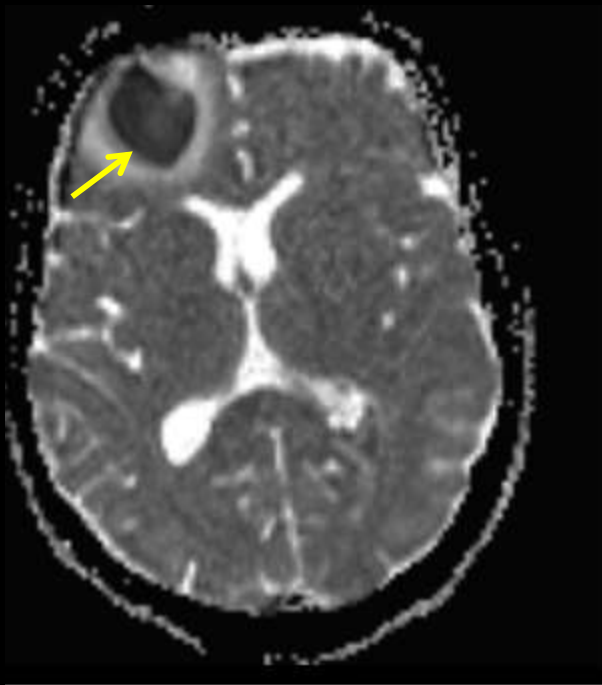


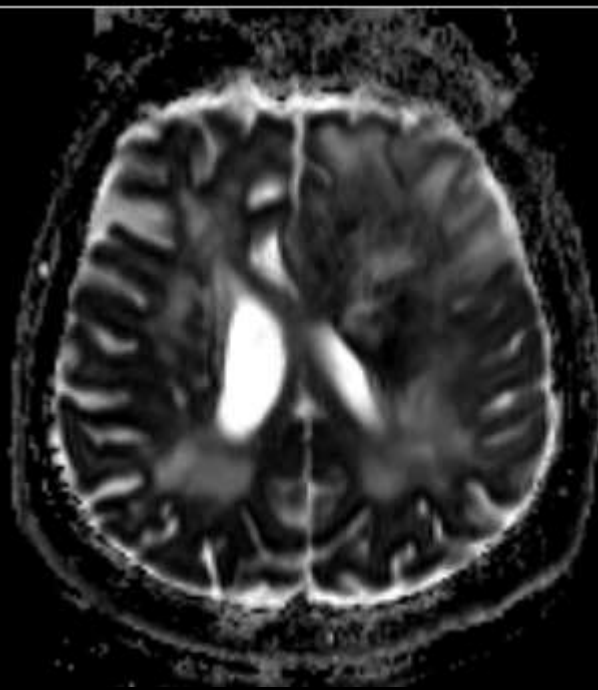
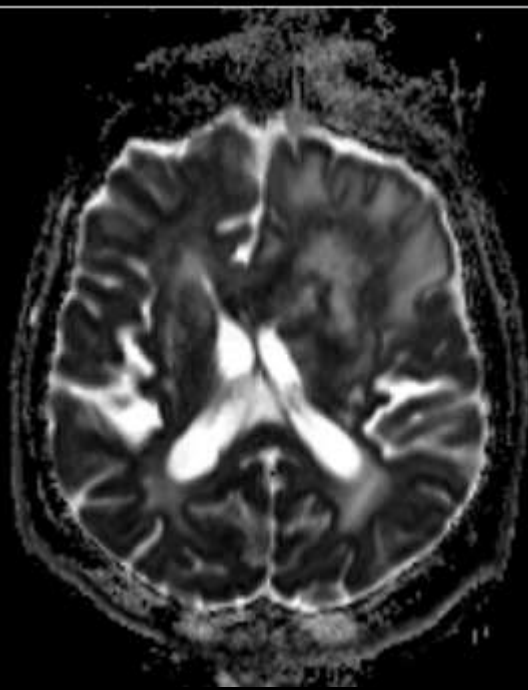
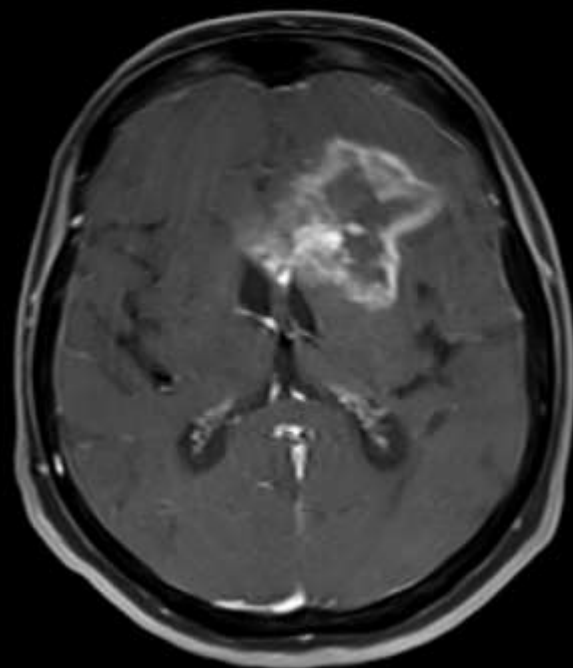
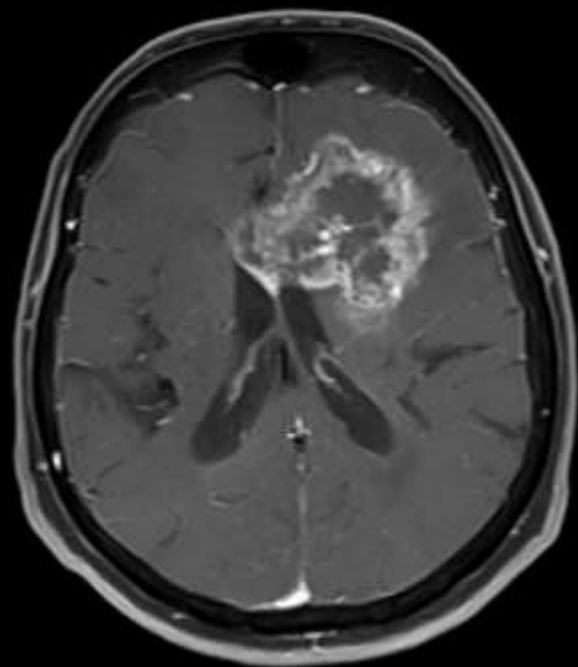


Apse mi tümör mü??

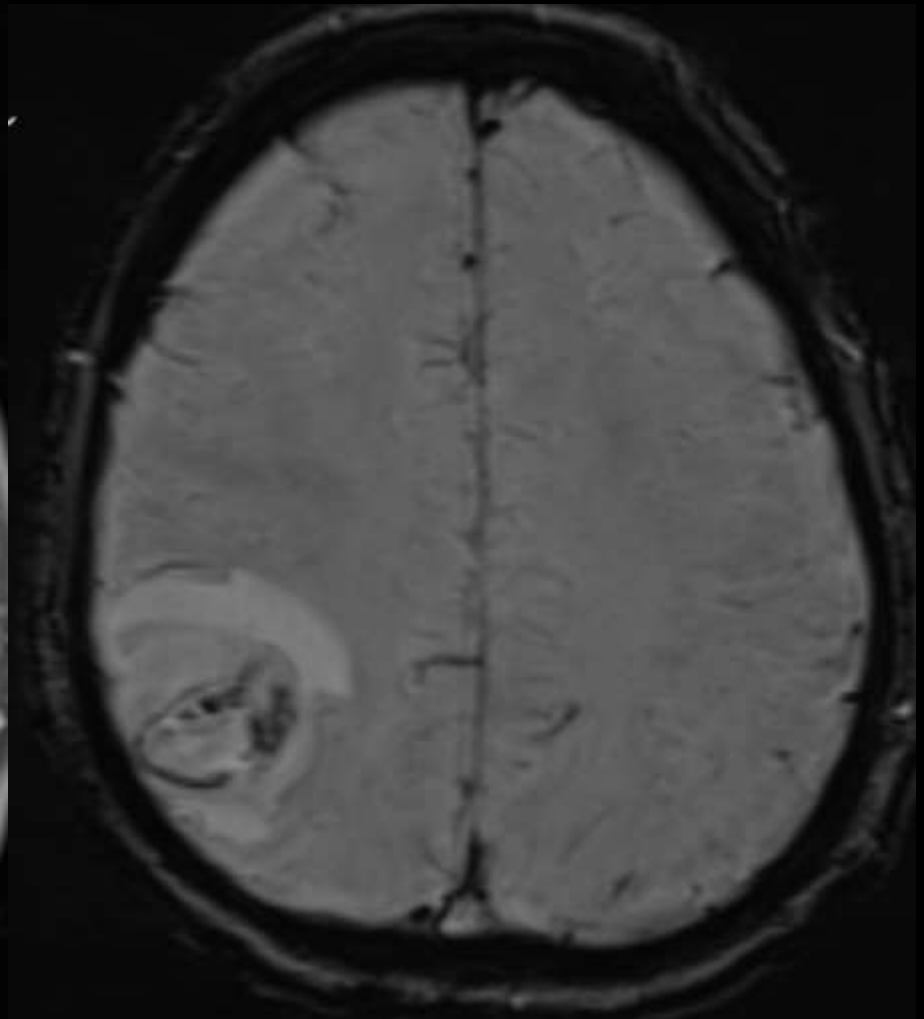
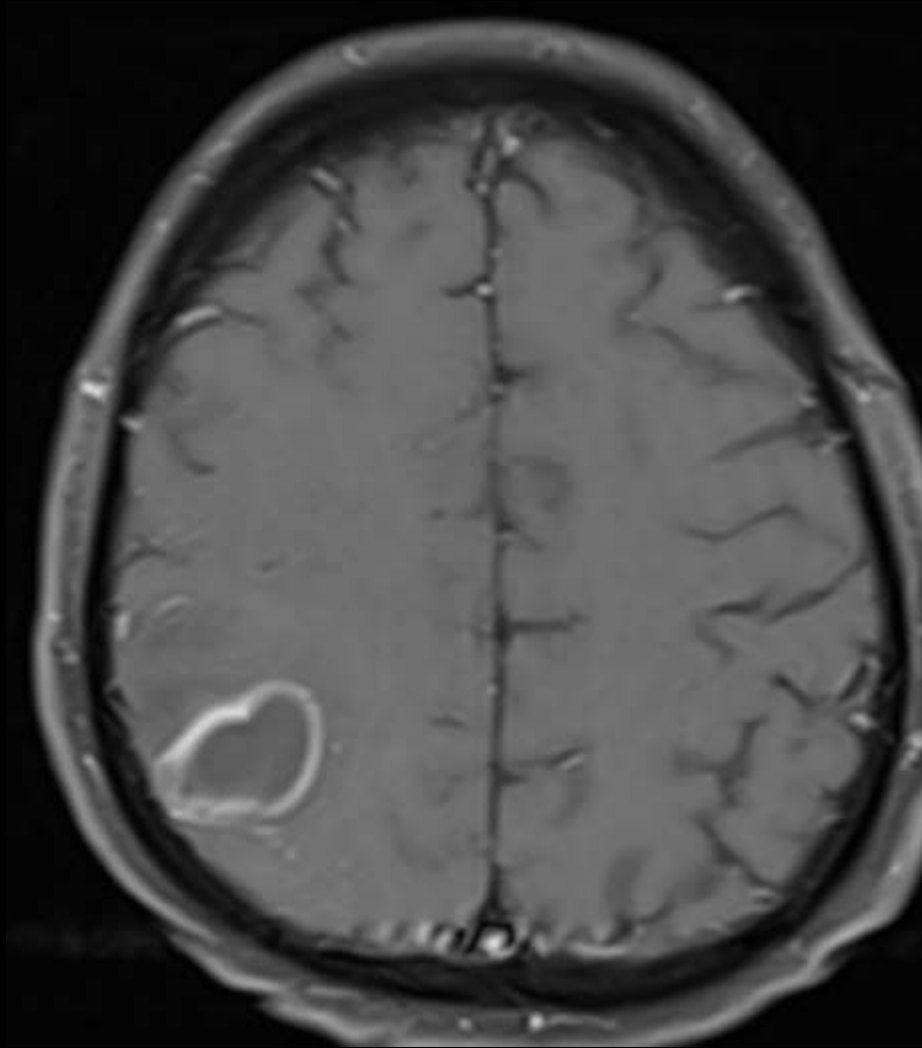
- **Duvar:** Apsede düzgün, tümörde düzensiz
- **Difüzyon:** Pürülan materyalde kısıtlı (apse)
- **Difüzyon:** Kapsülde kısıtlı (tümör)
- **Perfüzyon:** Apsede kapsülde rCBV artmaz,
Tümörde artar
- **Spektroskopi:** Apsede aminoasitler artar



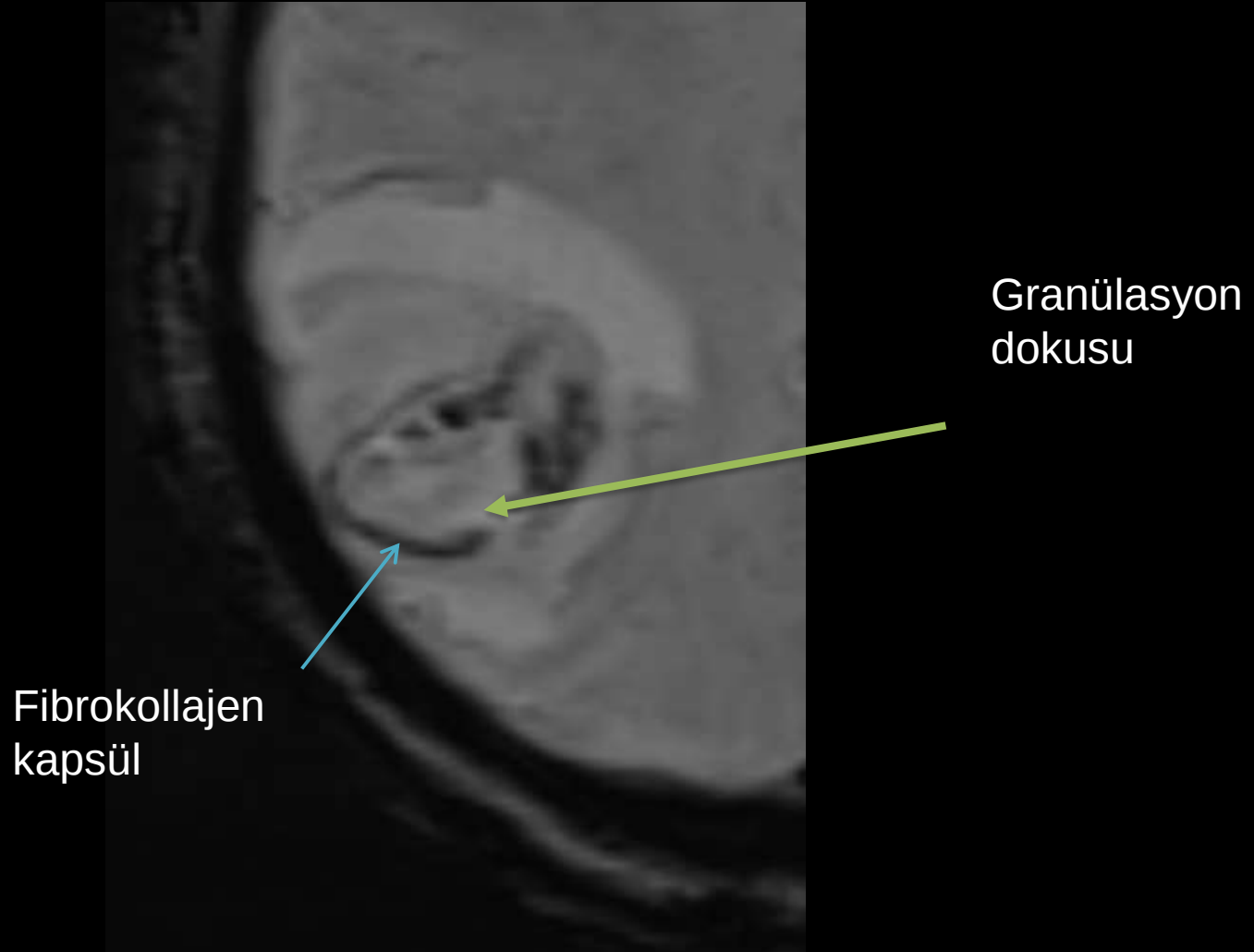




SWI 'double rim' işareti



SWI 'double rim' işareti



Ensefalitler

- Serebral parankimde enfeksiyöz süreç
- En sık viral (HSV tip 1 ve 2)
- Postenfeksiyöz (ADEM)
- Subakut ensefalitler/yavaş virüs enfeksiyonları (CJD, prion ...)

Herpes ensefaliti

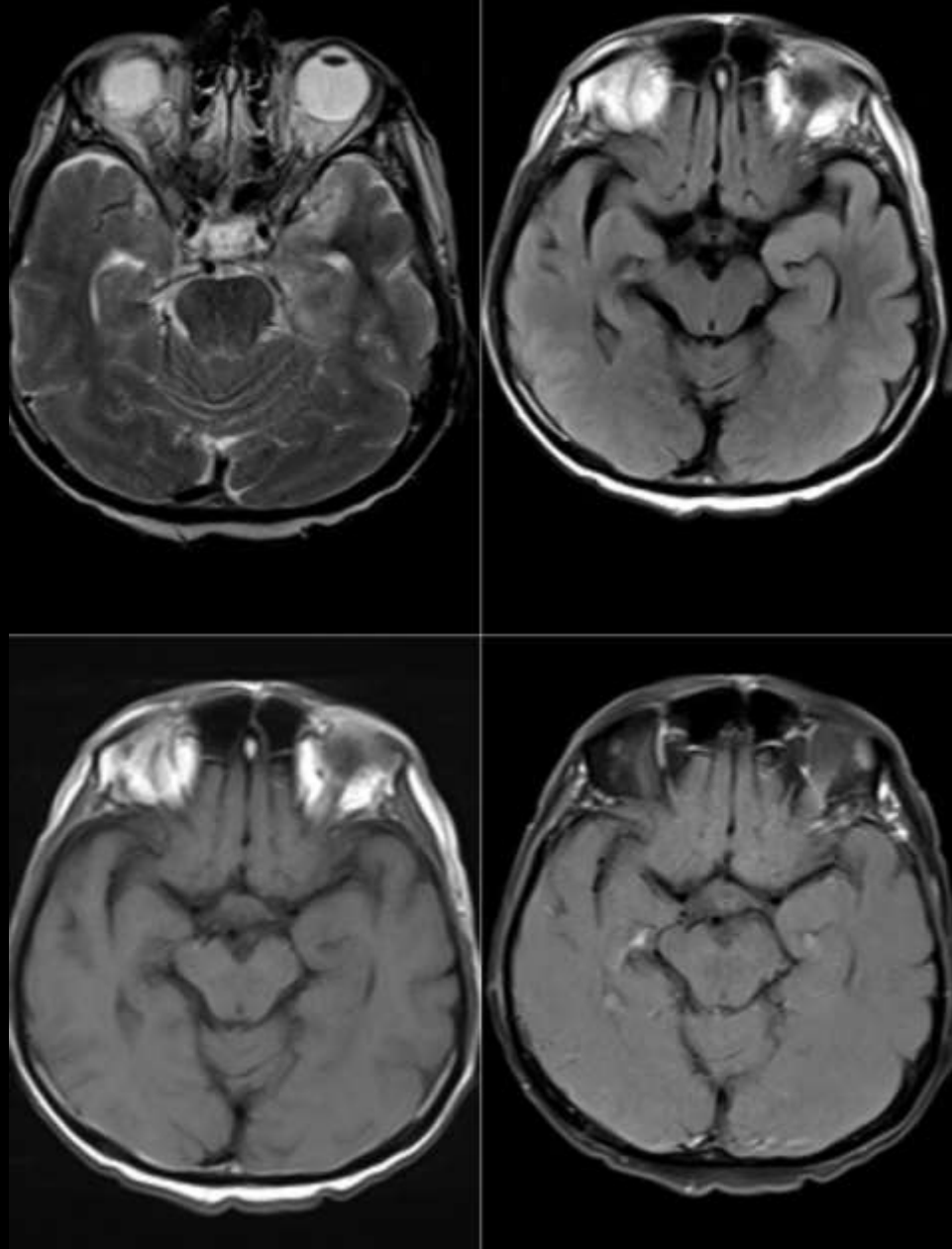
- Temporal lob / hipokampal bölge
 - Asimetrik tutulum / Bilateral asimetrik
- inferior frontal (orbital giruslar, girus rektus)
- insula
- Singulat girus

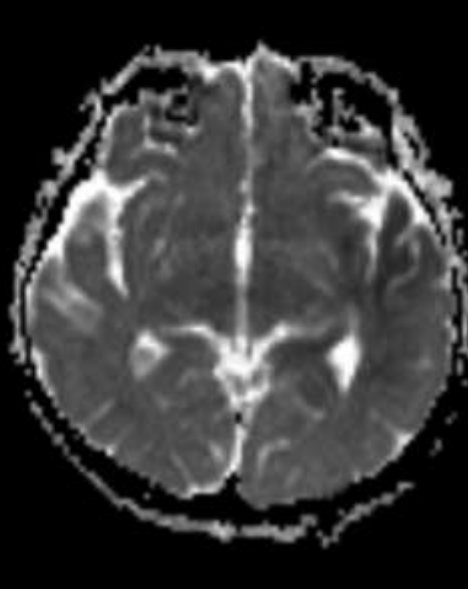
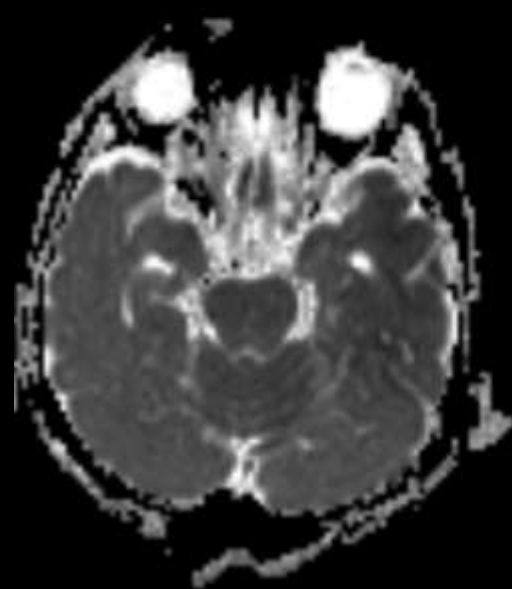
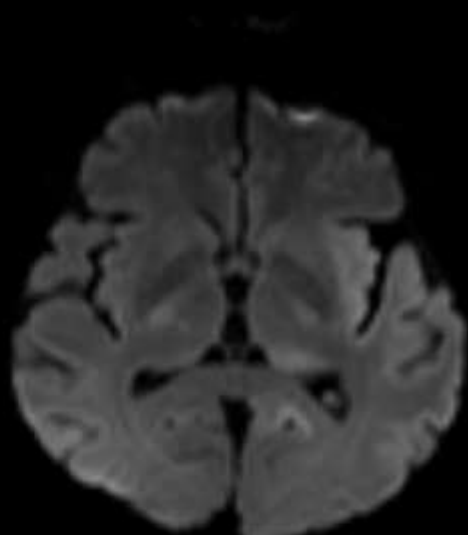
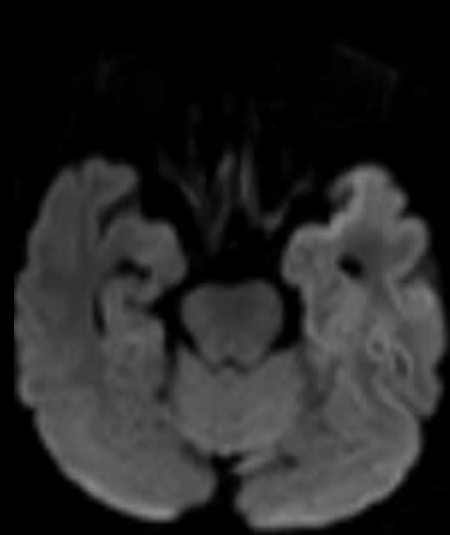
Herpes ensefaliti

- Bazal ganglia tutulumu **yoktur**
- Takipte peteşial hemorajik odaklar
- Difüzyon !!
 - Sitotoksik (ADC düşük) kötü prognoz?
 - Vazojenik (ADC yüksek) iyi prognoz?

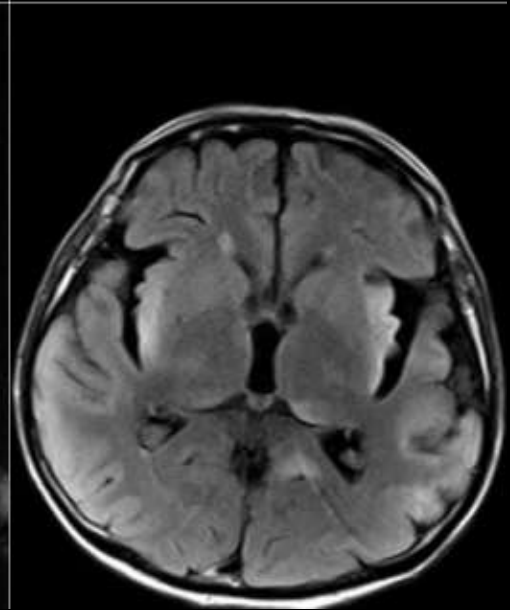
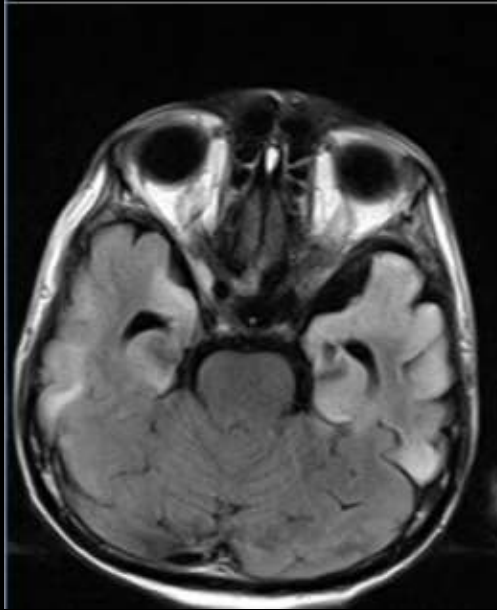
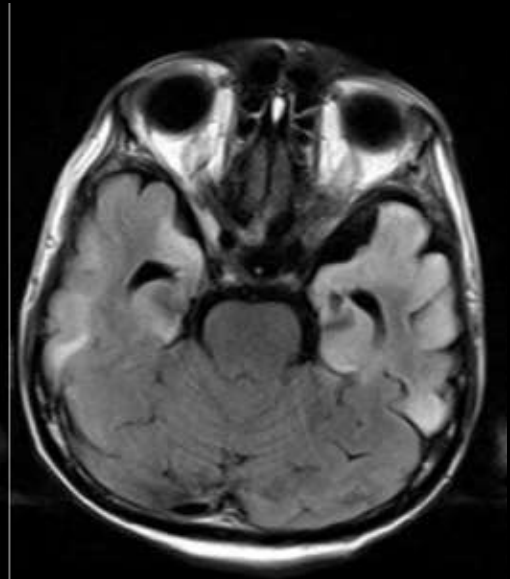
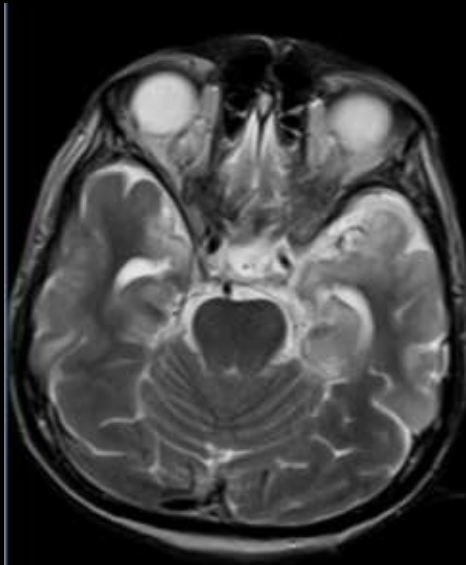


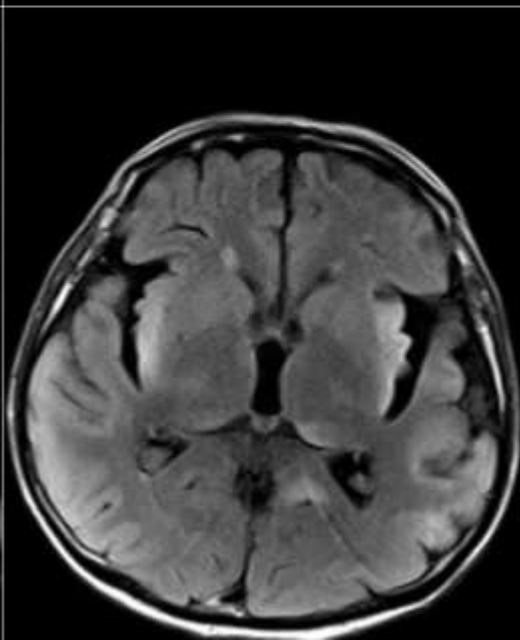
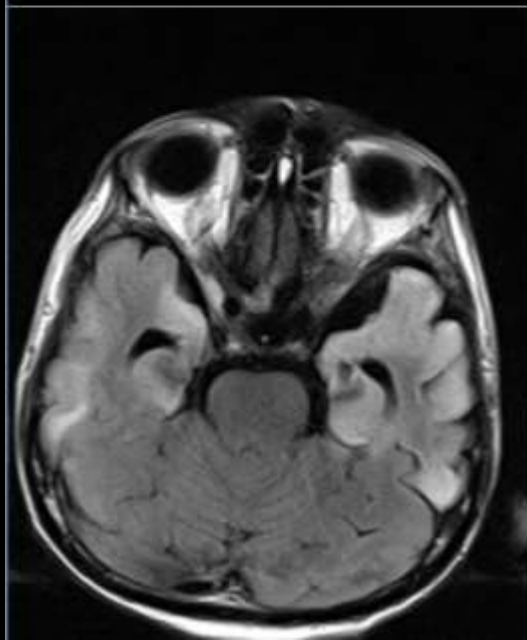
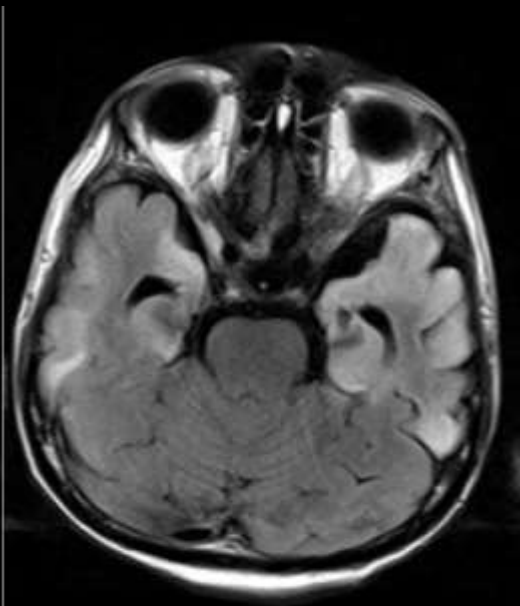
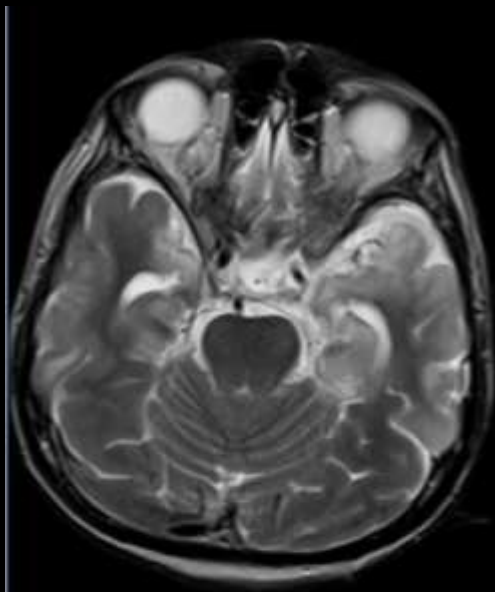
66 y, E, Mide Ca, Konfüzyon, Metastaz??



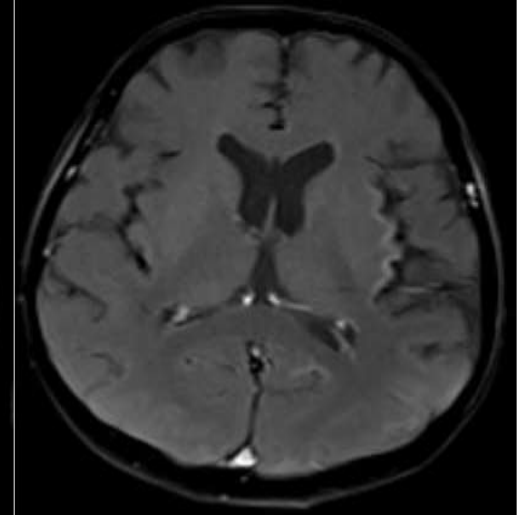
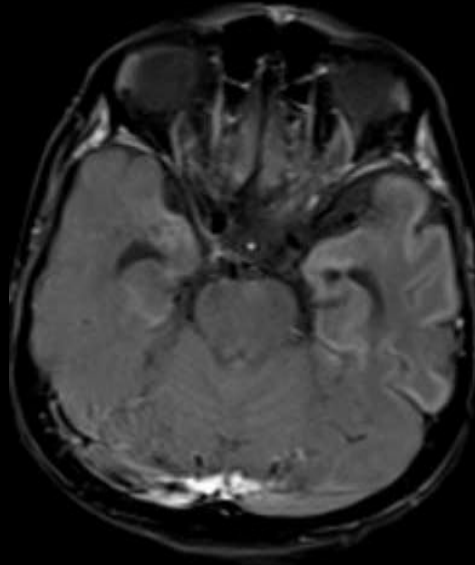
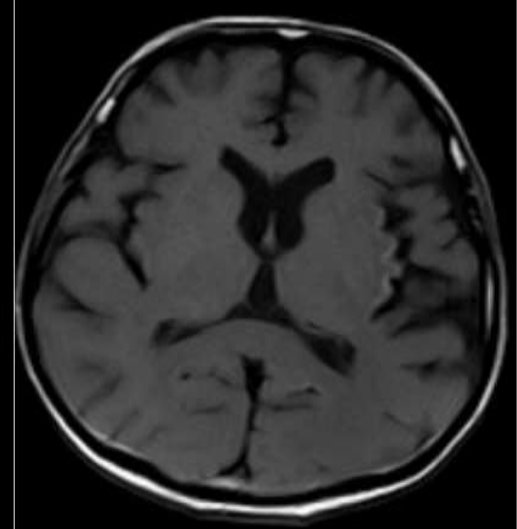
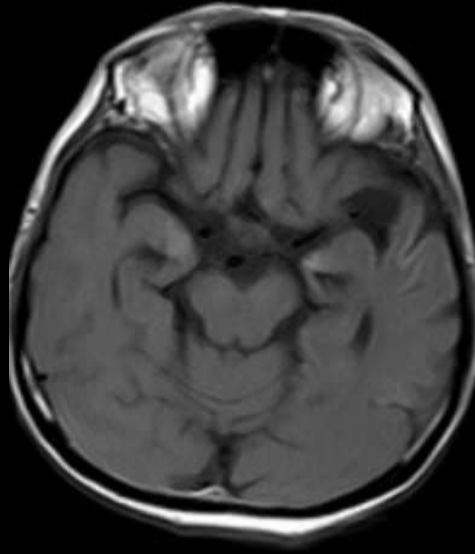


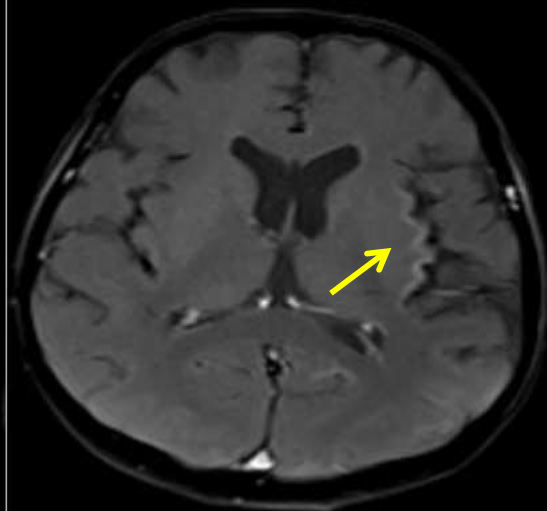
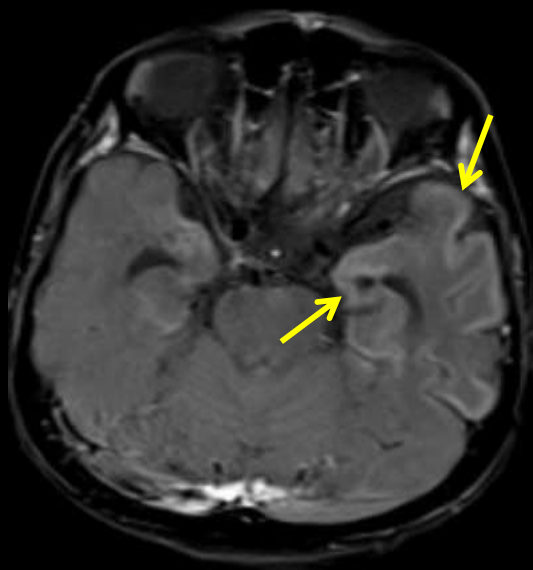
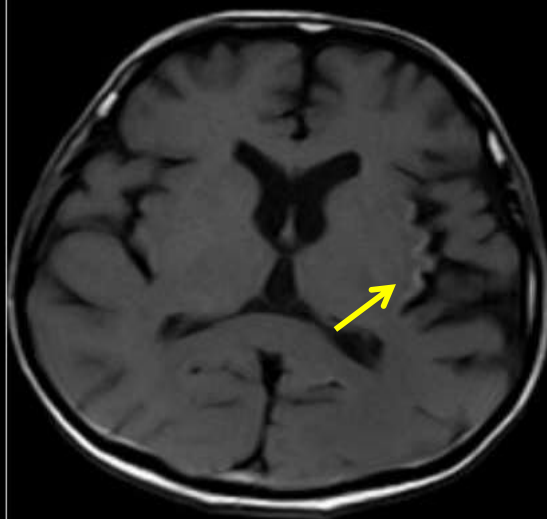
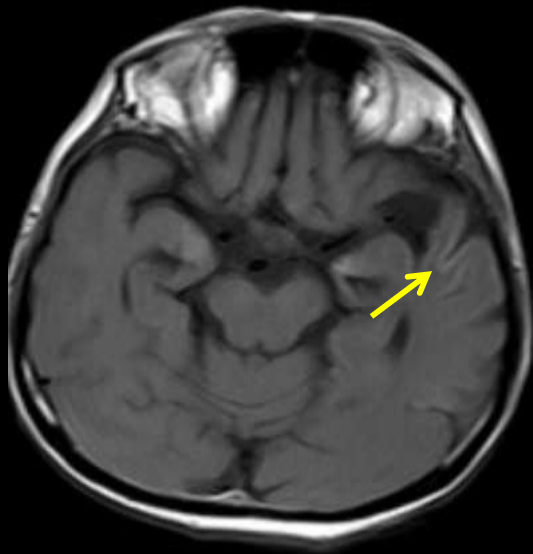
3 hafta
sonraki
izlem MRG



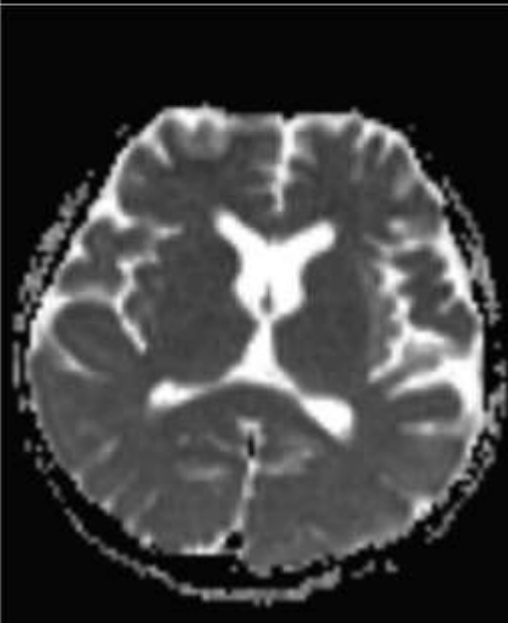
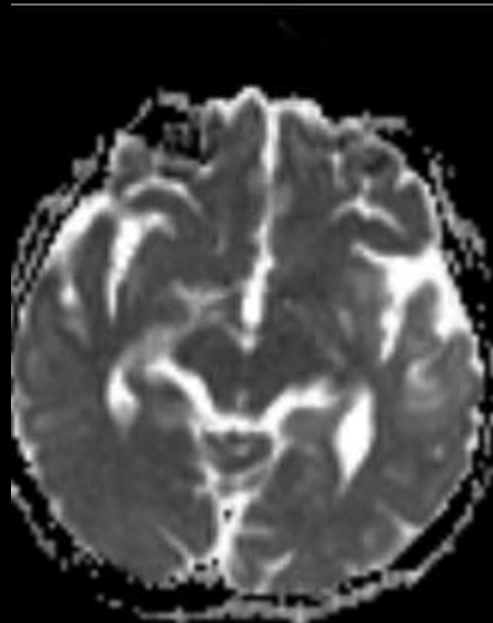
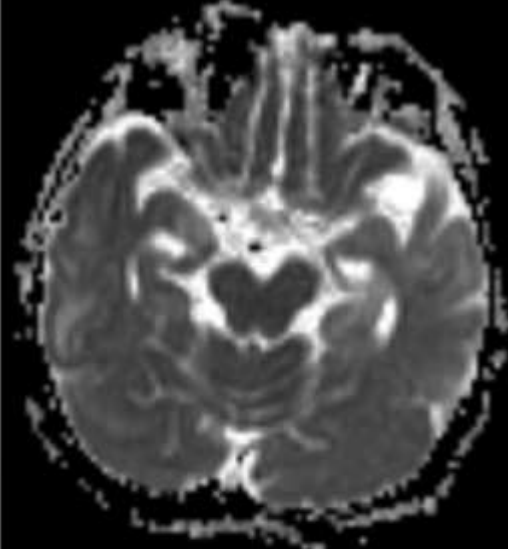
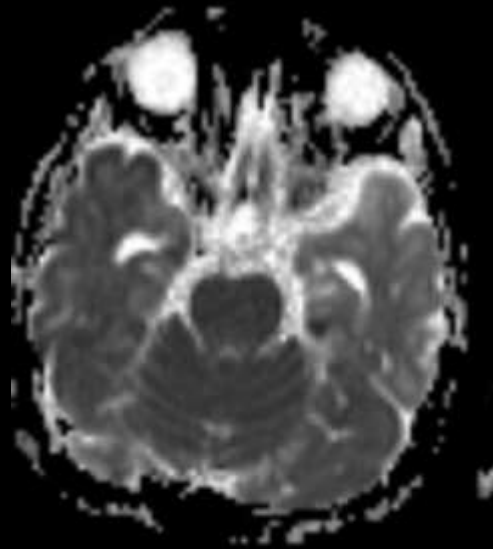


3 hafta
sonraki
izlem MRG

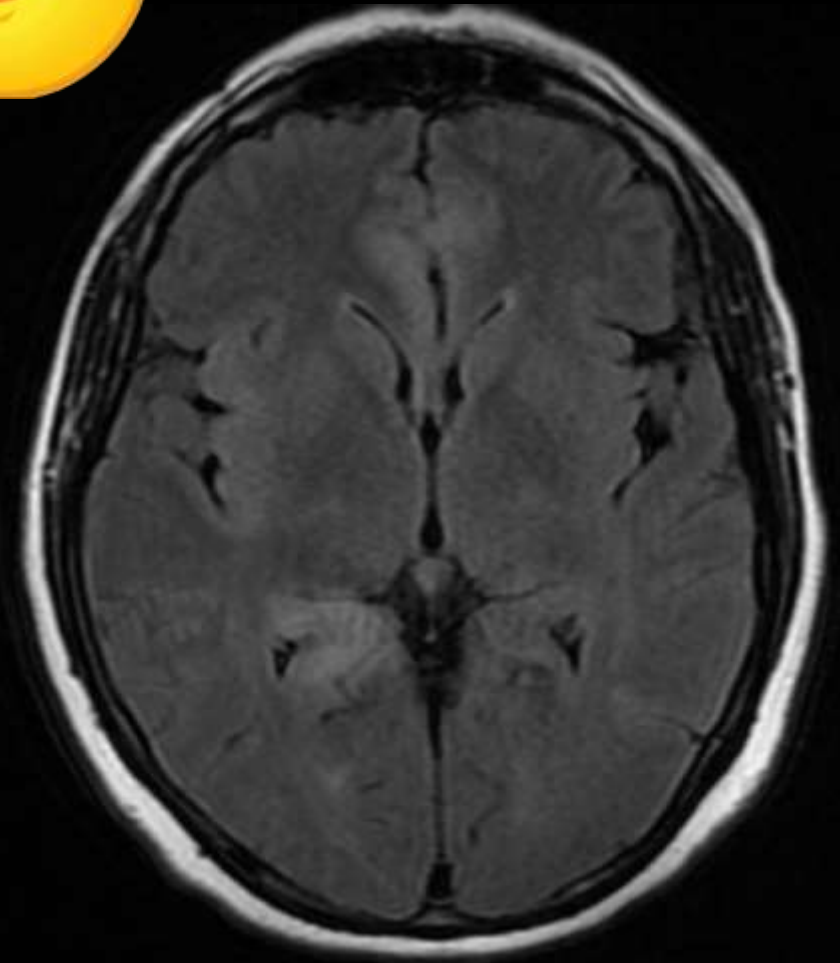
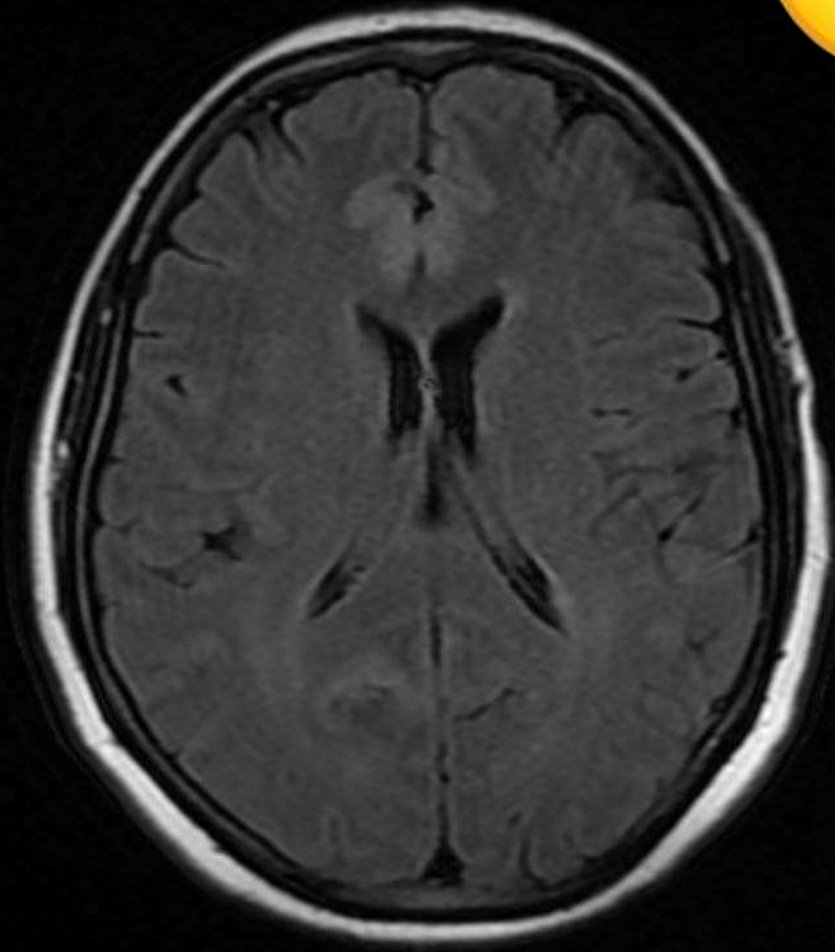




3 hafta
sonraki
izlem MRG



**Don't
FORGET!**



105. Yıl dönümü

