Dedication

- To the sprit of my mother.
 - To my father, the mean of learning how the life can go as better as it must be.
 - To my best friends who did as possible as they can to give support and care.
 - And to someone very special in my life, who is giving me an extra touch of joy to everything that I do, my Son, Maaz.

•

Acknowledgements

My full thanks to my God in everything my great thanks and deep gratitude to my supervisor Mr. Hussein Ahmed Hassan for his advices, valuable suggestions and help.

Also very special thank extend to Mr. Abd El/Monem Adam, who helped in performing the practical part of this research, with his full patience and co-operative.

My thank to the staff of Khartoum Advance Diagnostic Centre (KADC) who gave me permission to conduct the practical part of this work in the centre.

Abstract

The aim of this study is to establish suitable protocols of magnetic resonance imaging for normal cranial nerves appearance because it is not feasible to follow their entire course within the brain due to their oblique direction and small size, beside that they are surrounded by cerebrospinal fluid, fat and blood vessels.

The study also aim to establish accurate landmarks for easy detection of these nerves.

The study visualized the normal anatomy of the cranial nerves in due to their excellent contrast with cerebrospinal fluid and the possibility of thin sections, so that these protocols might be essential for the diagnosis of neuroalgia and cranial nerves paralysis.

ملخص البحث

الهدف من هذه الرواسة هوو ضع نظام (يو ق كول) للتصوير بالونين المغنطيسي لظهر الأعصاب الدماغية السليمة ، و ذلك لأن هذه الأعصاب ليس من السهولة متابعة تكويناتها حتى النهاية داخل الدماغ نسبة ولصعها المائل و صغر حجمها ، مع إحاطتها بالسائل الدماغي النخاعي والدهون والأوعية الدوية.

و تهدف الواسة أيضاً إلي إيجاد معالمو ضعية صحيحة لاكتشاف تلك الأعصاب بصورة سهلة.

و قد أظهرت الواسة لل ضع التشريحي الطبيعي للأعصاب الدماغية و ذلك بإجراء مقاطعر قيقة بالاستفادة منو حد تباين ممتاز بين الأعصاب الدماغية و السائل الدماغي ، و يمكن أن تعتبر هذه الطريقة التقنية مهمة لتشخيص حالات الشلل في الأعصاب الدماغية و العصبية.

List of Abbreviation

MRI : Magnetic resonance imaging

RF : Radio Frequency.

T : Tesla.

II : Second Cranial Nerve.

III : Third Cranial Nerve.

V : Fifth Cranial Nerve.

VII : Seventh Cranial Nerve.

VIII : Eight Cranial Nerve.

CN : Cranial Nerves.

CT : Computerized Tomography.

NMR : Nuclear Magnetic Resonance.

3D CISS : 3-dimensional Constructive Interference

in Steady State.

3D Mp-RAGE : 3-dimensional magnetization prepared

rapid gradient echo.

2D TSE : 2-dimensional turbo spin echo.

IAC : Internal auditory canal.

CSF : Cerebrospinal fluid.

MS : Multiple sclerosis.

KADC : Khartoum Advance Diagnostic Centre.

ToF : Time of Flight.

MpR : Multi planar Reformat.

TR : Time to Repetition.

TE : Time to Echo.

FOV : Field of View.

NEX : Number of averages.

FFE : Fast field echo.

WI : Weighted imaging..

List of Contents

<u>Top</u>	<u>ic</u>	Page
<u>No</u>		
Dedication		I
Acknowledgement		II
Abstract (English)		III
Abstract (Arabic)		IV
List of Abbreviation		V
List	of contents	
VI-V	VII	
Cha	apter One	
	Introduction	1
1.1	Advantages of MRI	4
1.2	Disadvantages of MRI	5
1.3	Cranial nerves	5
1-4	Hypothesis	6
1-5	Objectives	6
1-6	Previous studies	6
Cha	apter two: Anatomy of Cranial Nerves	
2.1	The cranial nerves	9
2.1.	1 The olfactory nerve	9
21.	.2 The optic nerve	10

2.1.3 The oculomotor nerve	10	
2.1.4 The trochlear nerve	10	
2.1.5 The trigeminal nerve	11	
2.1.6 The obducent nerve	12	
2.1.7 The facial nerve	12	
Topic		
<u>No</u>		
2.1.8 The vestibulocochlear Nerve	13	
2.1.9 The glossopharyngeal nerve	14	
2.1.10 The vagus nerve	14	
2.1.11 The accessory nerve	15	
2.1.12 The hypoglossal nerve	16	
2.2 Physiology of the cranial nerves	17	
2.3 Pathology of the cranial nerves	18	
2.3.1 Multiple sclerosis [MS]		
18		
2.3.2 Schwannomas	19	
2.3.3 The appearance of cranial nerves in radiography	19	
2.3.4 The appearance of cranial nerves in MRI	21	
Chapter Three: Material and Methods		
1.1 Patients	22	
1.2 Machine used	22	
3.2.1 Patient preparation	22	
3.2.2 Patient positioning	23	
1.3 Techniques	23	
Chapter Four		

11	Result	28
Cha	apter Five	
5-1	Discussion	30
5-2	Conclusion	31
5-3	Recommendation	32
References		33
App	oendix	