

الآية الكريمة

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قال تعالى: (اقرأ باسم ربك الذي خلق (1) خلق الإنسان من علق (2) اقرأ وربك الأكرم (3) الذي علم بالقلم (4) علم الإنسان ما لم يعلم (5))

صدق الله العظيم

سورة العلق : الآيات (1-5)

Dedication

This work is lovingly dedicated to The soul of my father,

To My mother, for her patience, encouragement
and continues support

To My husband and children for their patience, understanding and
encouragement

To my brothers and sister for their help and support

To my friends for their valuable advice

Acknowledgement

I would like to express my gratitude to my Supervisor Prof. Mohamed Omer Mohamed Yousef for his scientific continuous support throughout this research.

I would also like to thank my Co Supervisor Dr. Ahmed Almostafa for his constant guidance, encouragement, and for sharing his valuable experience.

Thanks to all of my colleagues and friends in Radiology Departments of Antalya medical Center, and Royal Care Hospital for their co-operation in collecting and providing a pleasant environment for my research.

Especially thanks to Dr. Abdalmonem Alataya Dr. Mohammed Abd Alwahab Mr. Ala Adein, Mr. Ahamed sako, for their energetic contribution in evaluation process. I thank to lots of people that were kindly and peacefully participating in my subjective experiments.

Special thanks to my family and to my husband without whose infinite patience this thesis would never have been finished.

Abstract

Knowledge of the normal size range of the optic chiasm can be helpful in the early detection of some disorders, The height and width of the optic chiasm can be measured with the use of commercially available software, which allows an objective estimate of the chiasm's size, most magnetic resonance units now in use have the capabilities to furnish the region of interest measurements. The aim of this research was to identify the dimensions of optic chiasm in magnetic resonance imaging of the brain using coronal cuts. This retrospective and prospective study included 205 Sudanese patients, 89 patients (43.4 %) were females 116 patients (56.6%) were males with different ages ranges (between 16-78 years old) referred to Radiology Departments of Royal Care Hospital and Antalya Medical Center in Sudan, in the period between 2015 to 2018.

All the patients underwent MRI brain, diagnosis by experienced radiologists, 172 patients were diagnosed as a normal brain, and 33 patients having pathological changes, all measurements of optic chiasm were done on coronal cuts of brain magnetic resonance imaging using general protocol.

The mean width \pm standard deviation (SD) of the optic chiasm for the normal patients was: 13.04 millimeter \pm 1.21 and the mean \pm SD of the height was: 2.46 millimeter \pm 0.14. The mean width \pm SD of the optic chiasm for the abnormal patients was: 13.32 millimeter \pm 1.28 and the mean \pm SD of the height was: 2.53-millimeter \pm 0.184, for all samples normal and abnormal the mean width \pm SD of optic chiasm was 13.08 millimeter \pm 1.22, mean width \pm SD

height was 2.47 millimeter \pm 0.154, the range of the Sudanese optic chiasms width between 10.18 millimeter and 15.12 millimeter \pm 1.2 standard deviations and a height between 2.11 millimeter and 3.04 millimeter \pm 0.15 standard deviation can be considered definitely normal. Chiasms measurements outside these ranges should be considered abnormal and prompt further investigation. Correlation between age and gender yielded no significant differences. The study concluded that the calculated measurement of the normal optic chiasm on brain magnetic resonance image can be used as a comparative standard by which to detect relatively smaller or larger chiasms, and added basic and important information to the dimensions of chiasm measurement in the Sudanese population and will positively affect the early diagnosis of some diseases in the future.

The study recommended that the future researches should be done with coordination of ophthalmologists and radiologists using the large sample of abnormal subjects.

مستخلص الدراسة

ان المعرفة بالقياسات الطبيعية للتصالب البصرى يساعد في الاكتشاف المبكر لبعض الامراض يمكن قياس ارتفاع وعرض التصالب البصرى باستخدام برمجيات الحاسب الآلي و التي تساعد في تقدير ابعاد التصالب البصرى حيث ان اغلب اجهزة الرنين المغنطيسى المتوفرة حاليا تحتوى على خاصية القياس .

الهدف من هذا البحث هو دراسة مقاييس التصالب البصرى باستخدام صور الدماغ بالرنين المغنطيسى على مستوى المقاطع التاجية وقد اجريت هذه الدراسة في مستشفيات ولاية الخرطوم(رويال كير ومركز انطاليا الطبي ، (الخرطوم-السودان).

شملت عينة هذه الدراسة 205 سوداني ، 89 (43.4%) منهم اناث و116 (56.6%) ذكور. تتراوح اعمارهم (بين 16-78 سنة) تم تحويلهم إلى أقسام الأشعة في مستشفى رويال كير ومركز أنطاليا الطبي في السودان لعمل فحص الرنين المغنطيسي للمخ خلال الفترة من 2015 إلى 2018, تم تشخيص المرضى من قبل أخصائي الأشعة من ذوي الخبرة , حيث شخصت 172 حالة طبيعية ، 33 حالة لديهم تغييرات مرضية جميع القياسات تمت على مستوى المقطع التاجى لفحص الدماغ العام بالرنين المغنطيسي .

اوضحت الدراسه ان متوسط عرض التصالب البصرى \pm الانحراف المعياري للمرضى الطبيعيين: 13.04 ملم \pm 1.21 وكان متوسط الطول التصالب البصرى \pm الانحراف المعياري: 2.46 ملم \pm 0.14 وكان متوسط عرض التصالب البصرى \pm لانحراف المعياري للمرضى الغير طبيعيين: 13.32 ملم \pm 1.28 وكان الطول: 2.53 ملم \pm 0.184. كان متوسط عرض التصالب البصرى جميع العينات الطبيعيين والغير طبيعيين: 13.08 ملم \pm 1.22 وكان الطول: 2.47 ملم \pm 0.514. يتراوح معدل عرض التصالب البصرى للسودانيين بين 10.8ملم الى 12.15 ملم . \pm 1.2 وكان الطول بين 2.11الى 3.04 ملم \pm 0.15. اى قياس للتصالب البصرى خارج هذا المعدل يعتبر خارج الاطار الطبيعى ويتطلب المزيد من الفحوصات واوضحت الدراسة ان ارتباط القياس مع النوع والعمر ليس له اعتبار إحصائي.

خلصت الدراسة بان قياس المعدل الطبيعى لابعاد التصالب البصرى باستخدام فحص الدماغ للرنين المغنطيسى يمكن استخدامه في حالة زيادة او نقصان الابعاد وهذه الدراسة اضافت معلومات اساسية ومهمة لأبعاد التصالب البصرى للسودانيين وسيؤثر ايجابا على التشخيص المبكر لبعض الامراض في المستقبل.

أوصت الدراسة بضرورة التعاون بين أخصائي العيون والأشعة لاجراء البحوث المستقبلية مع ضرورة زيادة عينات الغير طبيعية مع اضافة بروتوكول لقياس التصالب أكثر وضوحا ودقة.

List of Content

	Subject	Page number
	الاية	I
	Dedication	II
	Acknowledgement	III
	Abstract (English)	IV
	Abstract (Arabic)	VI
	List of contents	VII
	List of Tables	XI
	List of Figures	XIII
	List of Abbreviations	XV
CHAPTER ONE		
1.1	Introduction:	1
1-2	Problem of the study	2
1-3	Objectives:	3
1-3-1	General objectives	3
1-3-2	Specific objectives	3
1-3	The expected outcome of this study	3
1-4	Over view of study	3
CHAPTER TWO		
2	Theoretical background	5
2-1	Embryology	5

2-2	Anatomy	6
2-2.1	Blood supply	9
2-3	Physiology of optic chiasm	9
2.4	Pathology of the Optic Chiasm	11
2-4-1.1	The Anterior Angle	11
2-4-1.2	The Body of the Chiasm	12
2-4-1.3	The Posterior Angle of the Chiasm	13
2-4-1.4	The Lateral Aspect of the Chiasm	14
2-4.1.5	Visual Symptoms	14
2-4.1.6	Neuro- Ophthalmic Signs	15
2-4.2	Inflammatory Diseases (ANCA positive vasculitis)	16
2-4.3	Lymphocytic infiltration	17
2-4.4	Lymphocytic Hypophysitis	17
2-4.5	Histiocytic Infiltration	18
2-4.6	Tuberculosis	18
2-4.7	Pituitary abscess	19
2-4.8	Cryptococcus	19
2-4.9	Cysticercosis	20
2-4.10	Viruses	20
2-4.11	Tumors and Cysts	20
2-4-11.1	Pituitary adenoma	20

2-4.11.2	Craniopharyngioma	21
2-4.11.3	Rathke's cleft cyst	22
2-4.11.4	Choristomas in the sellar region	23
2-4.11.5	Suprasellar arachnoid cysts	23
2-4.11.6	Chordoma	23
2-4.11.7	Germinoma	24
2-4.11.8	Glioma	24
2-4.11.9	Meningioma	25
2-4.11.10	Metastatic tumors	26
2-4.12	Vascular Disorders	26
2-4.12.1	Cavernoma	26
2-4.12.2	Ischemia	27
2-4.12.3	Compression from Hydrocephalus	27
2-4.13	Traumatic Chiasmal Syndromes	28
2-5	Fundamentals of MR1	28
2-5.1	Brain MRI technique:	28
2-5.2	Common brain MRI indications	28
2-5.3	Equipment	29
2-5.4	Patient positioning	29
2-5.5	Protocol for brain imaging	30
2-6	Previous studies	32
CHAPTER THREE		

3	Materials and Methods	37
3.1	Material	37
3.1.1	The Sample	37
3.1.2	Equipment used	37
3.2	Method	38
3.2.1	Study protocols (techniques)	38
3.2.2	method of measurement	38
3.2.3	Statistical analysis	39
3.2.4	Ethical issues	39
CHAPTER FOUR		
4.1	Results	40
CHAPTER FIVE		
5.1	Discussion	56
5.2	Conclusion	59
5.3	Recommendations	61
	References	62
	Appendices	71

List of Tables

Table NO	Table content	Page NO
4.1	Distribution of study sample according to gender (n205)	40
4.2	Mean, median, standard deviation, minimum and maximum of study participants age (n=205)	41
4.3	Distribution of study sample according to age group (n=205)	41
4.4	Distribution of study sample according to visual disturbance (n=205)	42
4.5	Distribution of study sample according to headache (n=205)	43
4.6	Distribution of study sample according to optic atrophy (n=205)	44
4.7	Mean, median, standard deviation, minimum and maximum of study participants OC width (n=205)	45
4.8	Distribution of study sample according to OC width (n=205)	46
4.9	Mean, median, standard deviation, minimum and maximum of study participants OC height (n=205)	47
4.10	Distribution of study sample according to finding (n=205)	47
4.11	The relationship between finding with OC width and OC height: (n=205)	48
4.12	Cross tabulation between gender and finding: (n=205)	49
4.13	Cross tabulation between finding and visual disturbance:	50
4.14	Cross tabulation between finding headache	51

4.15	The relationship between age group with OC width and height:(n=205)	52
4.16	The relationship between gender with OC width and OC height: (n=205)	53
4.17	Distribution of study normal sample of OC width(n=172)	53
4.18	Distribution of study normal sample of OC height(n= 172)	54
4.19	Distribution of study abnormal sample of OC width(n=33)	54
4.20	Distribution of study abnormal sample of OC height(n=33)	55++

List of Figures

Fig NO	Item	Page NO
2.1	the optic chiasm in a brain sectioned in the median sagittal plane	6
2-2	The optic chiasm	8
2-3	Goldman field showing bitemporal hemianopia	13
2-4	Goldman field showing a field defect associated with a lesion	13
2-5	Photographs of the optic fundus showing bowtie atrophy of both discs in a patient with a large chromophobe adenoma of the pituitary gland.	15
2-6	T1 weighted sagittal & coronal MRI showing enhancement of the hypothalamus and pituitary stalk in Sarcoidosis.	16
2-7	T1 weighted coronal & axial MRI showing enlargement and enhancement of the pituitary gland and stalk in tuberculosis.	19
2-8	Pituitary adenoma: T1 weighted axial & coronal MRI showing a large chromophobe adenoma with cystic change causing chiasmal compression.	21
2-9	Craniopharyngioma: T1 weighted coronal MRI showing a cystic suprasellar lesion arising above and behind the chiasm.	22
2-10	Meningioma: T1 weighted axial MRI showing a medial sphenoid ridge meningioma extending onto	26

	the lateral body of the chiasm.	
2-11	Chiasmal compression from downwards displacement of the third ventricle in hydrocephalus due to obstruction by a lesion of the tegmentum.	27
2.12	The head coil	29
2.13	Different sequences of the brain	31
2.14	T1 weighted axial& coronal MRI showing the position and immediate relationship of the chiasm to adjacent anatomical structures.	31
4.1	distribution of study sample according to gender (n=205)	40
4.2	distribution of study sample according to age group (n=205)	42
4.3	distribution of study sample according to visual disturbance (n=205)	43
4.4	distribution of study sample according to headache (n=205)	44
4.5	distribution of study sample according to optic atrophy (n=205)	45
4.6	Shows distribution of study sample according to OC width (n=205)	46

List of Abbreviation

LGN	Lateral geniculate nucleus
ICA	intra cranial artery
ANCA	Antineutrophil cytoplasmic autoantibodies
MRI	magnetic resonance image
TB	tuberculosis
VZV	varicella-zoster virus
EBV	Epstein-Barr virus
ACTH	adrenocorticotropic hormone
TSH	thyroid-stimulating hormone
DTMRI	diffusion tensor magnetic resonance image
TON	traumatic optic neuropathy
FA	fractional anisotropy
ADC	apparent diffusion coefficient
DTV2	diffusion tensor volume 2
MT	magnetization transfer
LSDI	line scan diffusion image
GRE	gradient echo
TOF	time of flight
FSE	fast spin echo
OC	optic chiasm

OT	optic tract
ON	optic nerve
MS	multiple sclerosis
GABA	gamma-aminobutyric acid
3D	three dimension
SE	spin echo
IR	inversion recovery
CT	computed tomography
FLAIR	fluid attenuation inversion recovery
EPI	echo planer imaging
TR	repetition time
TE	echo time
RCIH	Royal Care International Hospital
RGC	Retinal ganglion cell