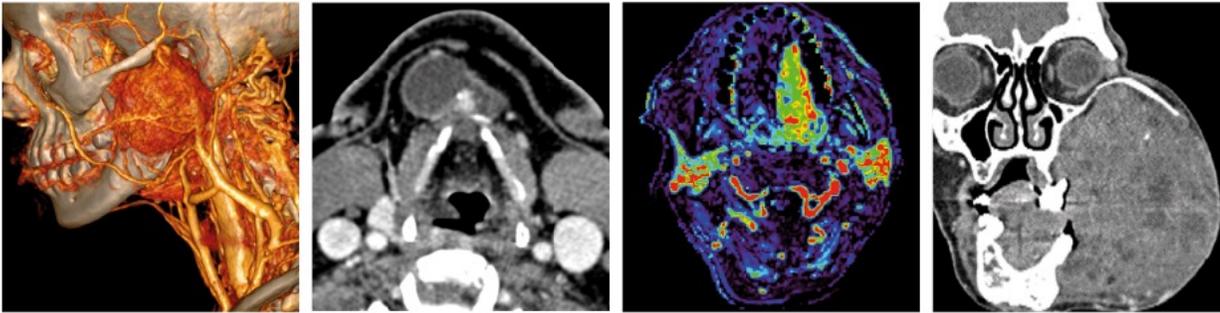


# XVIII CURSO NACIONAL DE NEURORRADIOLOGÍA

## RADIOLOGÍA DE CABEZA Y CUELLO



31 de marzo - 1 de abril de 2022 | Barcelona

# PSEUDOLESIONES Y PITFALLS EN CABEZA Y CUELLO

Dr. Juanjo Gómez Muga  
Hospital Universitario Basurto



# PSEUDOLESIONES Y PITFALLS

**Pseudolesión**. Estructura o variante anatómica que simula patología.

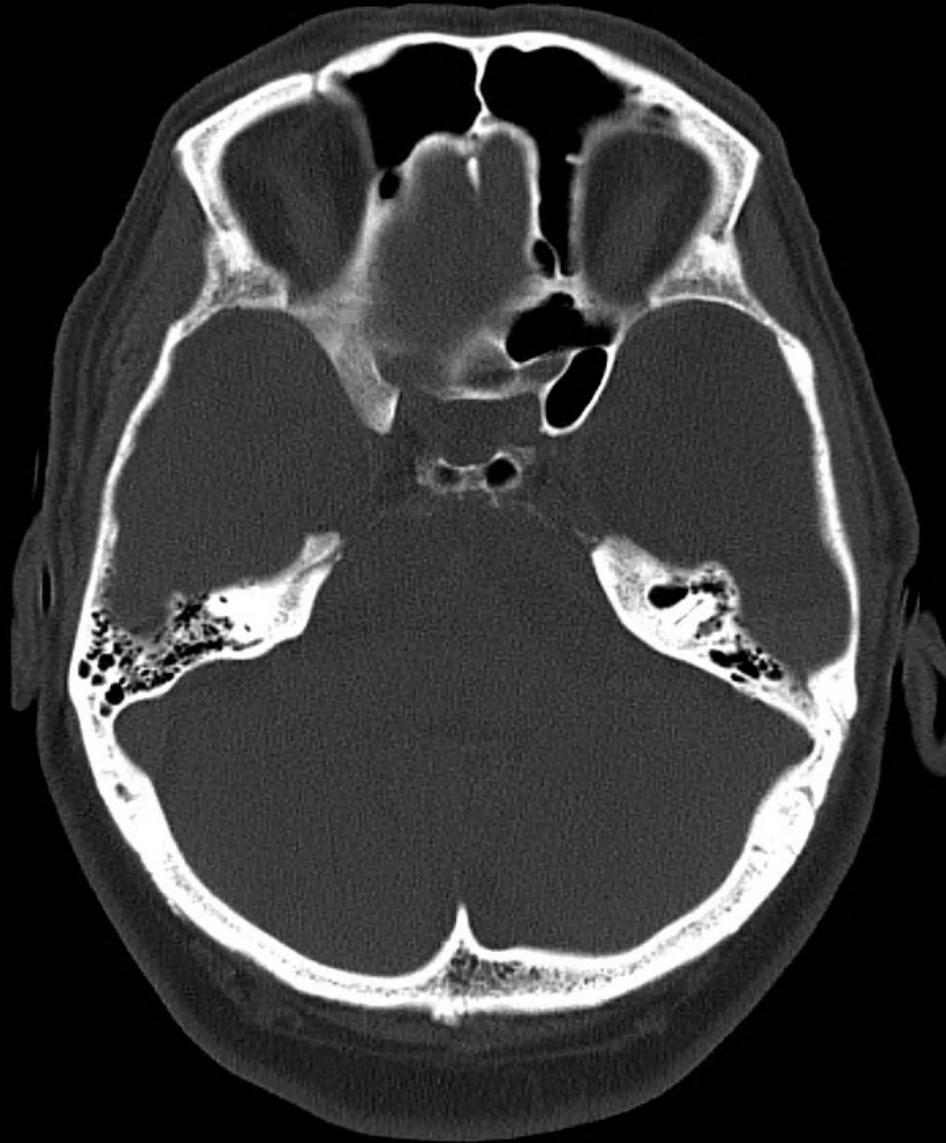
**Pitfall**. Situación de peligro o dificultad no fácilmente reconocible.



# SENOS PARANASALES



# PNEUMOSINUS DILATANS

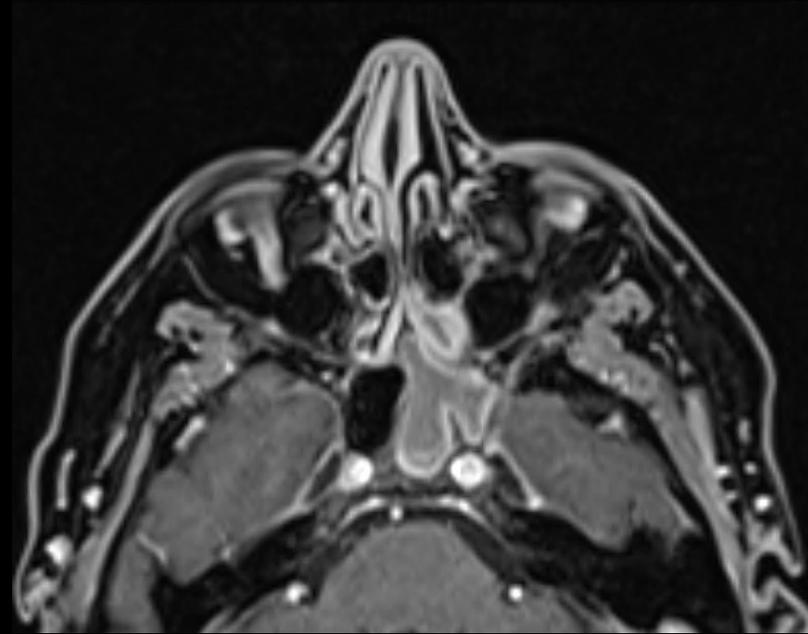
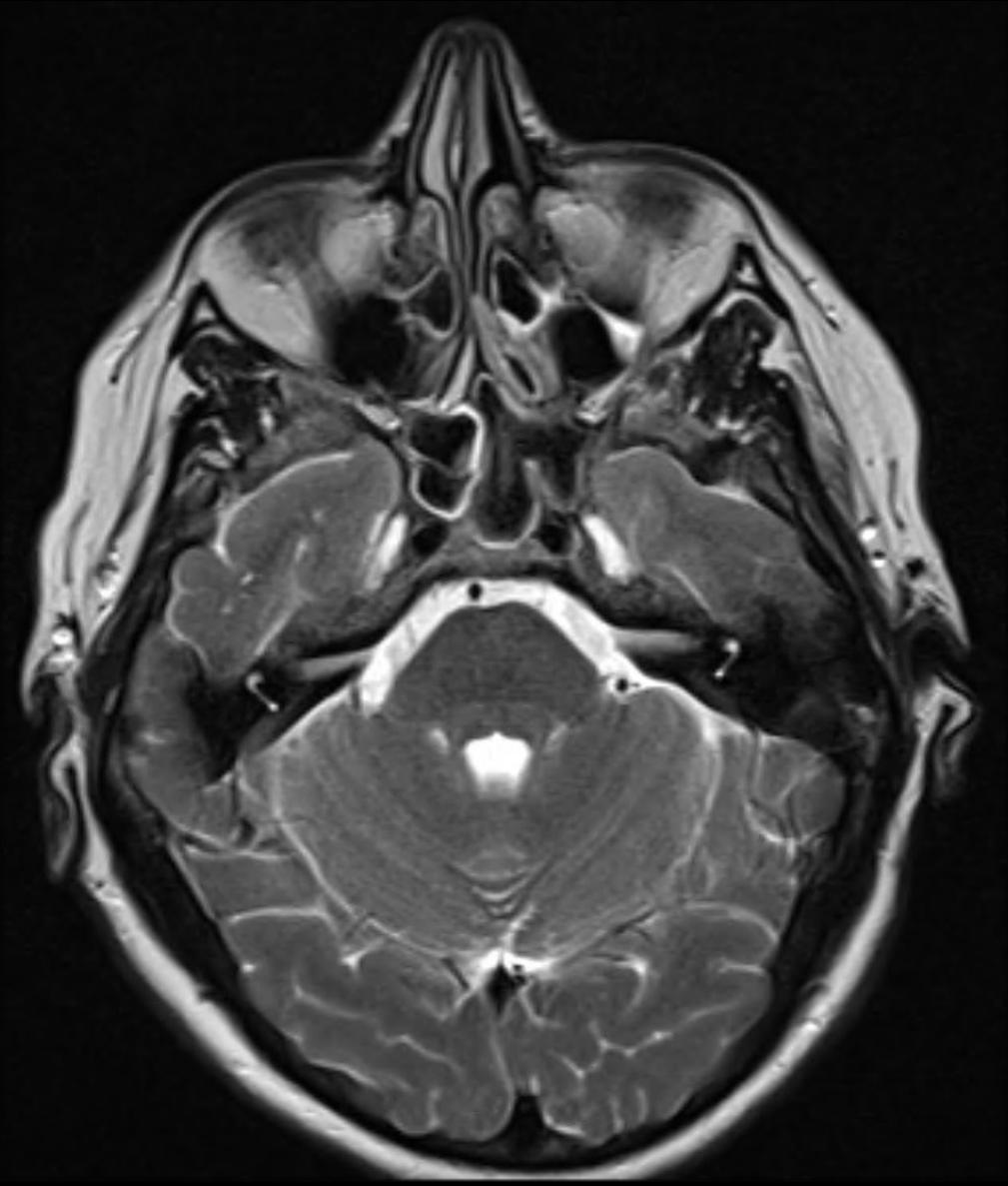


HIPERNEUMATIZACIÓN

Asociado a  
Meningiomas  
Quistes aracnoideos

Mecanismo desconocido

# FALSA NEUMATIZACION



SECRECIONES RETENIDAS

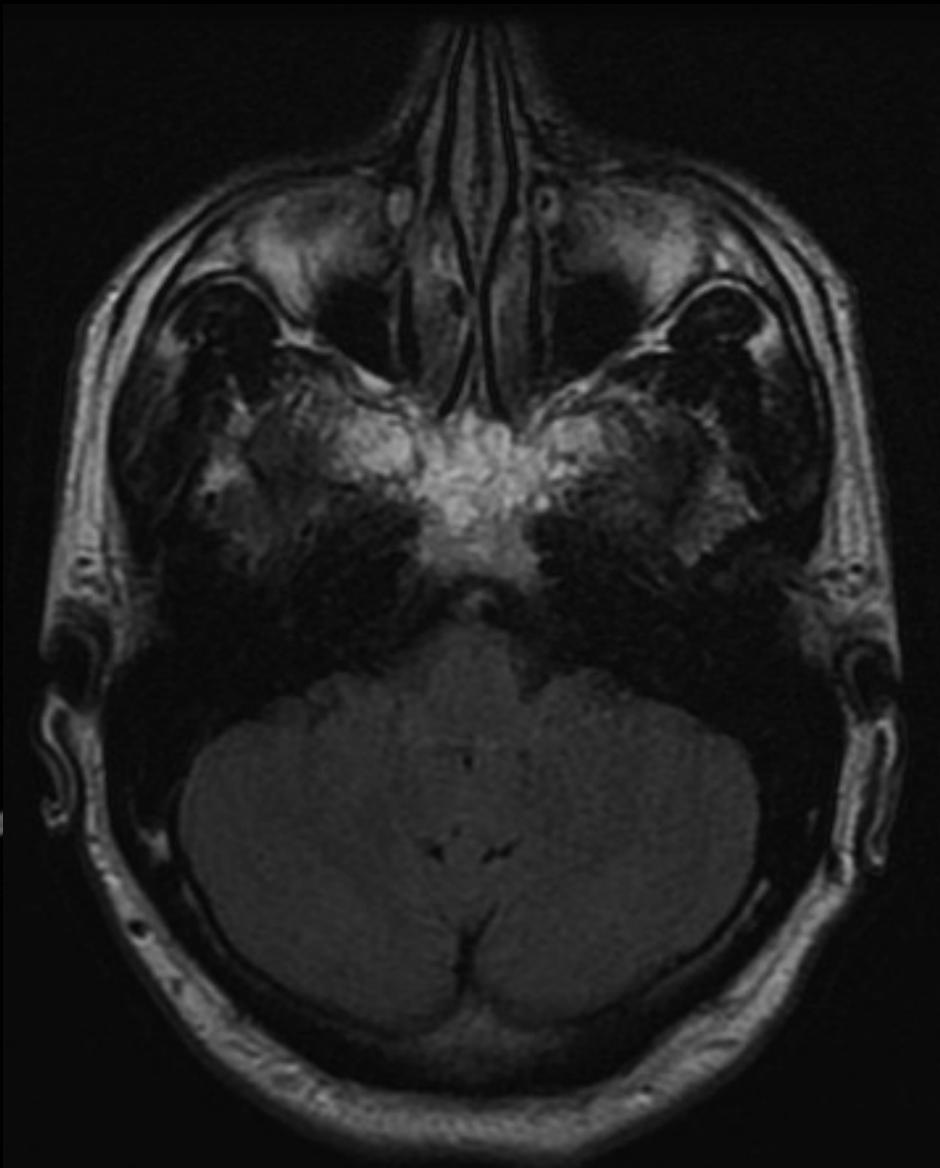
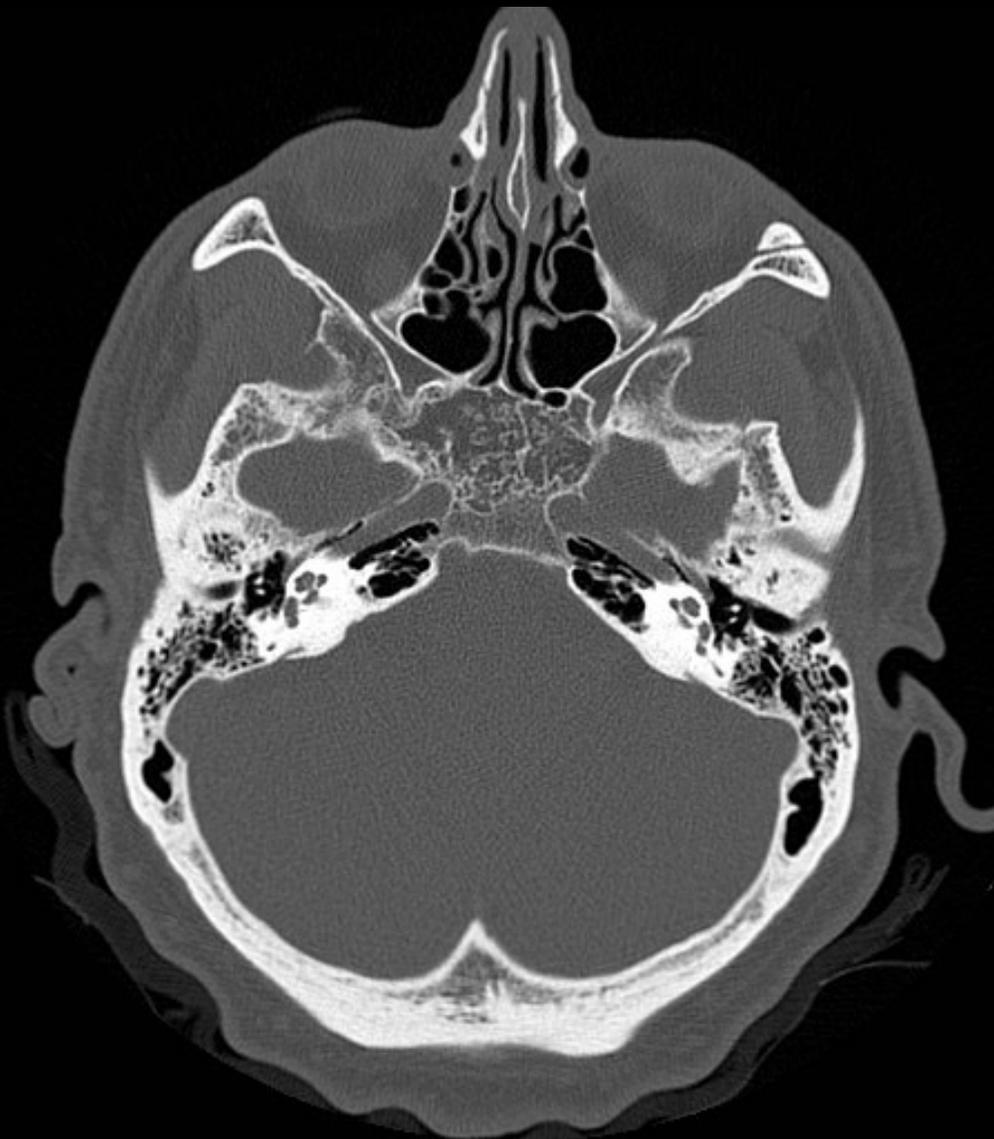
Muy baja señal en T2

Simulan seno aireado



# NEUMATIZACION INTERRUMPIDA

PITFALL



**PSEUDOLESION  
BENIGNA ESFENOIDAL**

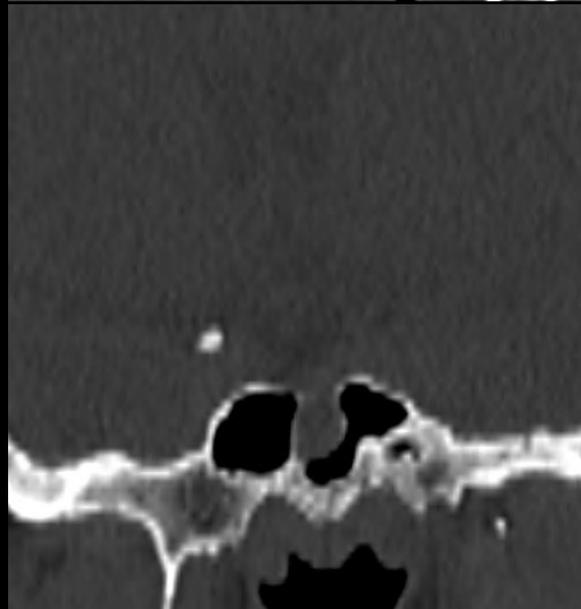
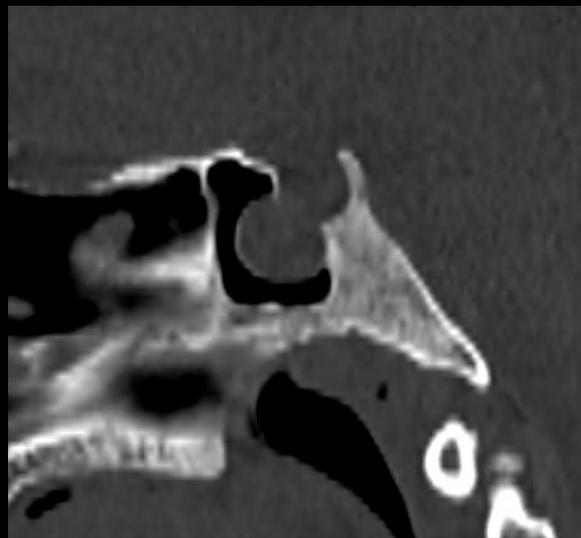
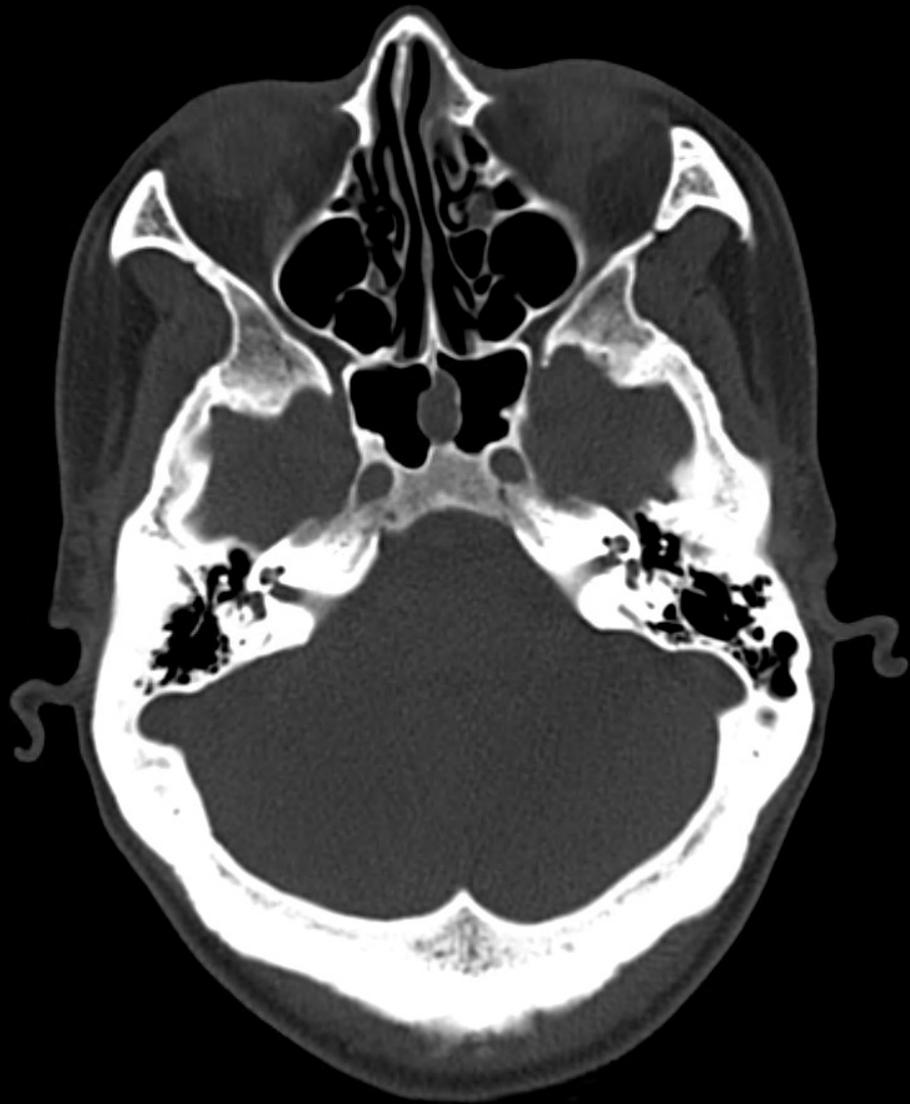
**INCIDENTAL**

Crterios RX

1. Localización seno
2. No expansión
3. Grasa
4. Calcificaciones

PITFALL

# CEFALOCELE



A teal-colored ribbon graphic that folds over itself, creating a 3D effect. The ribbon is positioned on the left side of the image, with the text 'HUESO TEMPORAL' printed on its top surface. The background is solid black.

HUESO  
TEMPORAL

# SUTURAS INTRÍNSECAS

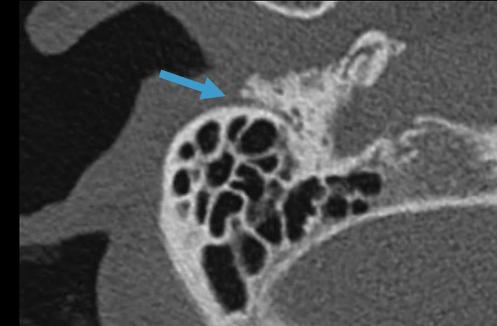


TIMPANO-ESCAMOSA



PETRO-TIMPANICA

## PSEUDO-FRACTURAS



TIMPANO-MASTOIDEA



ESCAMO-MASTOIDEA

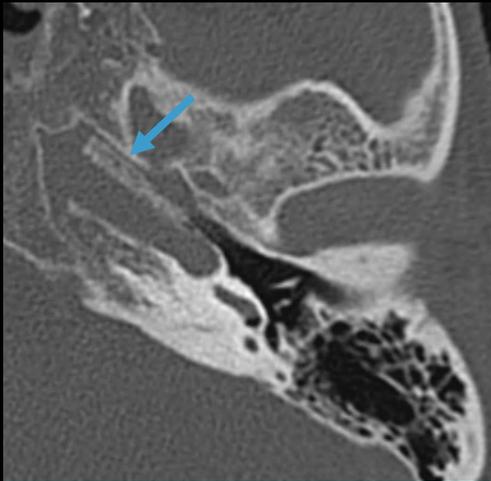
# SUTURAS EXTRÍNSECAS



ESFENO-ESCAMOSA



PETRO-OCCIPITAL



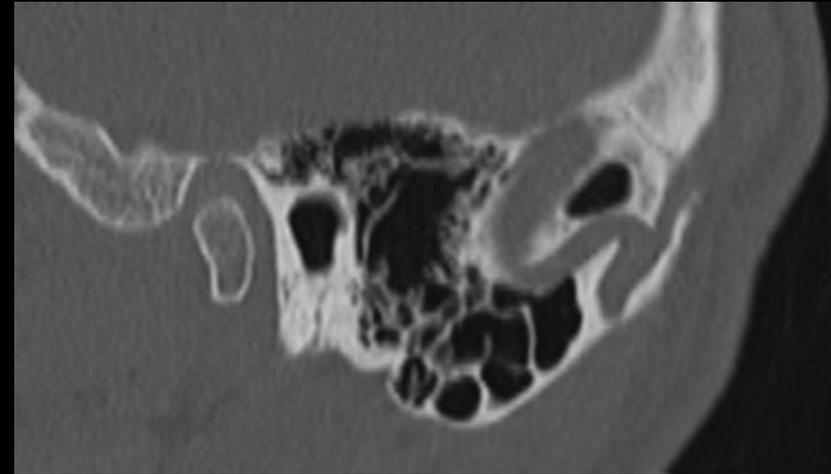
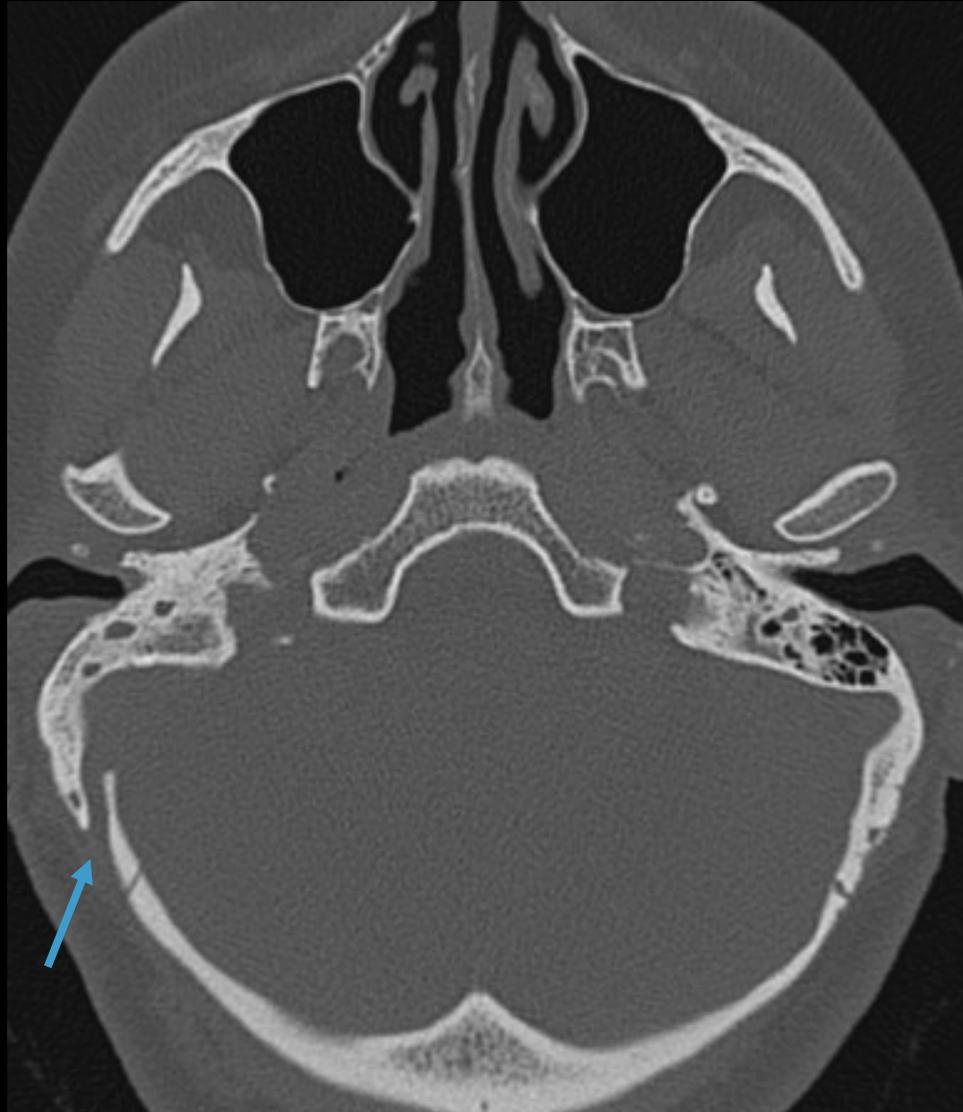
ESFENO-PETROSA

PSEUDO-FRACTURAS



OCCIPITO-MASOTIDEA

# VENA EMISARIA MASTOIDEA



Diagn Interv Radiol 2014; 20:78-81

© Turkish Society of Radiology 2014

Yeliz Pekçevik, Rıdvan Pekçevik

NEURORADIOLOGY

PICTORIAL ESSAY

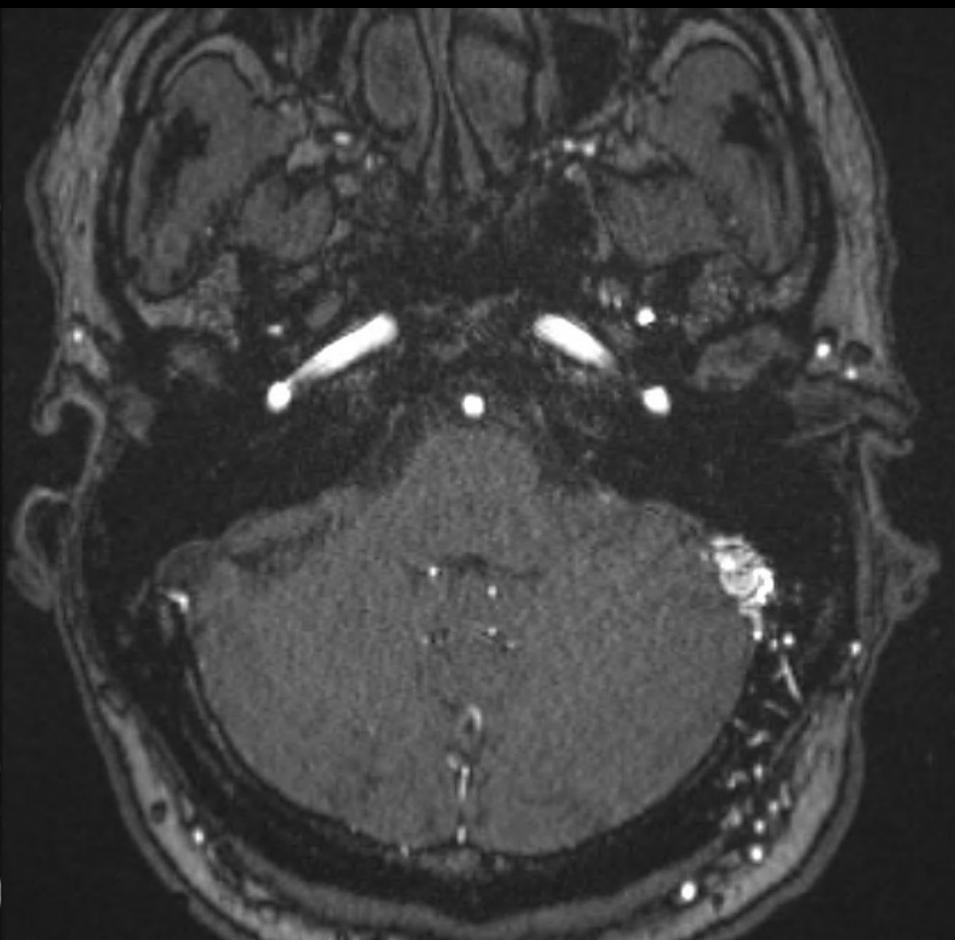
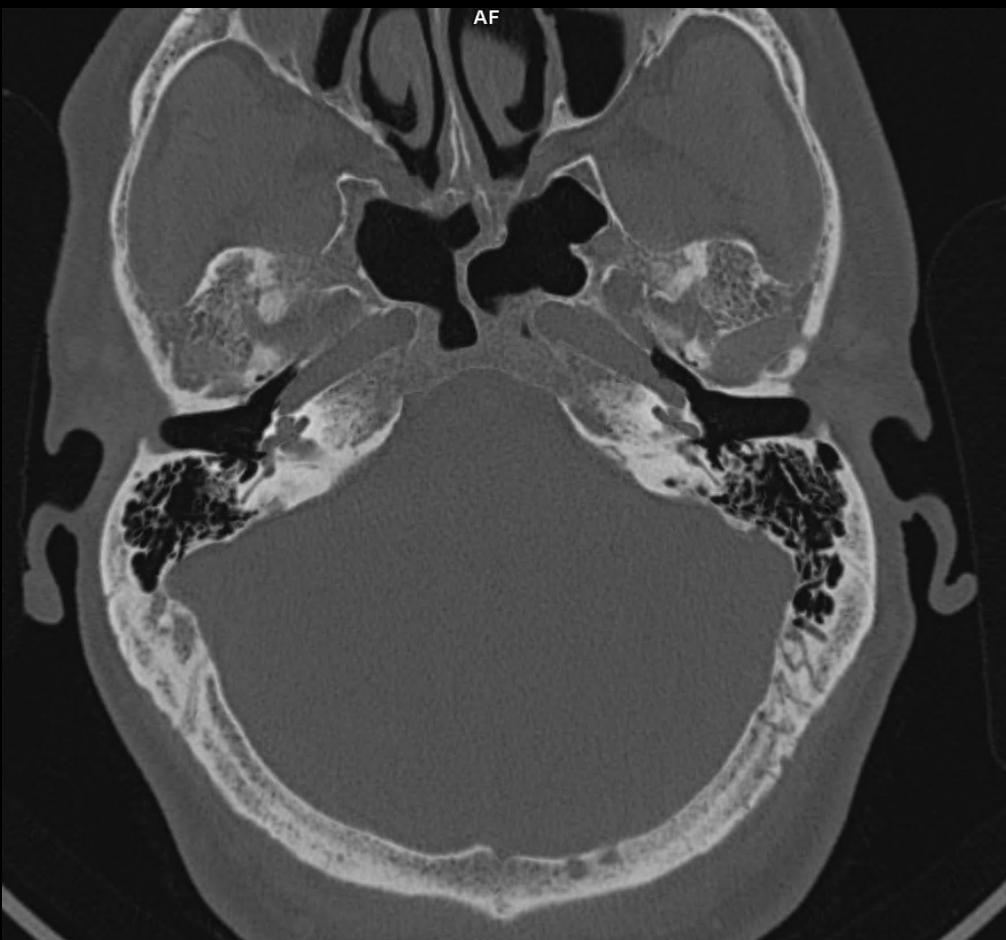
**Why should we report posterior fossa emissary veins?**

Comunicación entre senos venoso y venas extracraneales

Rutas alternativas de drenaje

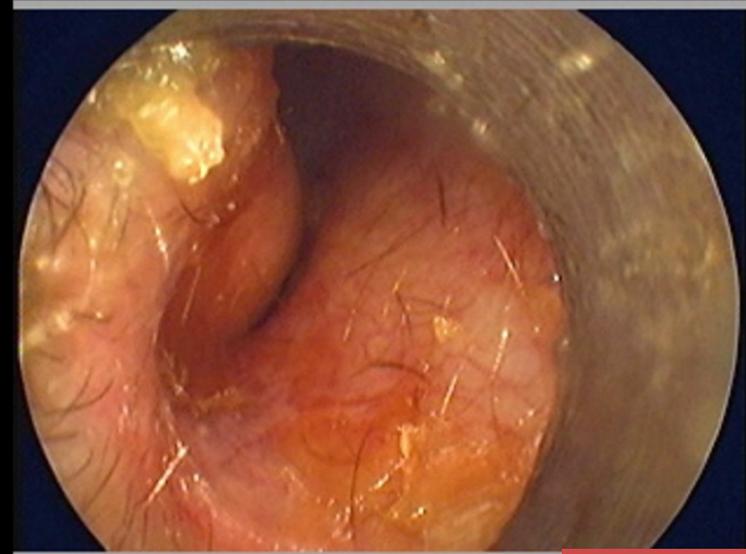
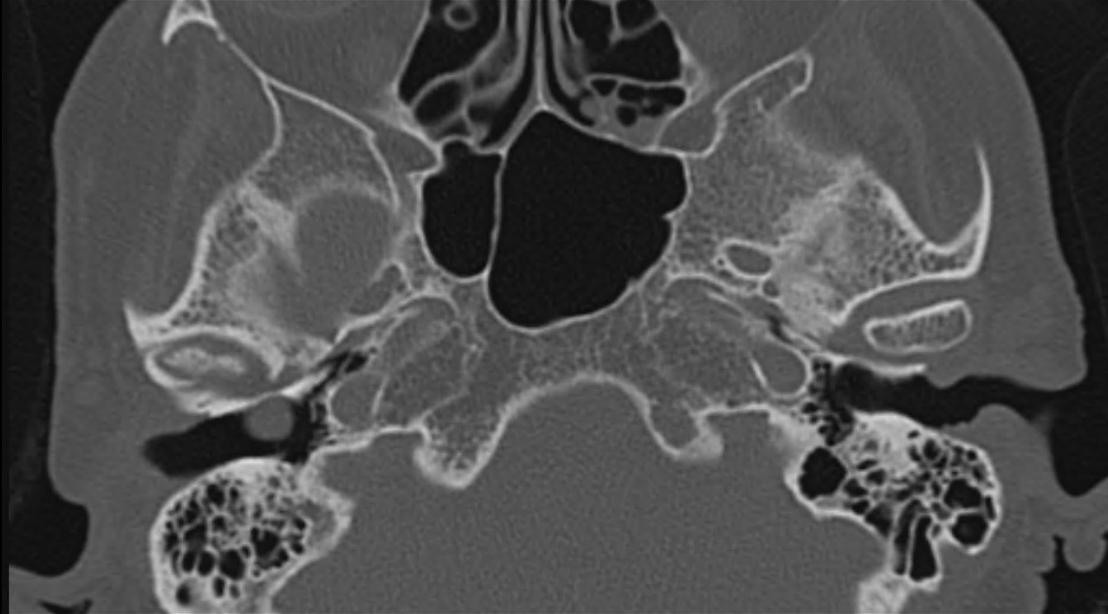
PITFALL

# FISTULA DURAL ARTERIOVENOSA



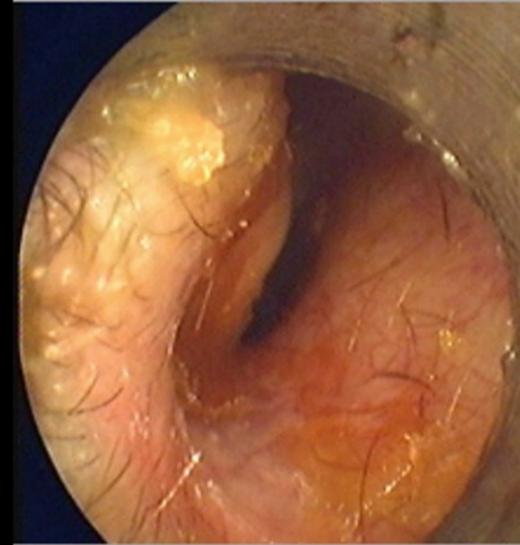
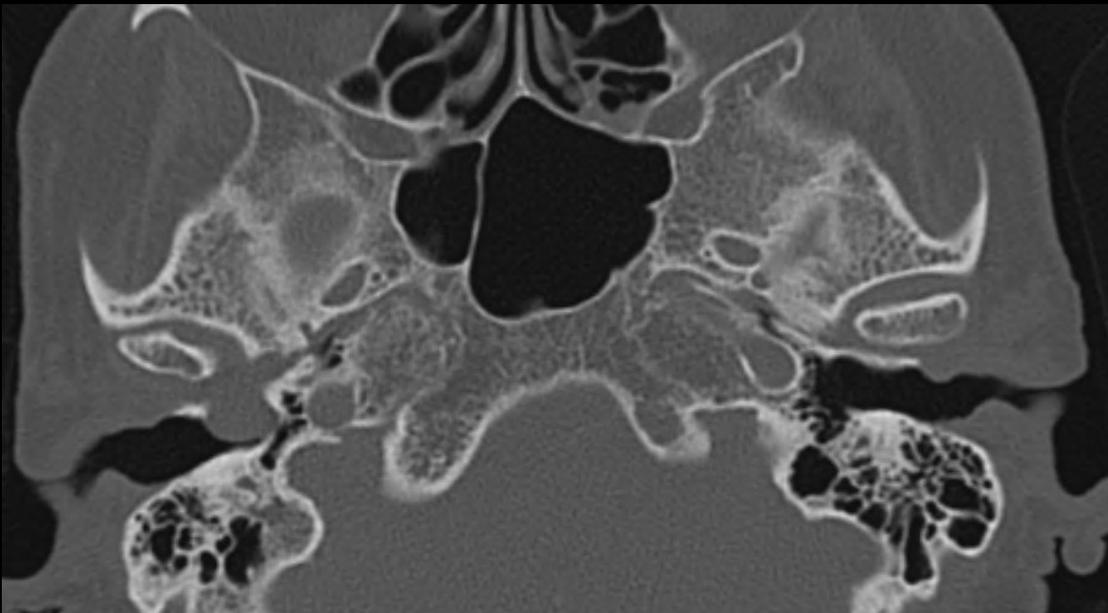
Acúfeno pulsátil

# FORAMEN TIMPÁNICO de HUSCHKE



BOCA CERRADA

PSEUDOLESIÓN DINÁMICA



BOCA ABIERTA

Dehiscencia ósea en el aspecto anteromedial del CAE

Fusión incompleta del anillo timpánico

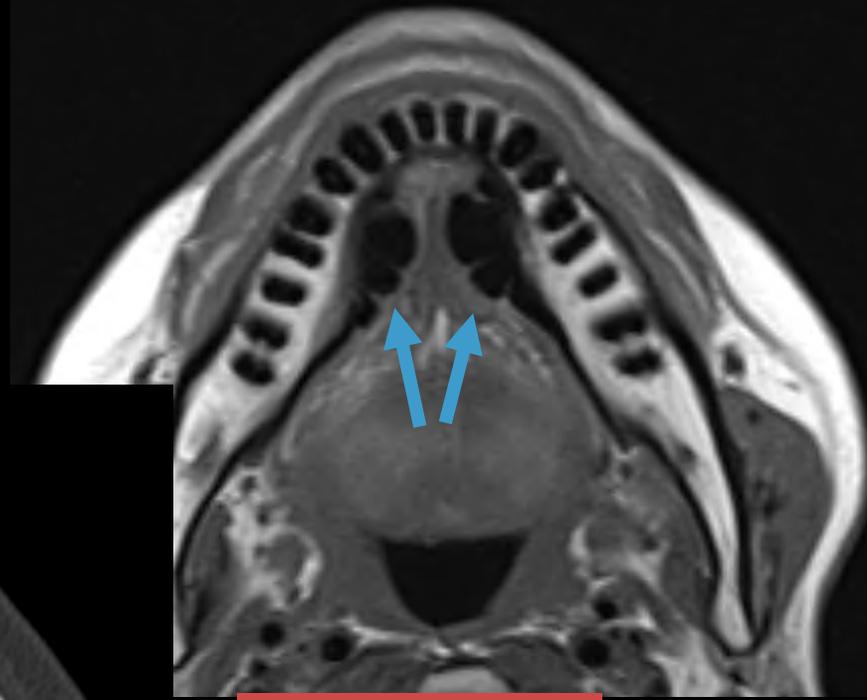
Puede asociar herniación de tejido de la ATM

# MUCOSA Y GLÁNDULAS

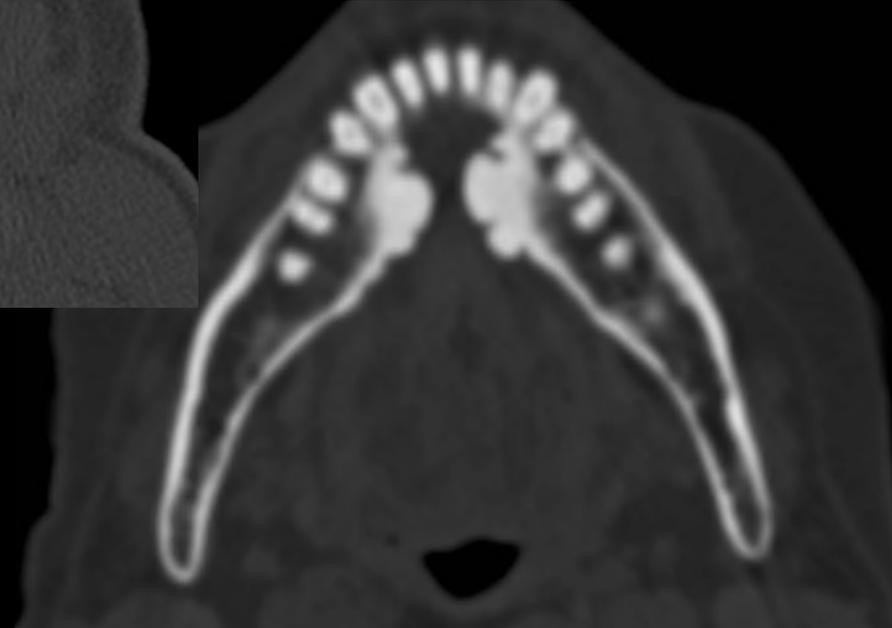
# TORUS



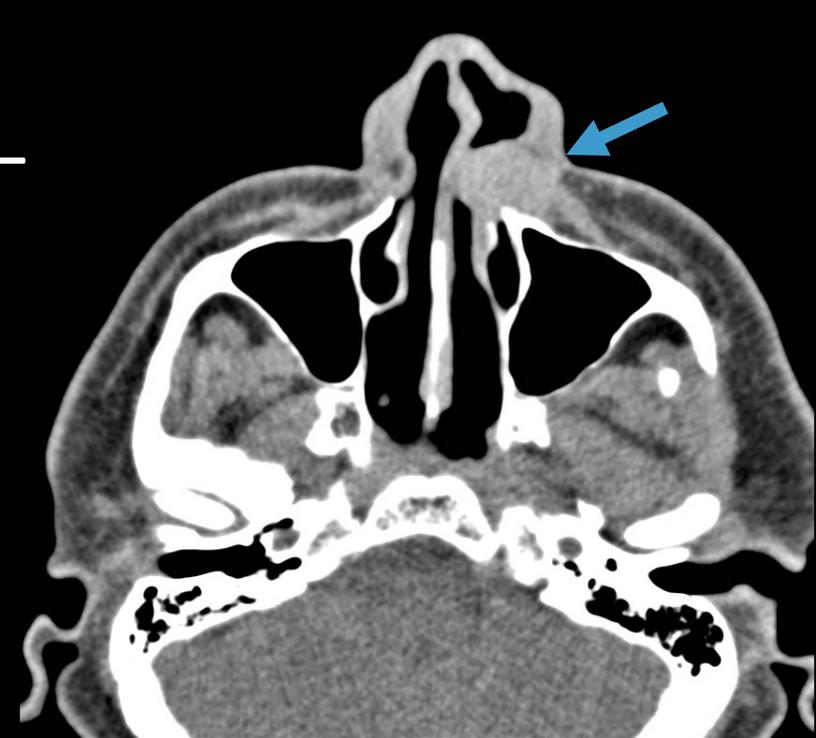
PALATINO



MANDIBULARES



# QUISTE NASOLABIAL



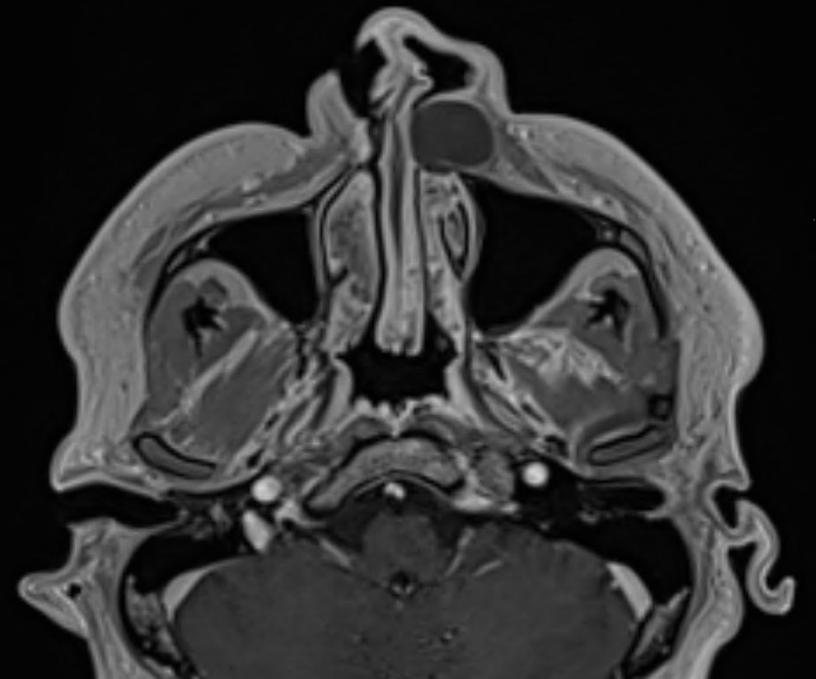
Mujeres 40-60 años.

Origen desconocido.

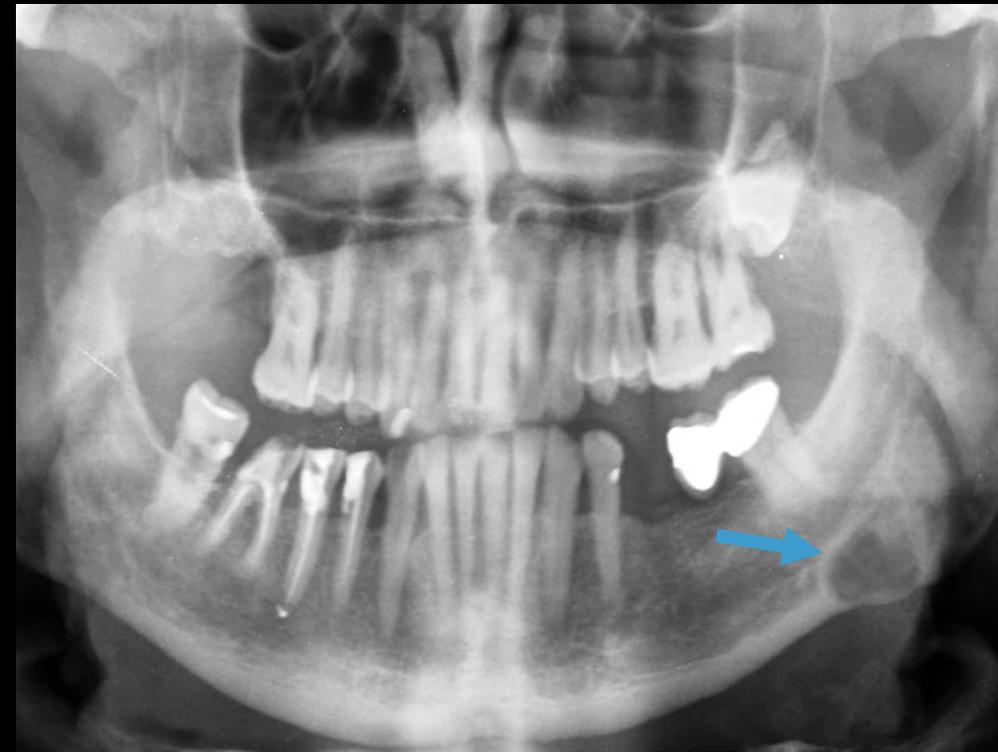
Uni o bilaterales.

Tumefacción  
asintomática.

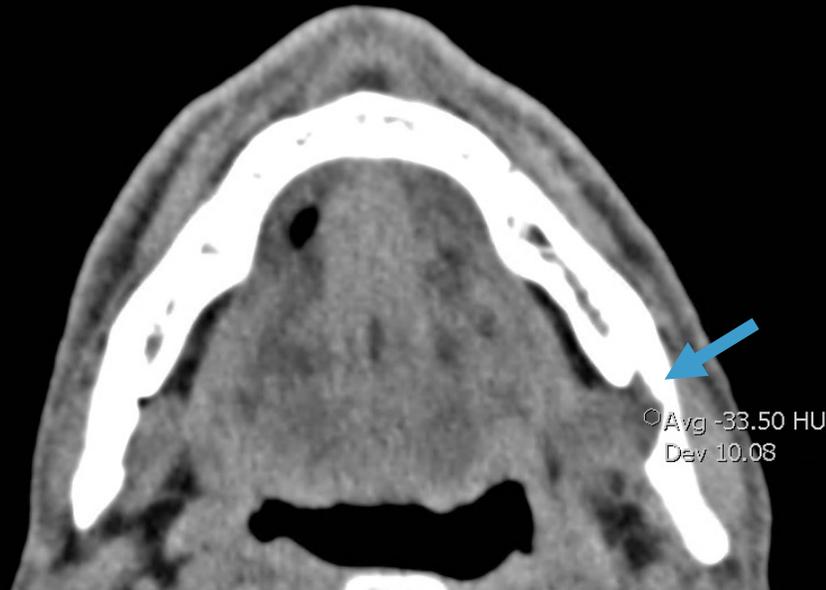
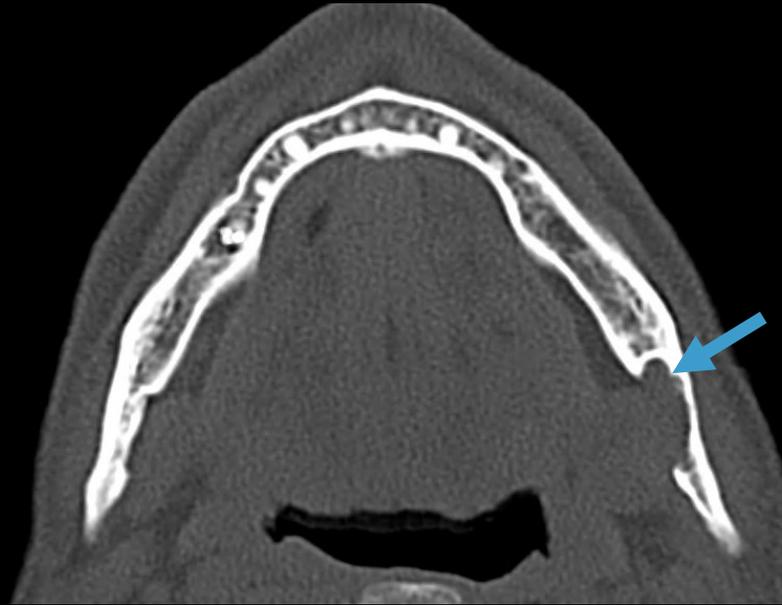
Reparación quirúrgica.



# CAVIDAD ÓSEA DE STAFNE

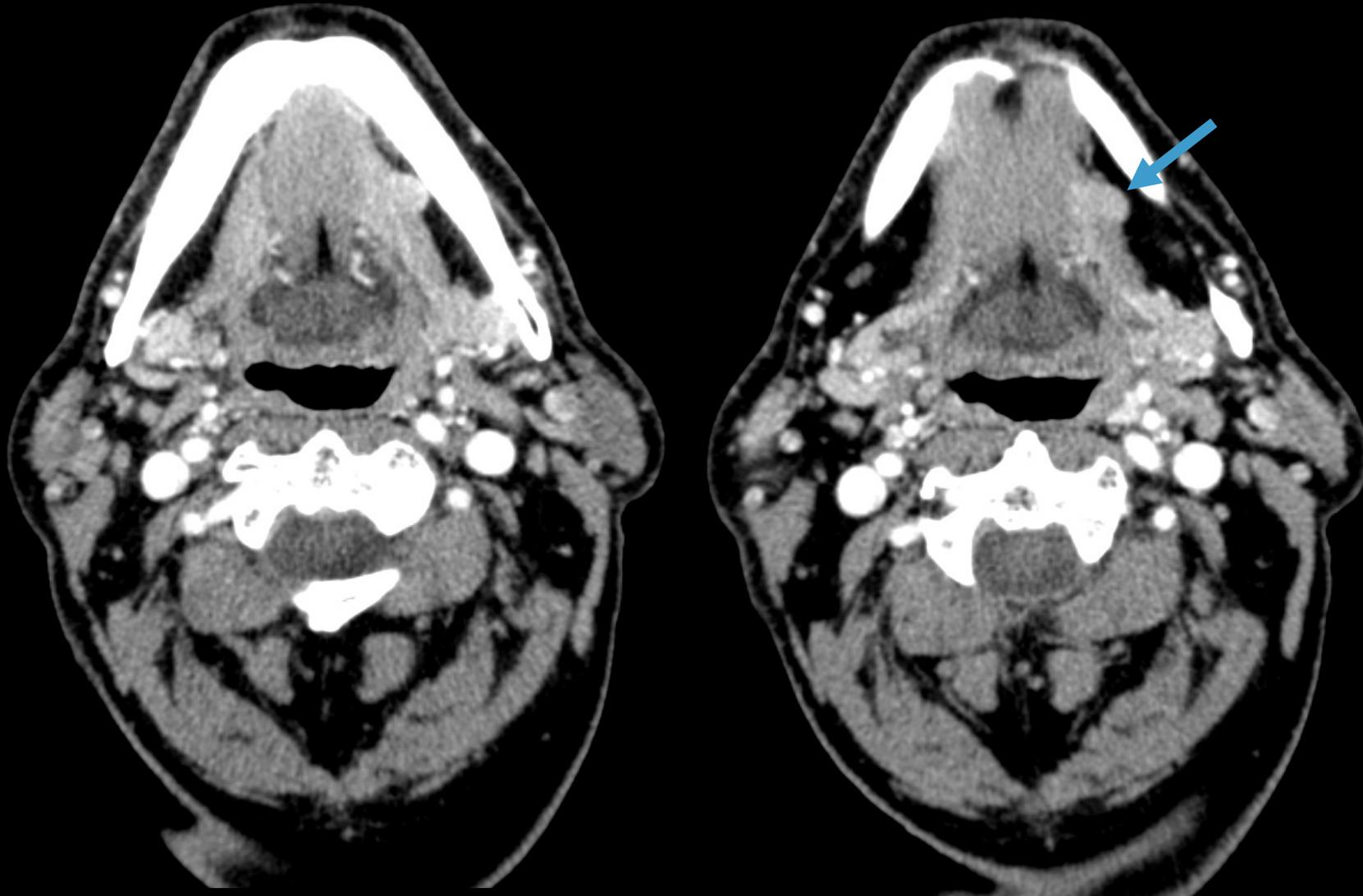


PSEUDOQUISTE MANDIBULAR



CONTENIDO GRASO  
+/-  
HERNIACIÓN G SUBMAXILAR

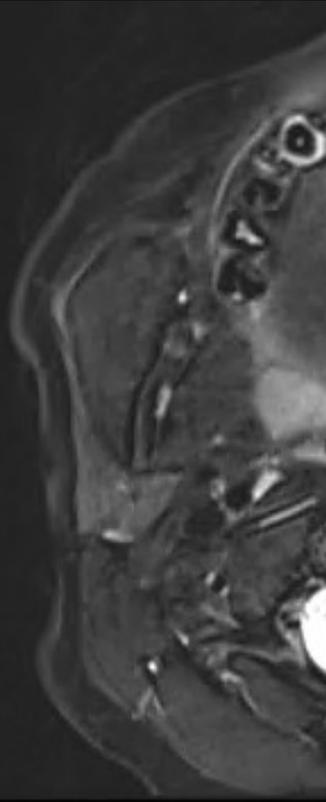
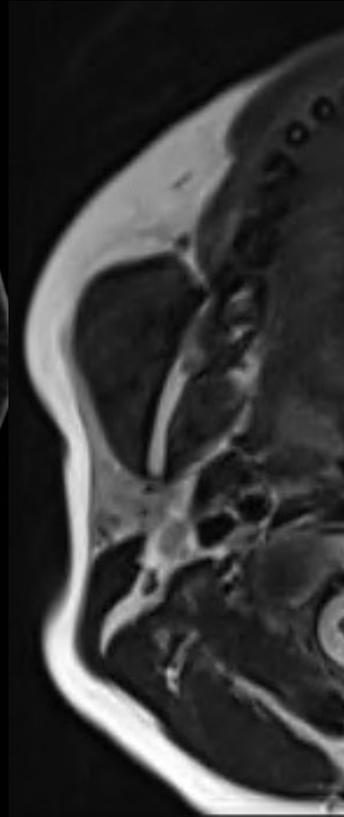
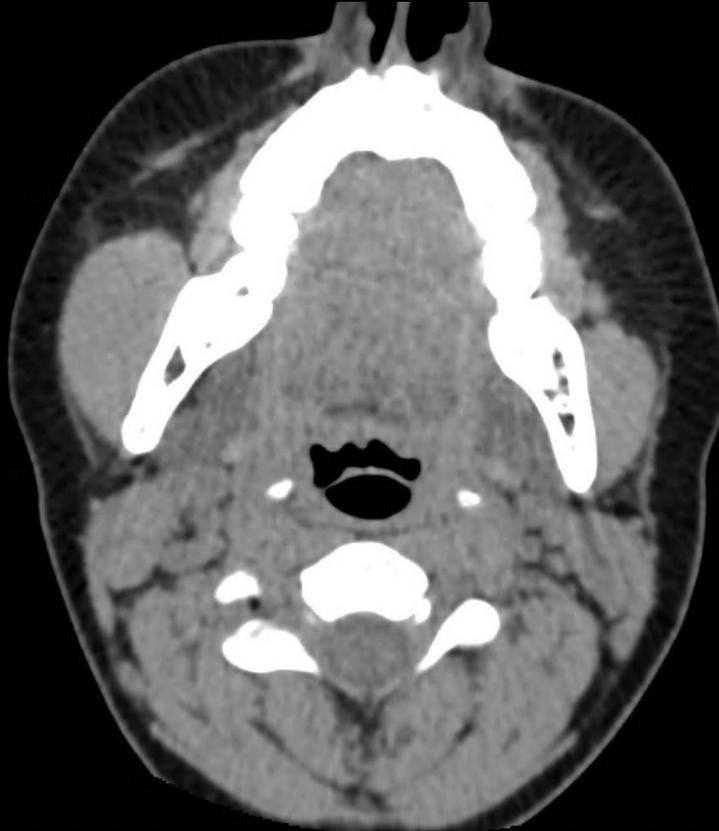
# DEFORMIDAD EN OJAL DEL MILOHIODEO "boutonnière"



Defecto en el vientre muscular  
Herniación de glándula sublingual  
"Falsa" adenopatía nivel Ib



# Hipertrofia de la musculatura masticadora



↑↑ Tamaño

Señal y realce  
Músculo normal

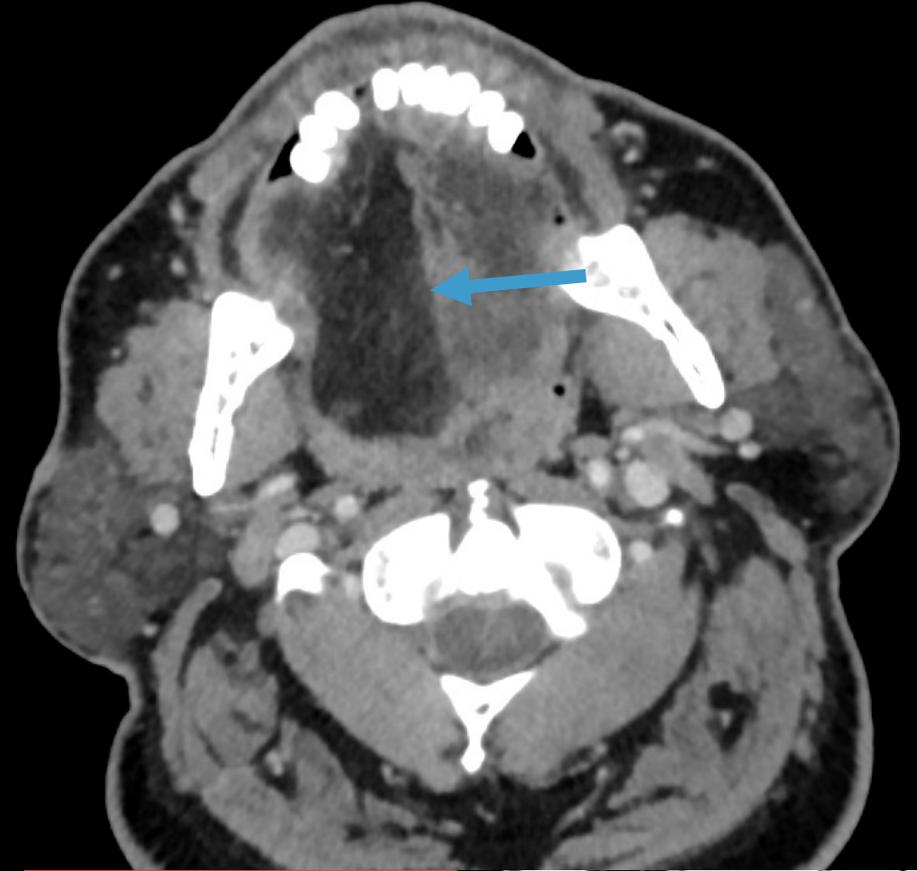
Adolescentes (bruxismo, chicle, ATM)

Uni o bilateral (50% asimétrico)

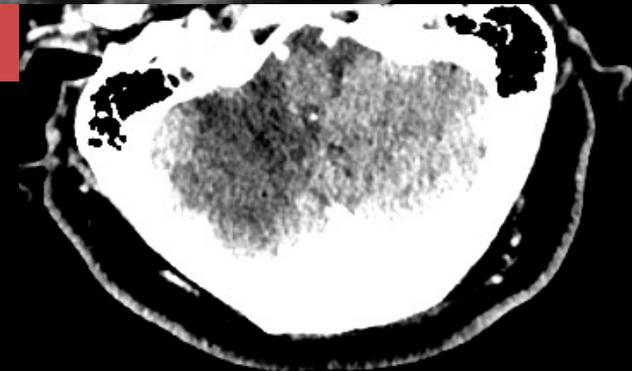
# ATROFIA POR DENERVACION



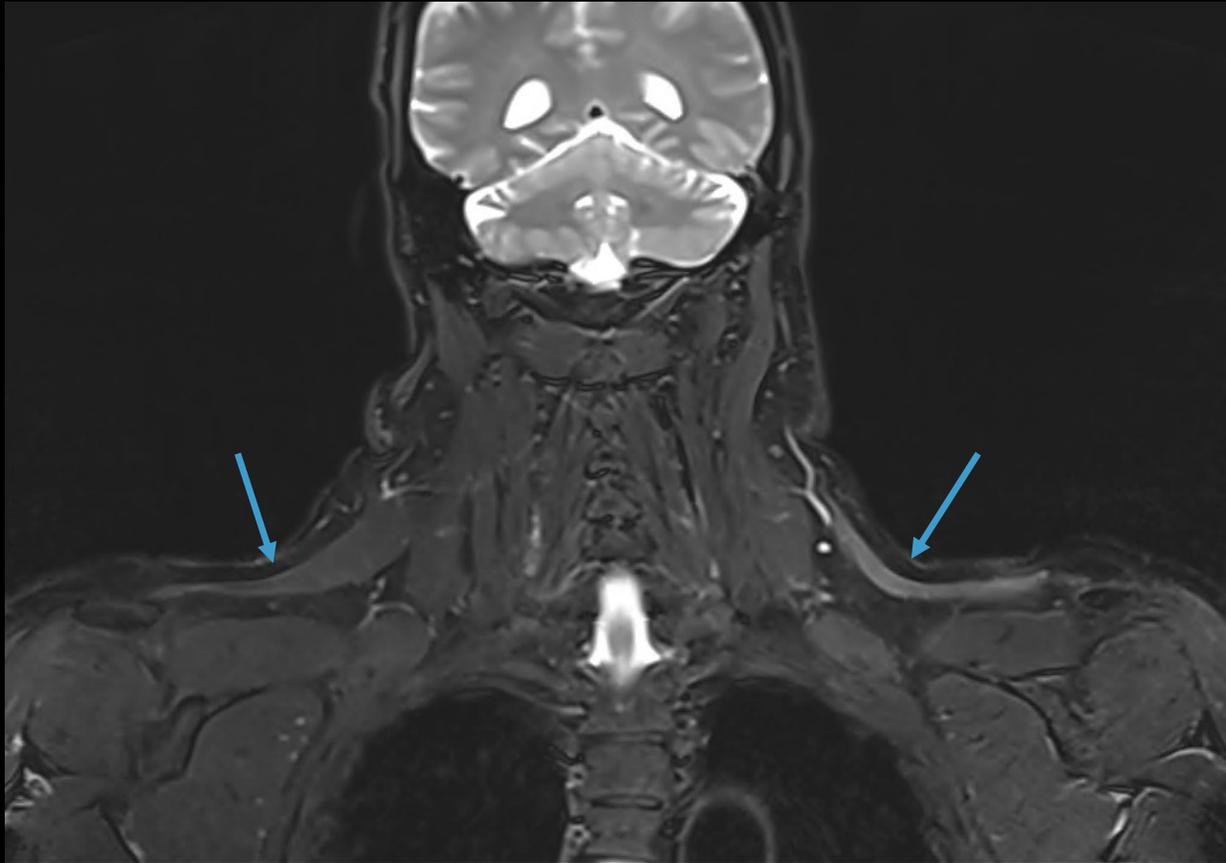
PAR V (V3) MANDIBULAR



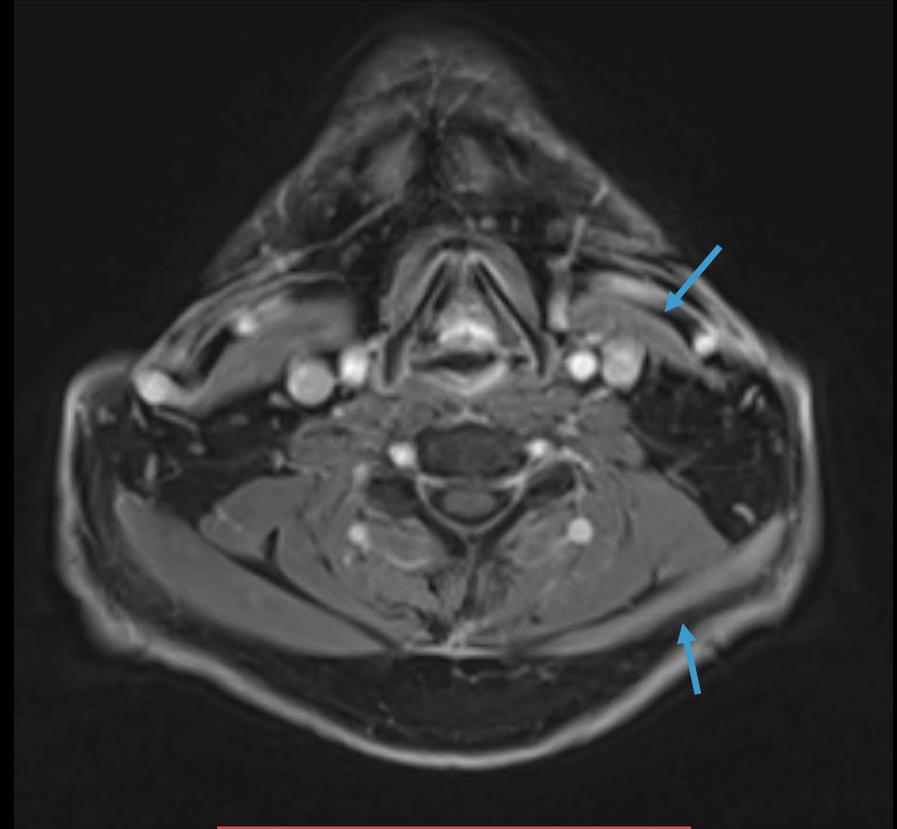
PAR XII HIPOGLOSO



# ATROFIA POR DENERVACION N ESPINAL



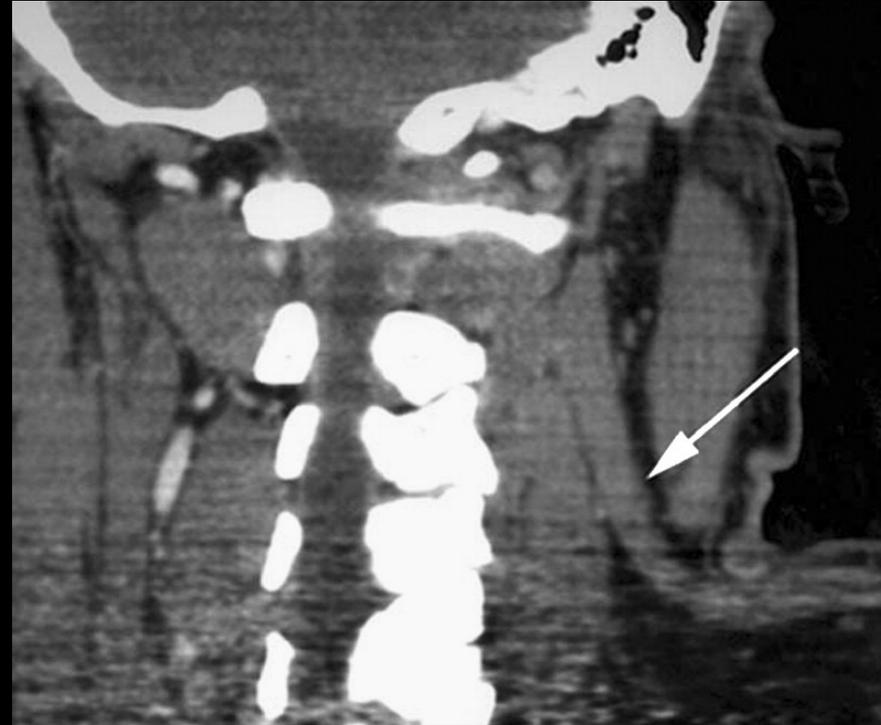
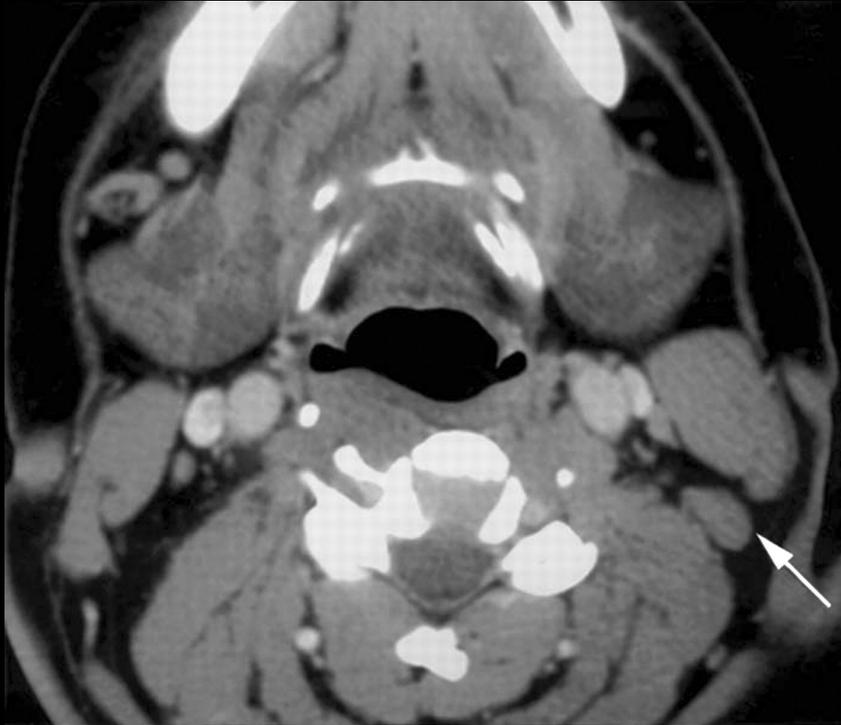
M TRAPEZIO



MM TRAPEZIO y ECM

Neuropatía post-COVID

# Músculo elevador de la clavícula



Músculo vestigial

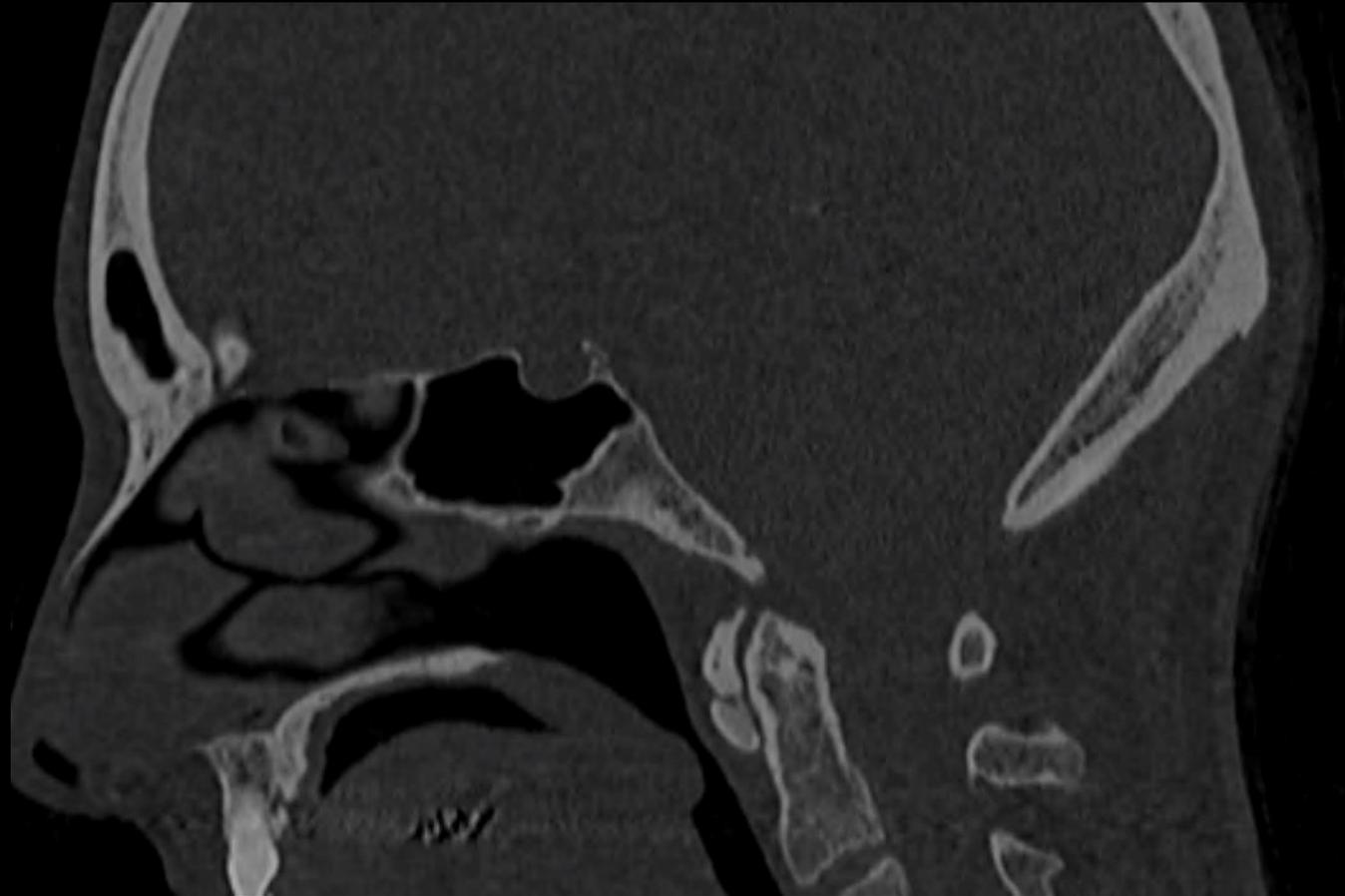
2-3% de la población

Unilateral e izquierdo

*Shaw. Dentomaxillofac Radiol 04*

PITFALL

# TENDINITIS CALCIFICANTE LONGUS COLLI



# TENDINITIS CALCIFICANTE LONGUS COLLI



PSEUDO ABSCESO  
PREVERTEBRAL

Cervicalgia +/- meningismo

Febrícula y ↑ reactantes

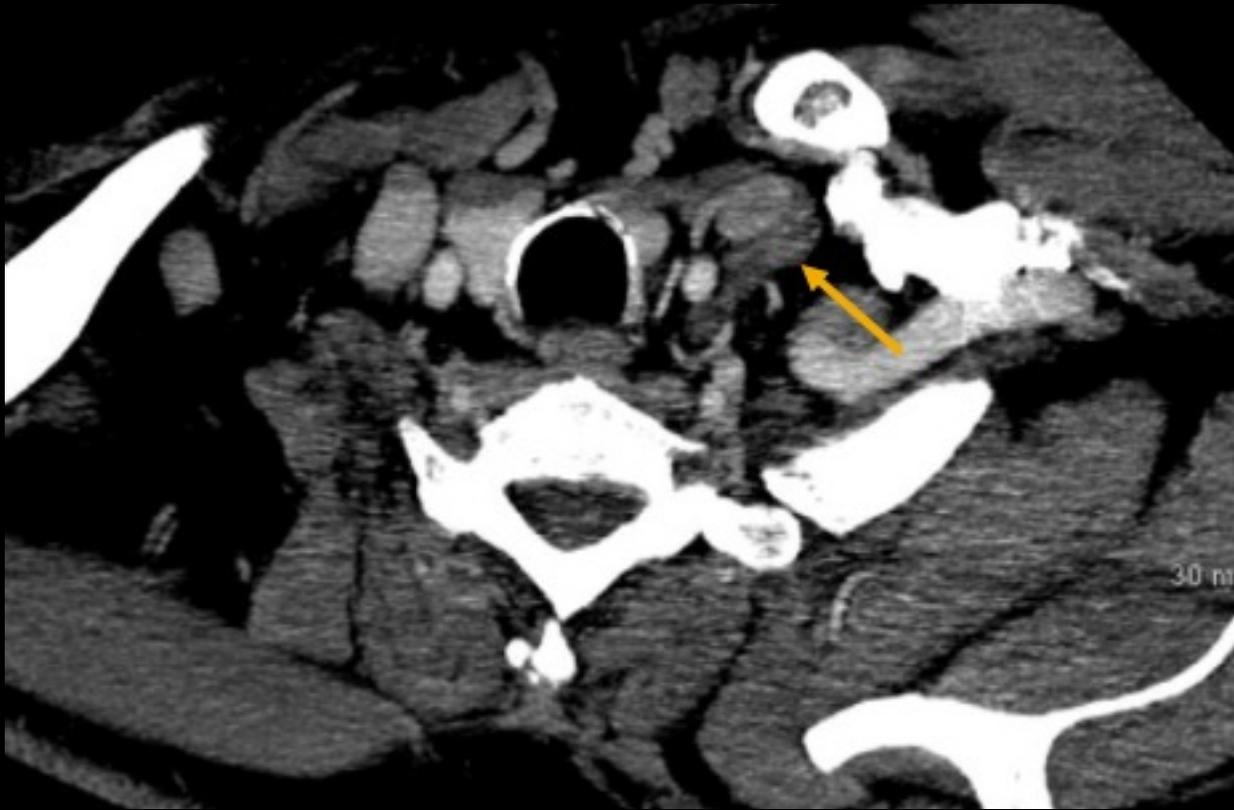
Cuadro autolimitado

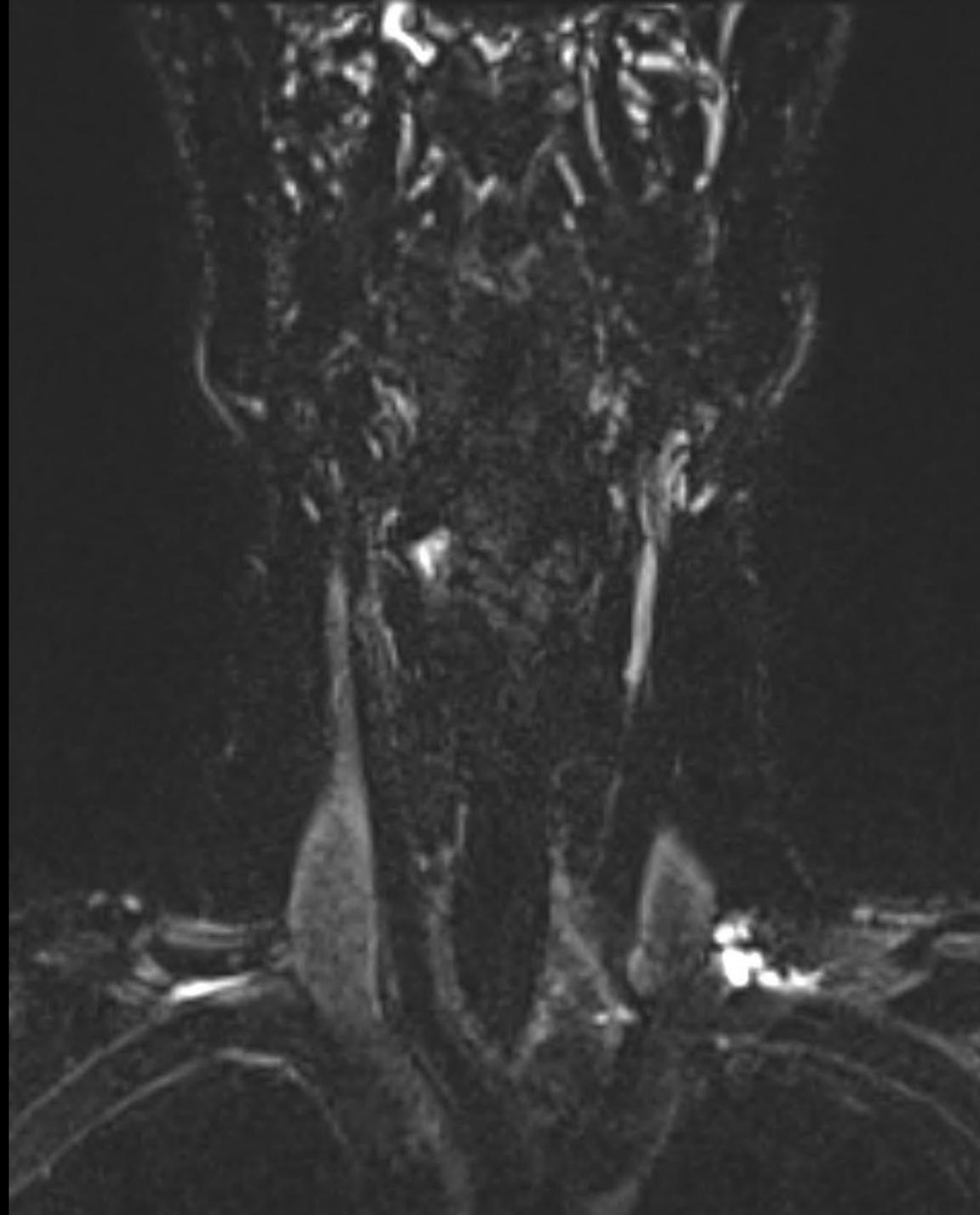
AINES

A teal-colored ribbon graphic that folds over itself, creating a 3D effect. It is positioned on the left side of the image against a black background. The text is centered within the main horizontal section of the ribbon.

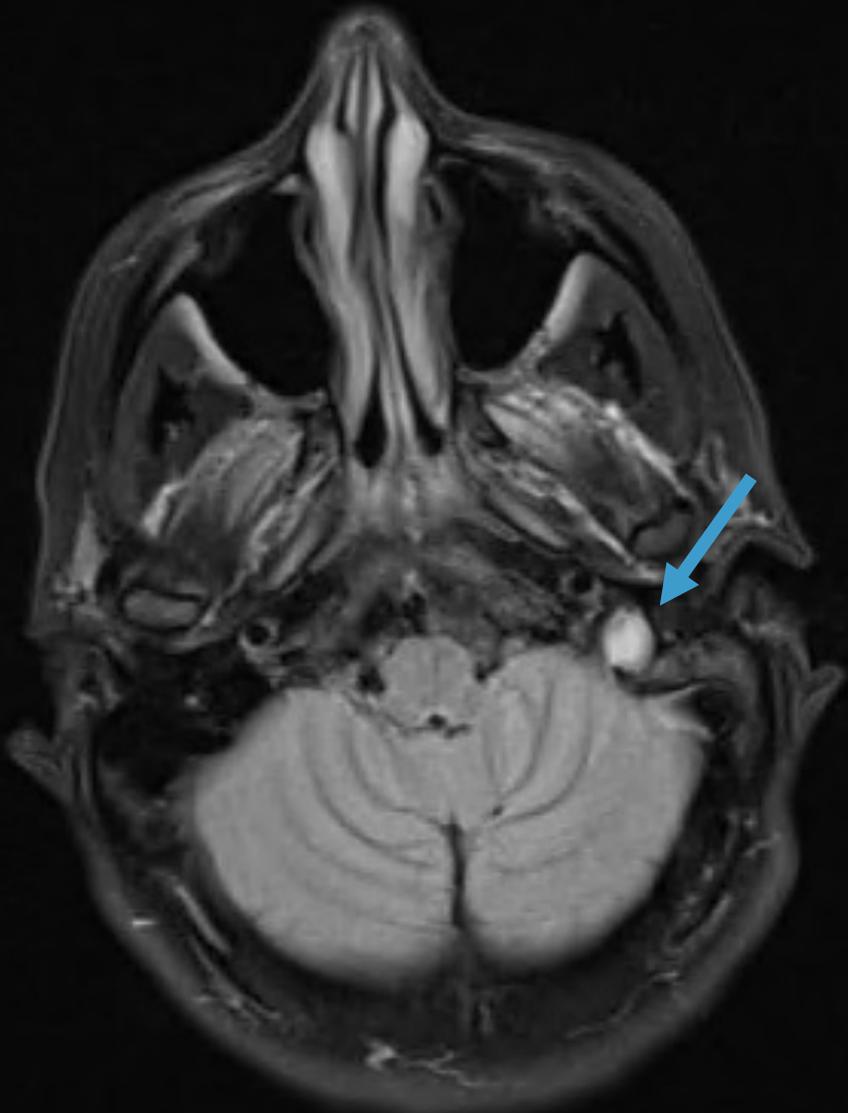
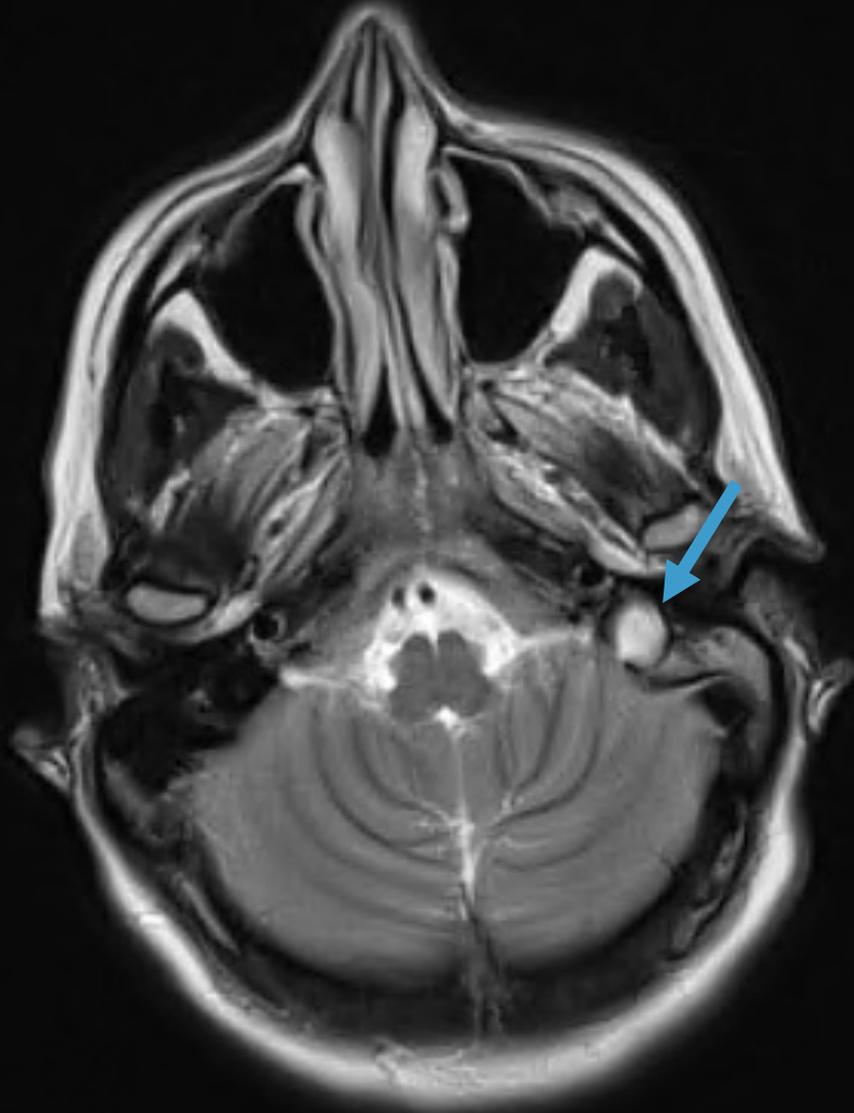
# VASOS SANGUÍNEOS

# Desembocadura del conducto torácico





# PSEUDOLESION DEL BULBO YUGULAR

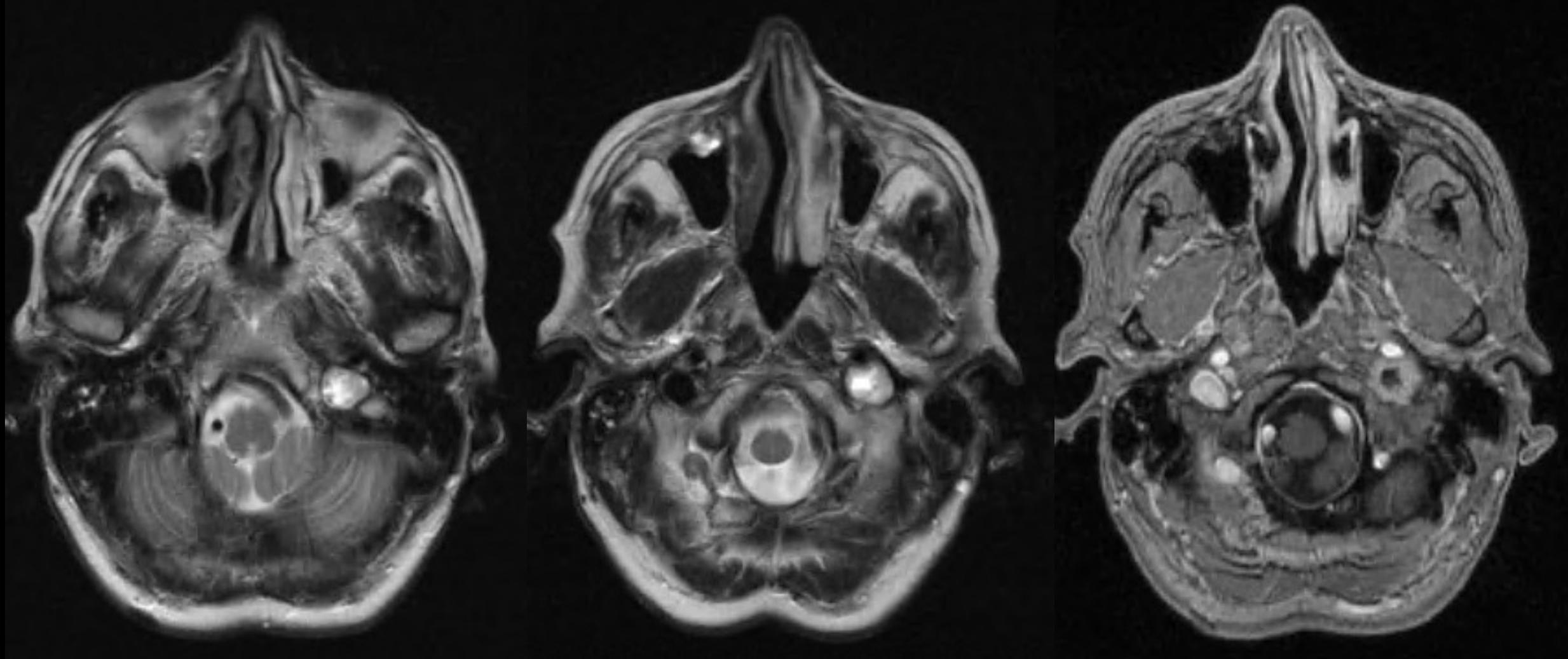


Ausencia de vacío de señal

FLUJO LENTO

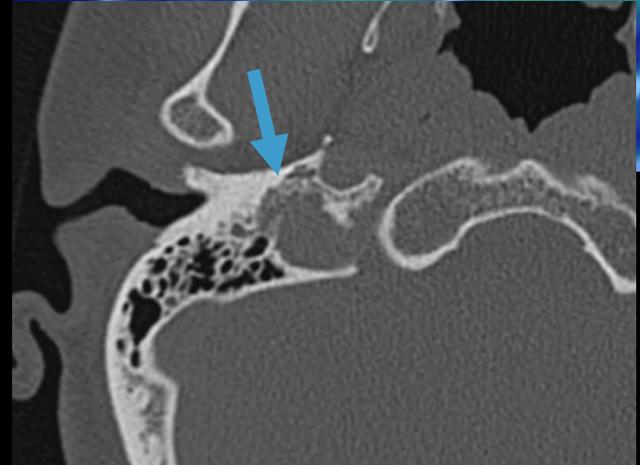
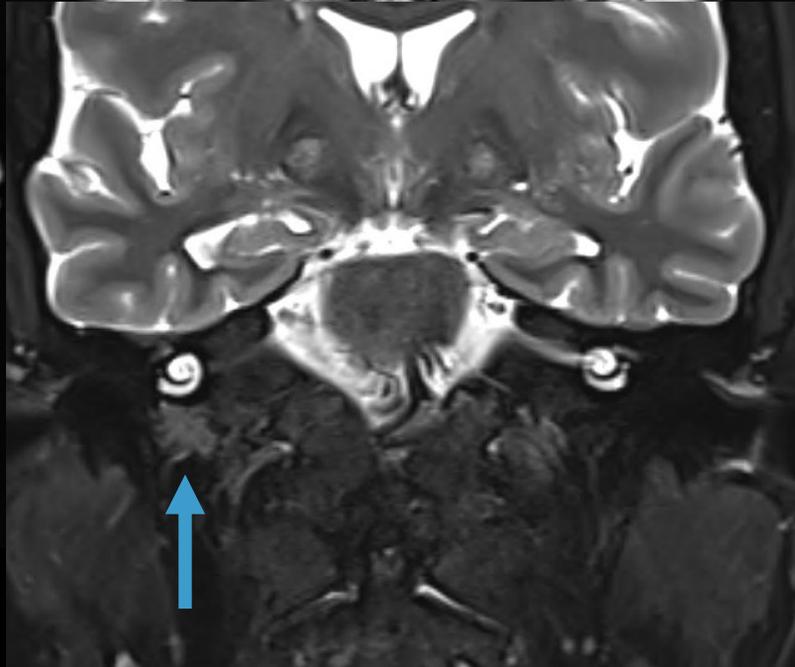
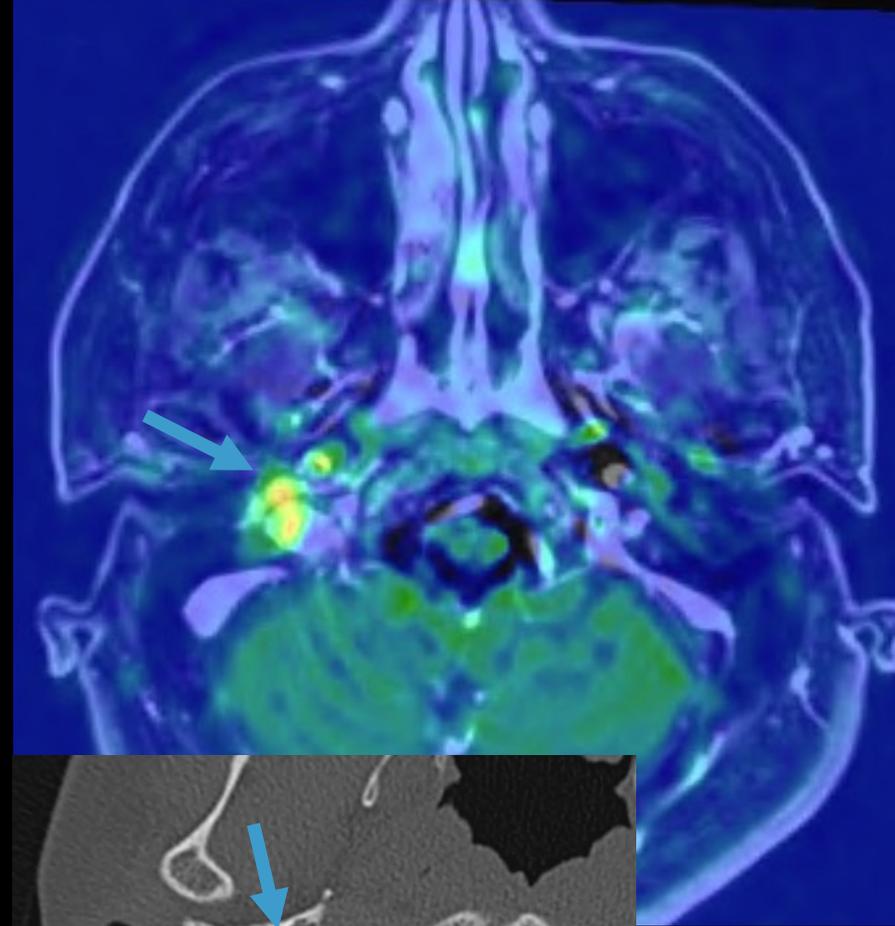
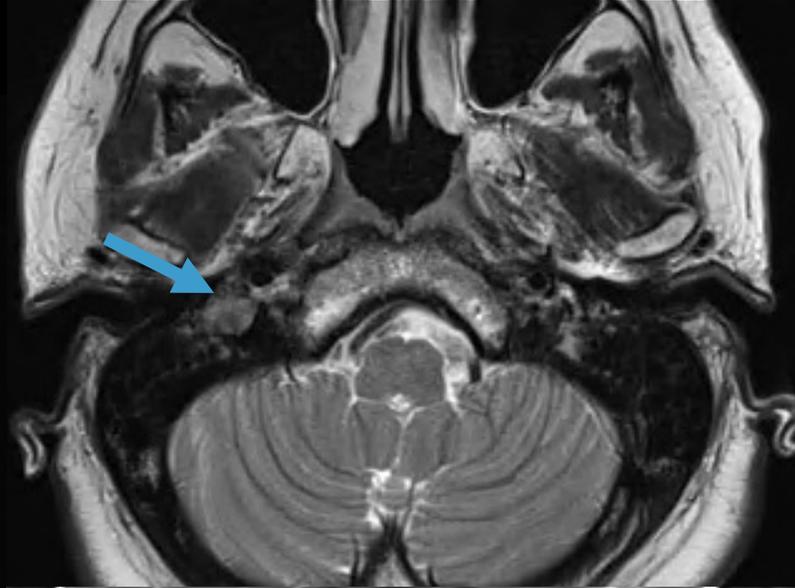
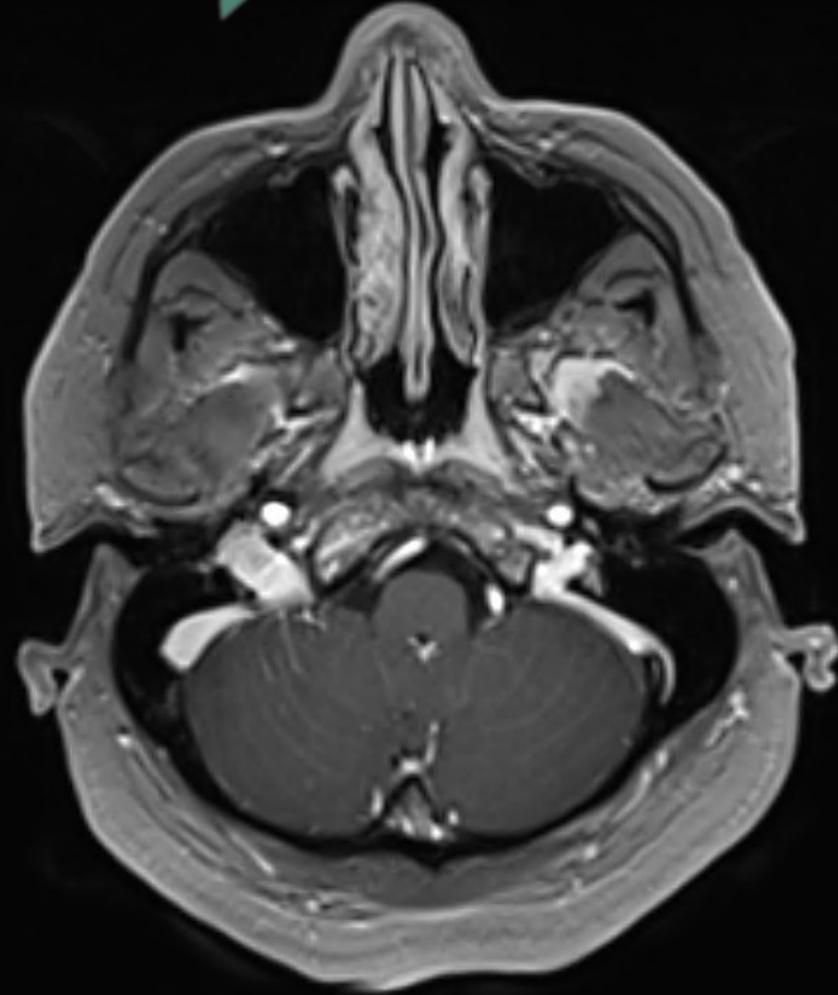
PITFALL

# SCHWANNOMA YUGULAR

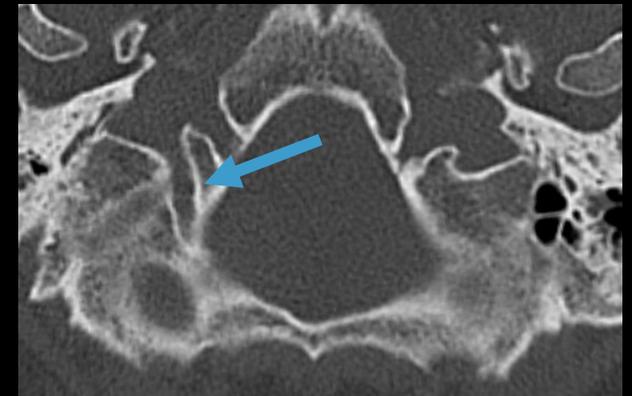
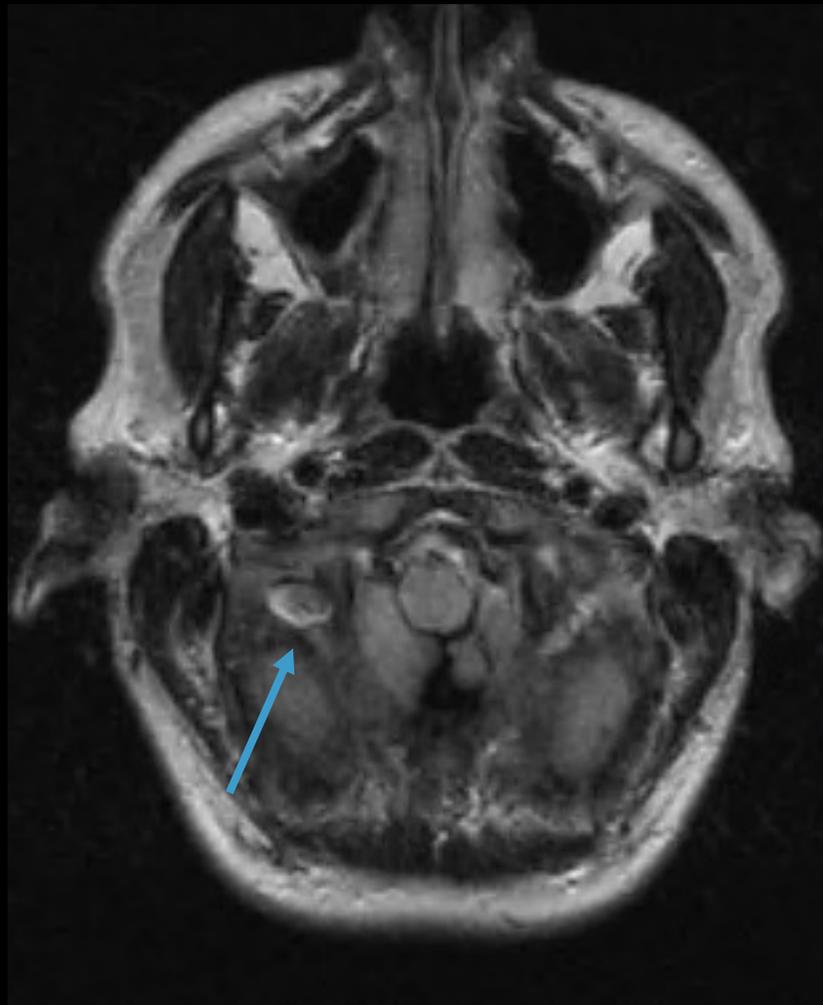


# PARAGANGLIOMA YUGULAR

PITFALL



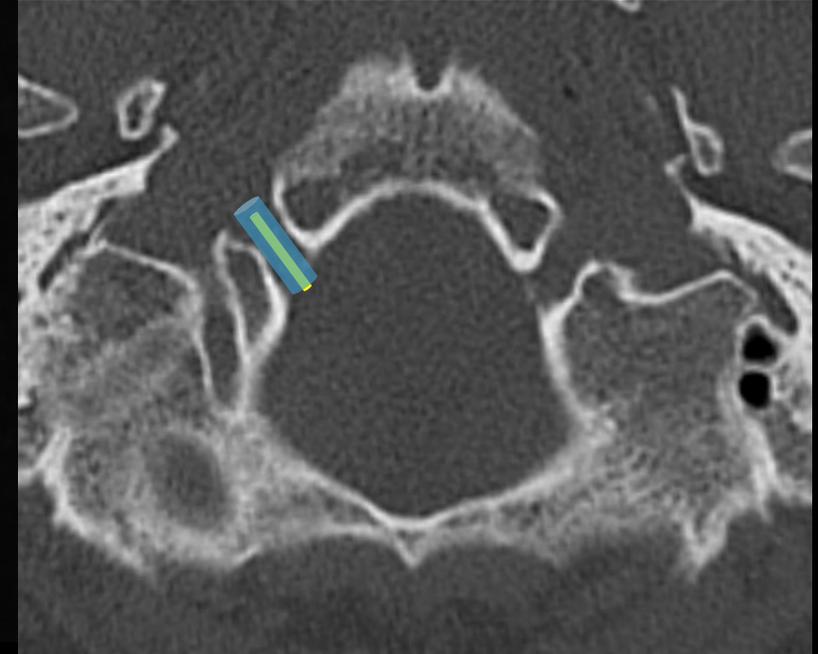
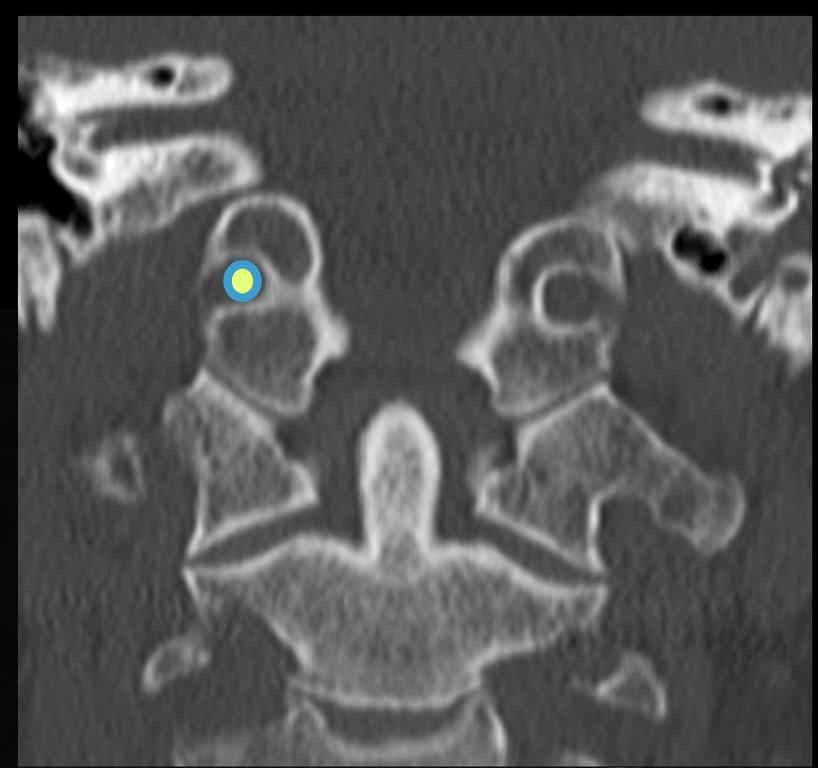
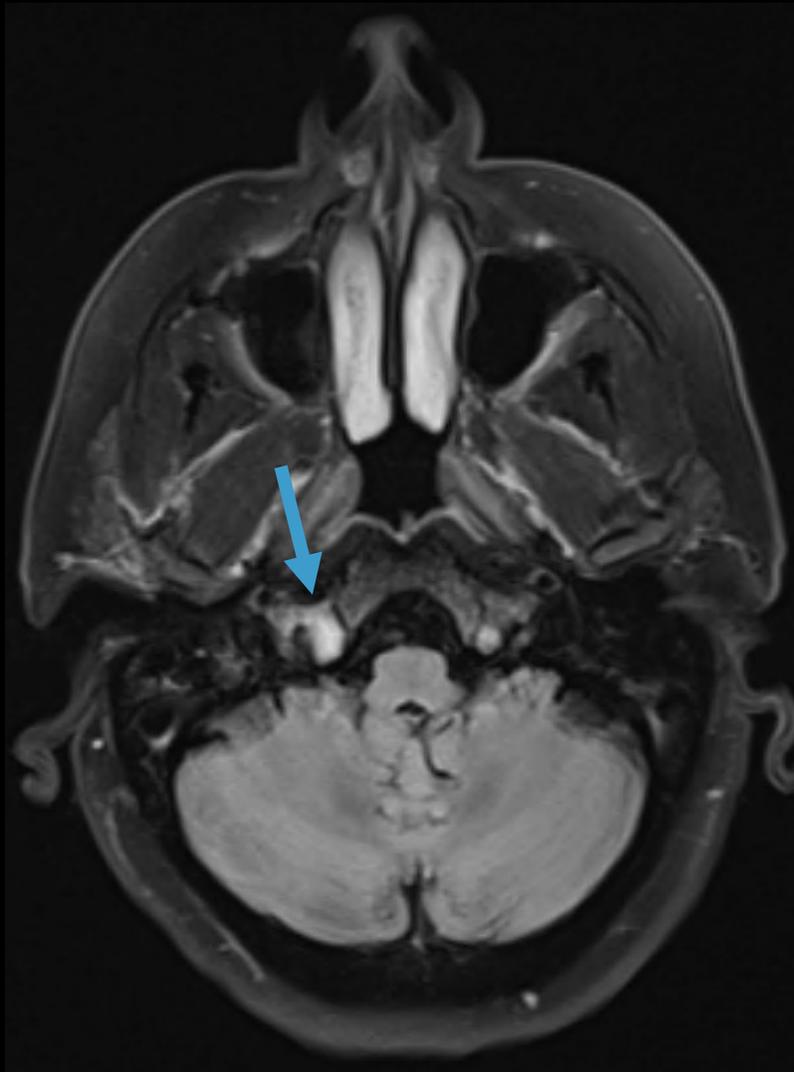
# VENA CONDILEA POSTERIOR



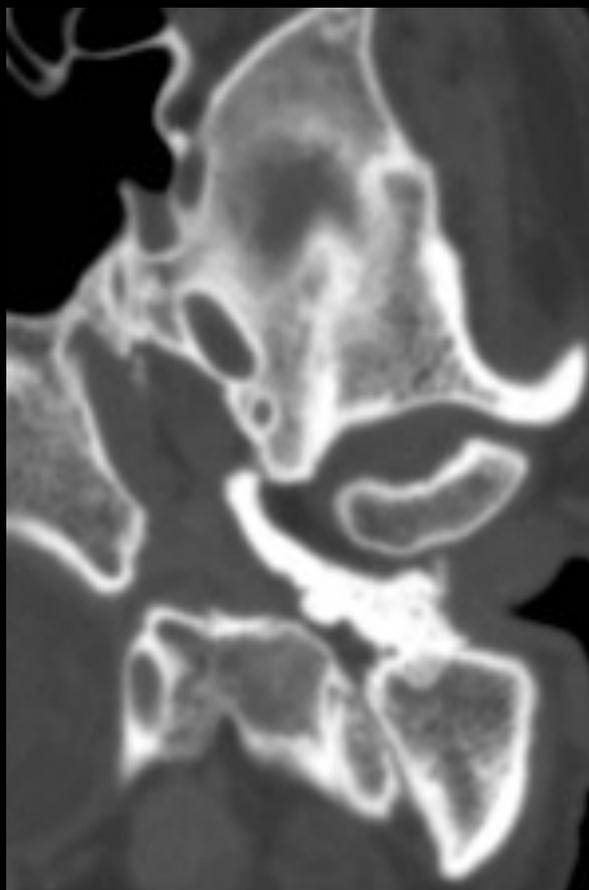
PSEUDOLESIÓN INCIDENTAL

Comunica con el bulbo yugular a través de una vena emisaria  
Canal condíleo posterior

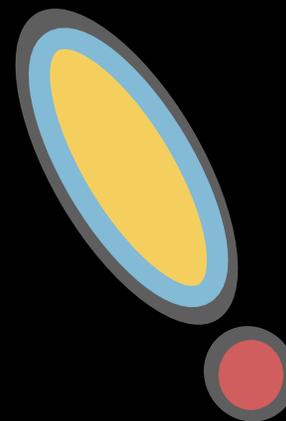
# VENA CONDYLEA ANTERIOR



# FORAMEN OVAL

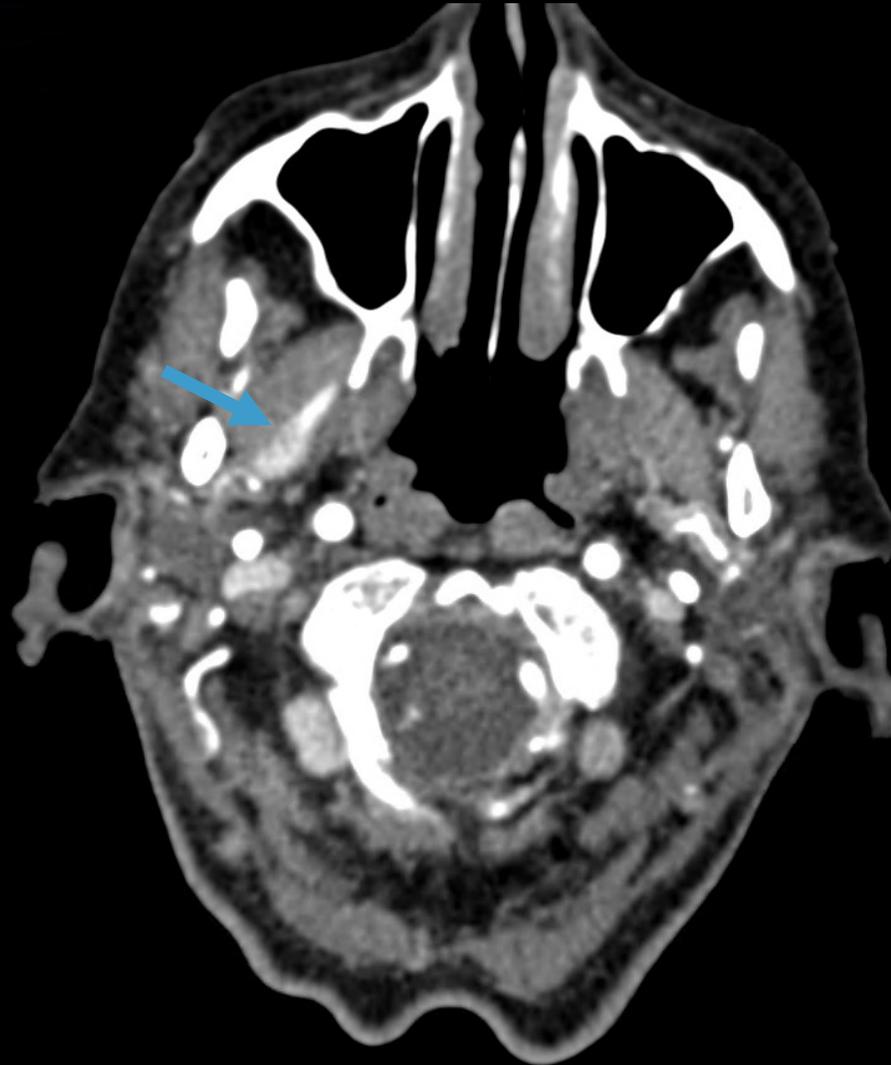


F OVAL  
N mandibular  
Plexo venoso



F ESPINOSO  
Art Meningea  
media

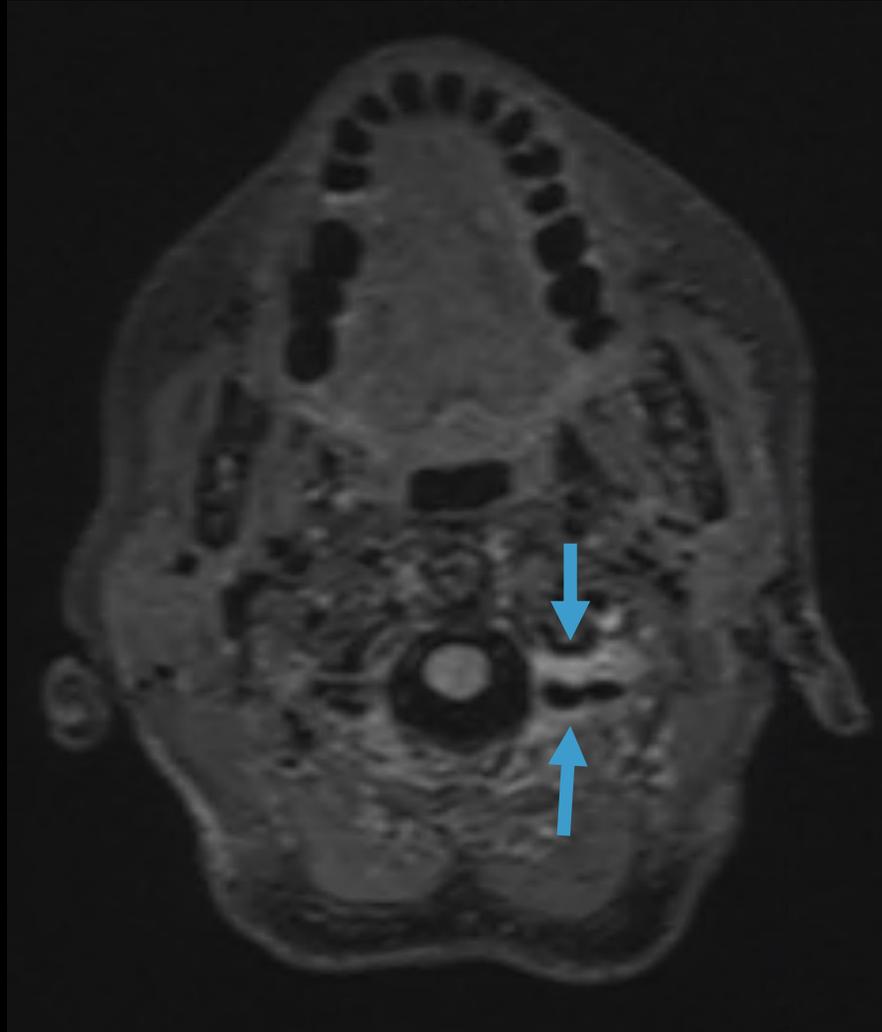
# PLEXO PTERIGOIDEO ASIMETRICO-PROMINENTE



PSEUDOLESION  
ESPACIO MASTICADOR

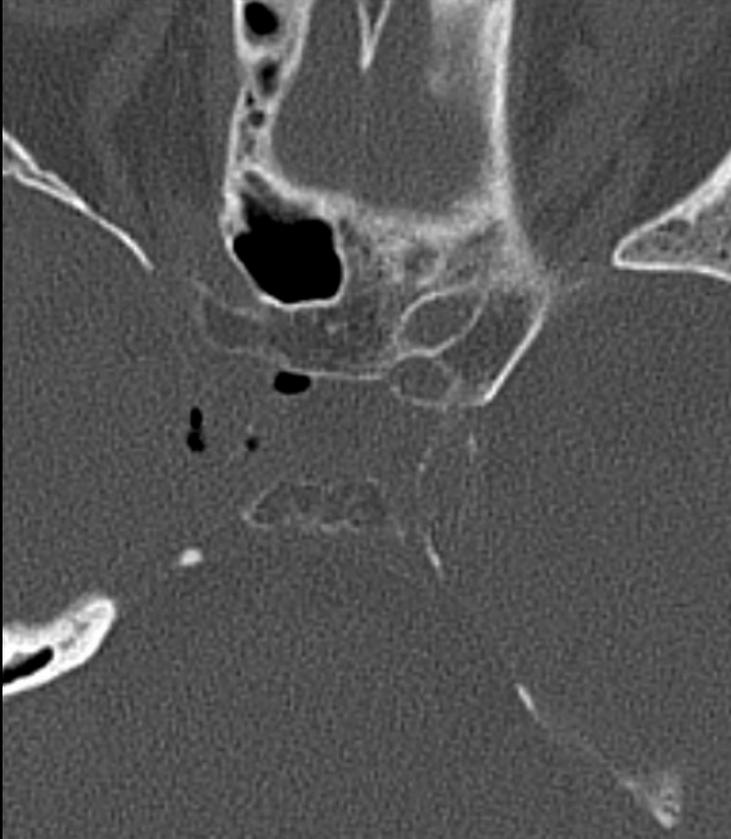
Grado de realce igual al resto de estructuras venosas

# SENO CAVERNOSO SUBOCCIPITAL

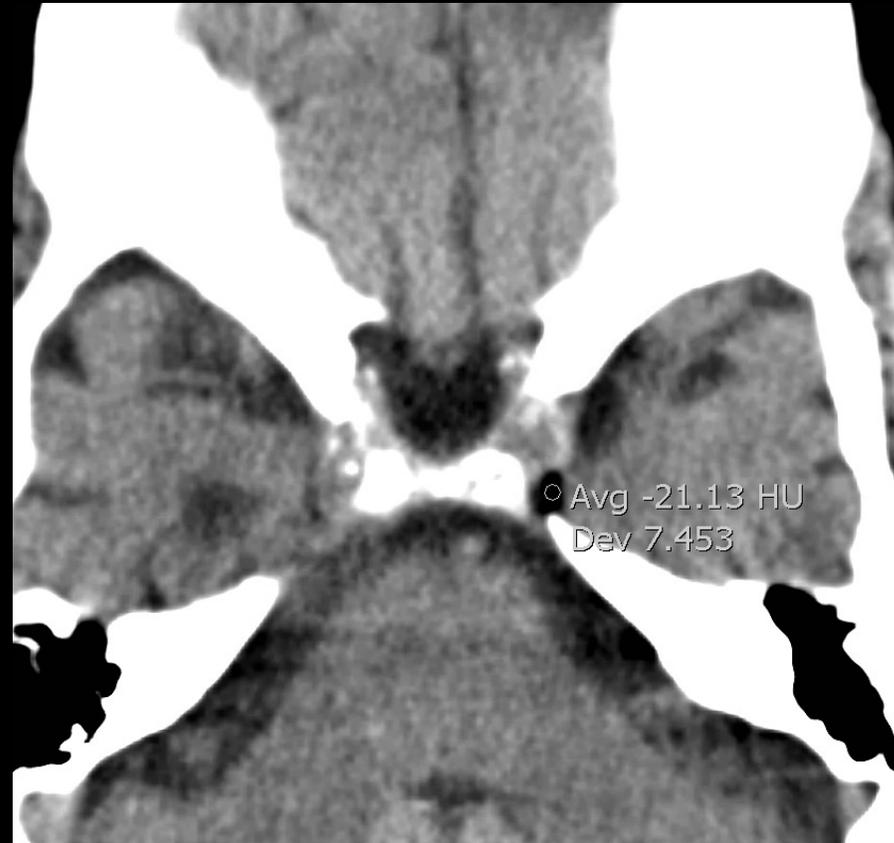


Un plexo mas que un verdadero seno  
“Manguito perivascular” en arteria vertebral

# SENO CAVERNOSO



AIRE ¿NEUMOENCEFALO?  
ACCESO VENOSO PERIFERICO



GRASA

# TOLOSA-HUNT

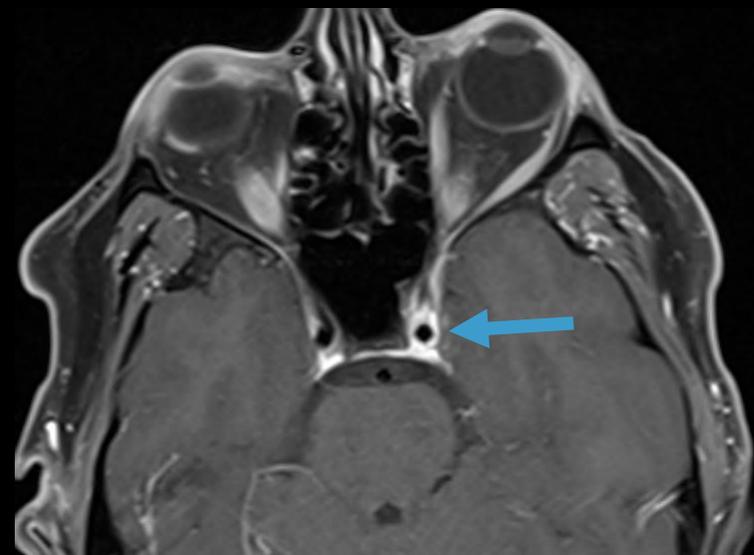
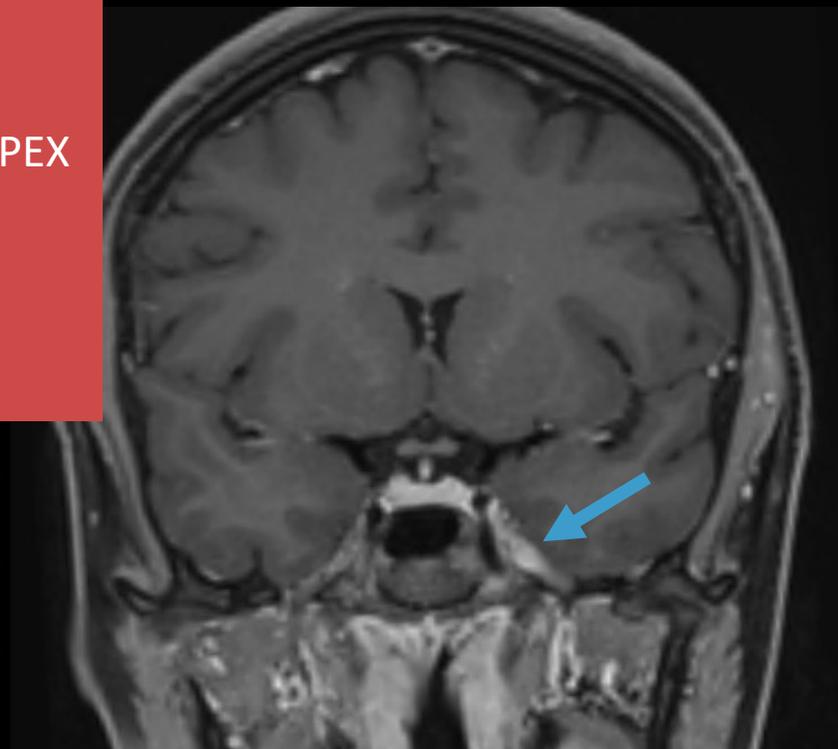
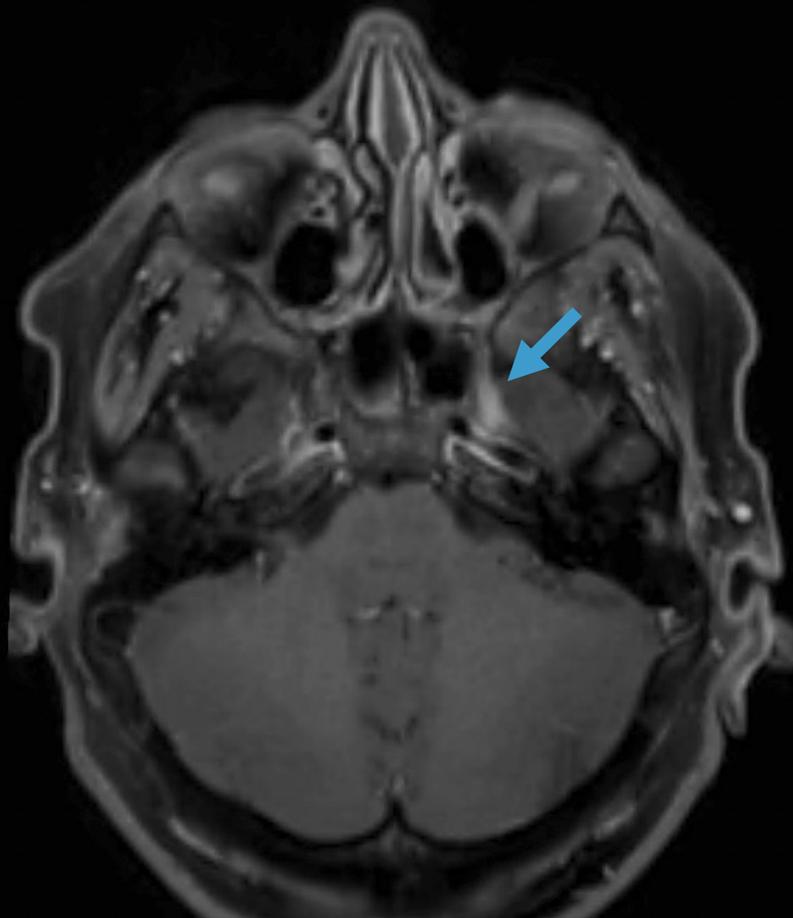
OFTALMOPLEJIA DOLOROSA

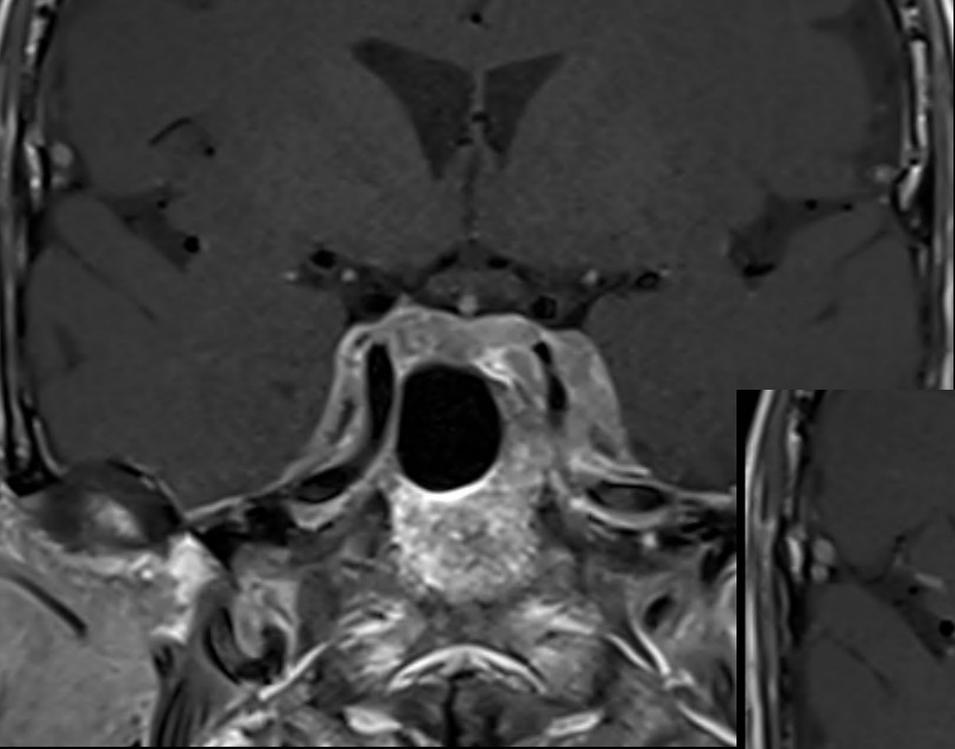
TEJIDO INFLAMATORIO EN SENO CAVERNOSO-APEX

EXCELENTE RESPUESTA A CORTICOIDES

DIAGNÓSTICO DE EXCLUSIÓN

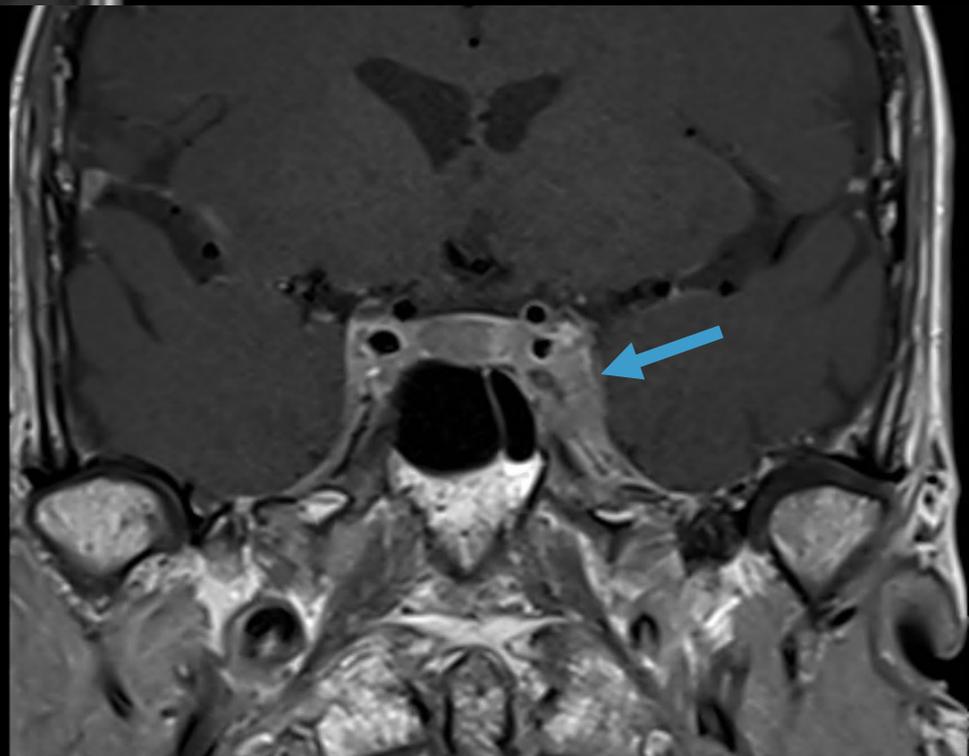
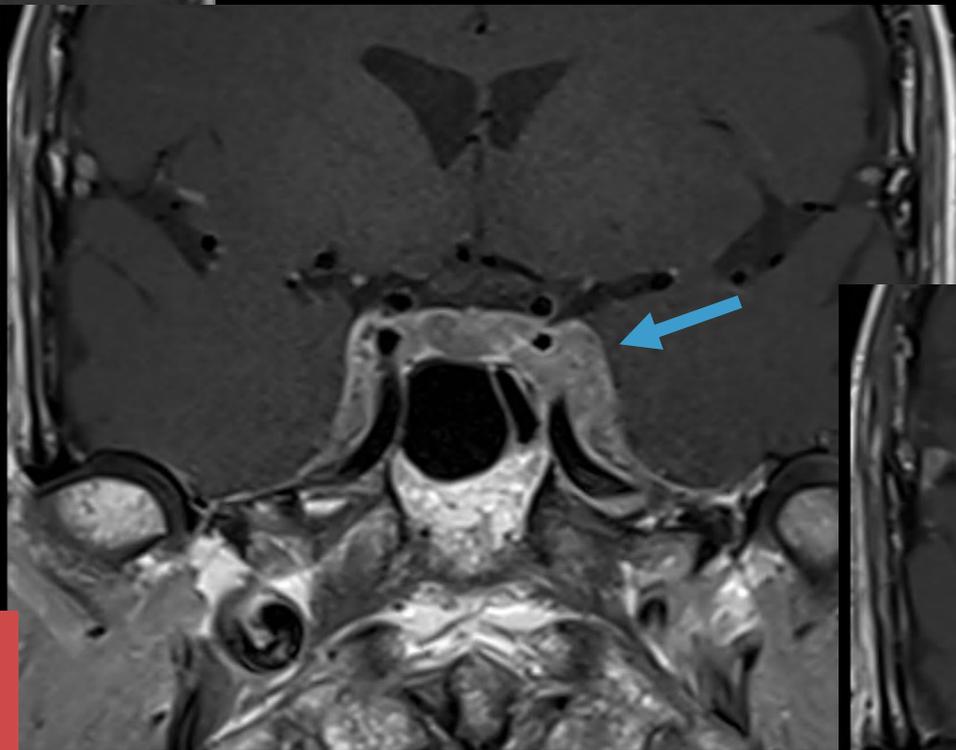
*PITFALL*





PITFALL

# ACTINOMICOSIS



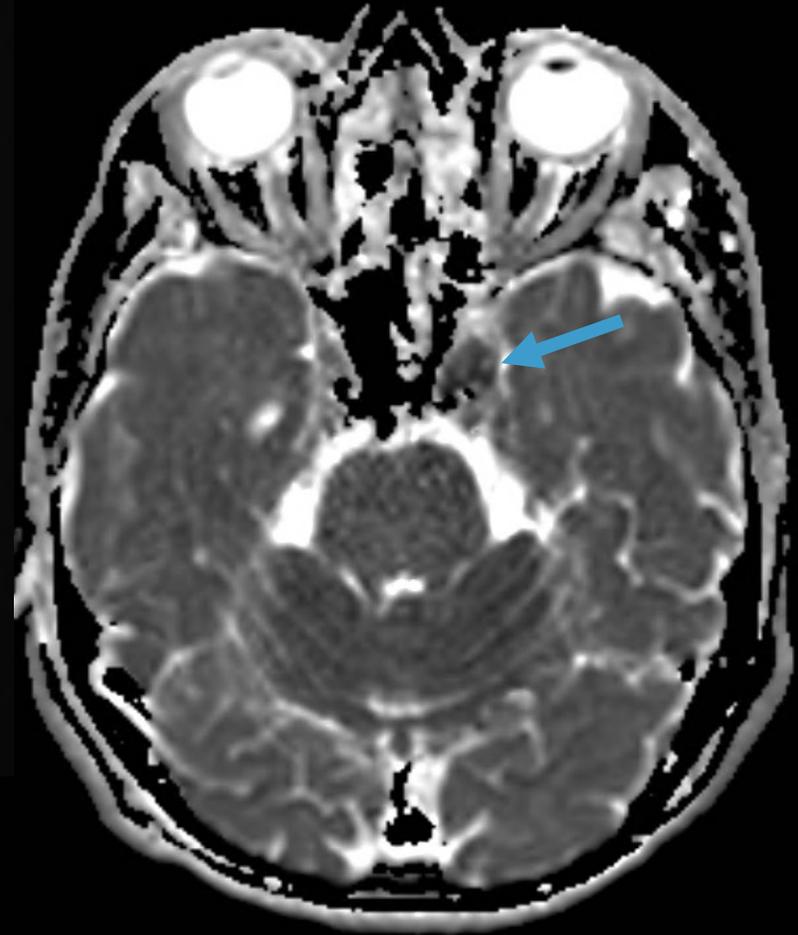
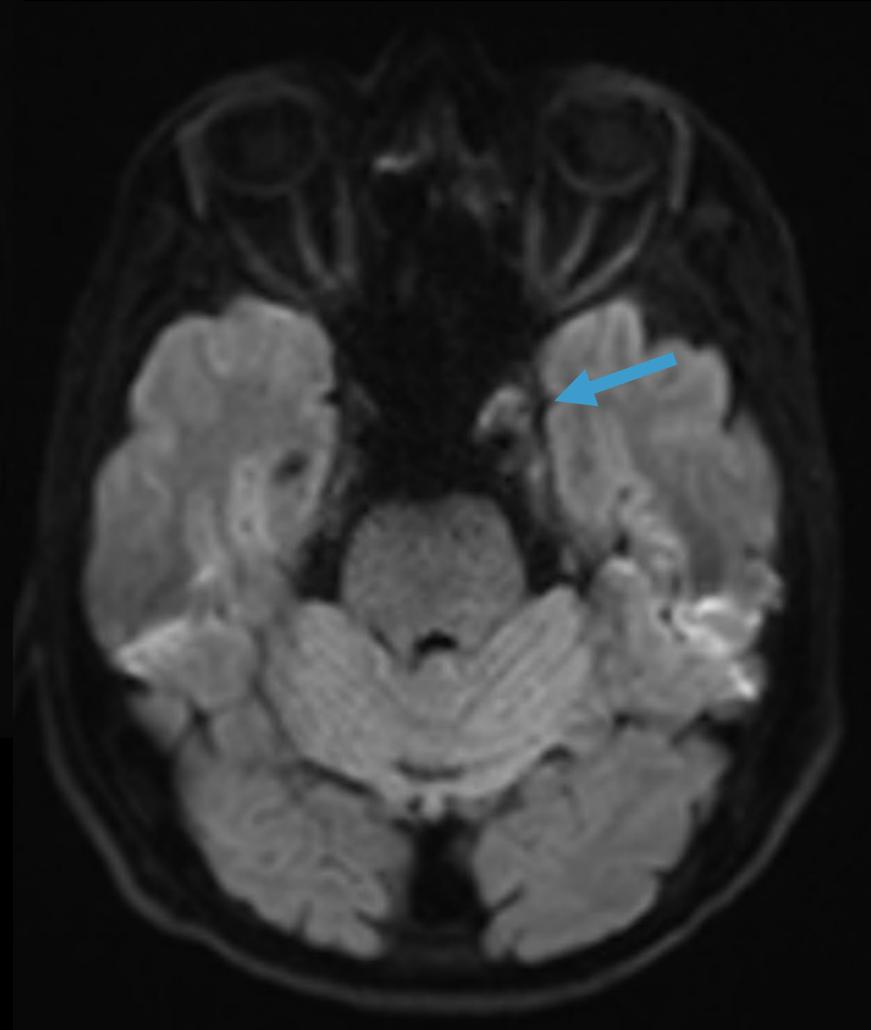
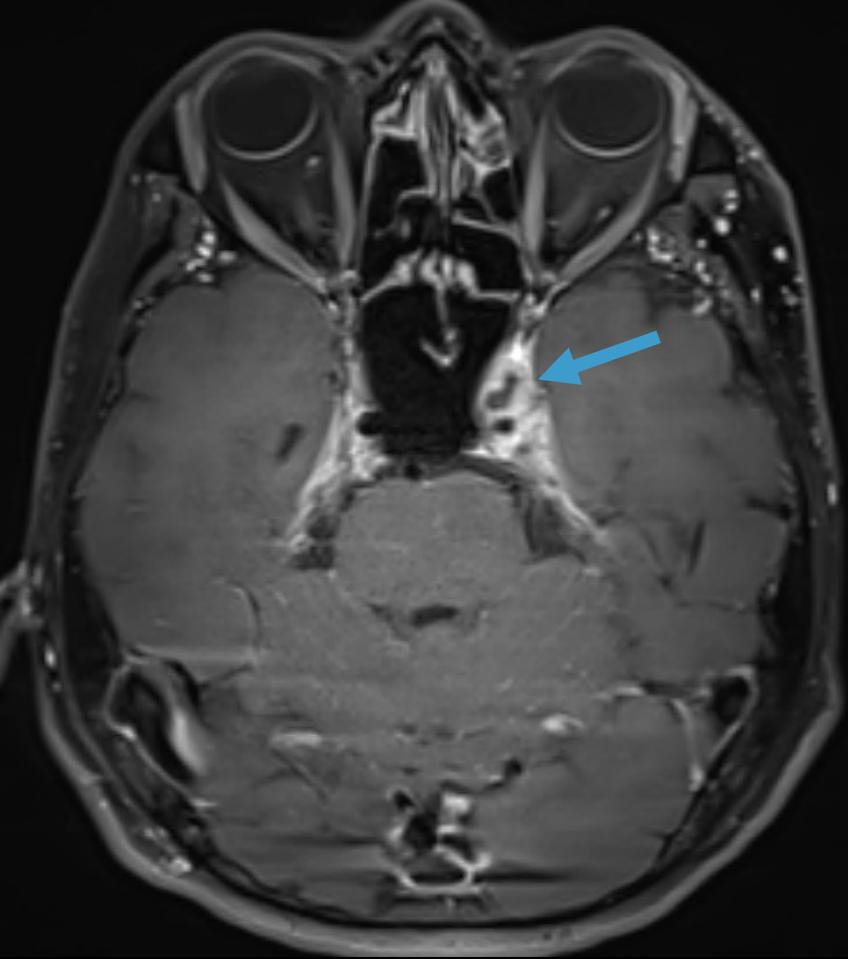
CERVICOFACIAL EN MÁS DEL 50%

ORIGEN ODONTOGÉNICO

CURSO INSIDIOSO

INMUNOCOMPETENTES

# ACTINOMICOSIS



PITFALL

TEJIDO INFILTRATIVO

NO RESPETA PLANOS

PEQUEÑAS COLECCIONES

NO GANGLIOS

Gracias

