



Neuroimaging Methods in the Diagnostics of Pathological Changes in the Brain in Children

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The paper presents the results of a review of domestic and foreign literature on the use of various methods of neuroimaging to detect pathological changes in the brain in children. The clinical consequences of perinatal lesions of the central nervous system (CNS) have been the topic of heated discussions among pediatricians, neonatologists, and neurologists for many decades [1, 2].

Perinatal lesions of the CNS are one of the main causes of somatic health disorders, deviations in the physical and neuropsychic development of children both in the first year of their life and in subsequent periods of childhood [3].

The role of perinatal lesions of the CNS in the development of childhood pathology can hardly be overestimated: in the structure of childhood disability, lesions of the nervous system account for about 50%, while 70–80% of cases are perinatal lesions [4]. The most common cause of perinatal CNS damage (47%) is hypoxic - ischemic brain damage [5]. Further, the causes of perinatal brain damage, depending on the frequency of occurrence, should be distributed as follows: anomalies and dysplasia of the brain - 28%, TORCH infections - 19, birth trauma - 4, hereditary metabolic diseases - 2% [1, 5].

The difficulty of topical diagnosis is explained by the anatomical and functional immaturity of the CNS and the nonspecific polymorphic reaction of the brain in response to various pathological processes [8–10]. Studies of pediatricians and pediatric neurologists, especially in recent years, are increasingly convincing that an accurate diagnosis of damage to the nervous system can and should be carried out at the earliest stages - only then effective therapy and real prevention of later complications are possible [11]. Neuroimaging methods are currently acquiring decisive importance in the diagnosis and prognosis of the severity of the course of the disease. The active development and implementation of modern methods of neuroimaging in the practice of a neurologist has made it possible to expand the diagnosis of cerebral disorders, assess their impact on neurological and mental status, determine the strategy and tactics of treatment, monitor its effectiveness, predict the further development of the child and the outcome of the disease, expand the possibilities of medical genetic counseling [12–16].

At present, three methods of radiation diagnostics are used in pediatric neurology and neurosurgery for direct visualization of brain structures: neurosonography (NSG), X-ray computed tomography (RCT), and magnetic resonance computed tomography (MRI) [15, 16]. They are modern high-precision diagnostic methods that make it possible to assess structural changes in brain tissues and determine the state of the CSF space [17, 18].

One of the most accessible and widely used methods of brain imaging is NSG, which makes it possible to assess the macrostructure and echogenicity of the medulla, the size and shape of the CSF spaces. The method makes it possible to objectify structural changes in the brain in newborns in cases where the use of routine anamnestic and clinical-neurological methods may not be enough to make a diagnosis [13, 14]. In addition, NSG allows diagnosing signs of periventricular disease already on the first day. leukomalacia, suggest the presence of peri- or intraventricular hemorrhage and clarify its degree [22].

Currently, neurosonography is considered mainly as a screening method, with the help of which a group of children is selected who are subject to a deeper RK-, MR-, proton-spectroscopic examination. The combination of modern X-ray and computer technology led to the creation of a fundamentally new method - CT, which can be used to obtain a layer-by-layer (every 1–10 mm) image of the object under study in the axial plane. More sophisticated designs of CT devices allow to obtain images of sections in other planes. CT, proposed by the English physicist Hounsfield, was first used in clinical practice in 1972. A CT scanner combines precision mechanics, electronics, computer technology, software of unique complexity, and ultrastable X-ray technology. Currently, the standard of CT is an examination using a multislicetomograph with the ability to obtain from 4 to 128 slices with a time resolution of 0.1–0.5 (the minimum available duration of one rotation of the X-ray tube is 0.3). Thus, the duration of tomography of the whole body with a slice thickness of less than 1 mm is about 10–15 s, and the result of the study is from several hundred to several thousand images.

The use of contrast agents in CT makes it possible to improve the accuracy of diagnosis, and in many cases this is an indispensable component of the study. To increase tissue contrast, water-soluble ionic and non-ionic iodine-containing contrast agents are used. High scanning speed, reduced slice thickness, the need for a clear differentiation of vascular structures impose new requirements on contrast agents, which is reflected in the creation of

substances with a higher iodine concentration and lower viscosity. The advantages of CT in comparison with other diagnostic methods compensate for the existing disadvantages, which determines the high clinical significance of the method [23-27].

MRI has been increasingly used to study the brain of newborns [14, 34]. The use of MRI in the diagnosis of lesions of the brain substance was an important breakthrough in medicine, which made it possible to obtain an almost complete, unambiguous visual picture of the state of the brain at various stages of its development [28]. Modern structural MRI using thin sections makes it possible to detect minimal anatomical changes in gray and white matter. Functional MRI methods help to visualize the subtle processes of the central nervous system. In young children, MRI provides an accurate assessment of myelination processes and the maturity of the nervous system. All these possibilities of MRI are important for diagnosing congenital and acquired (as a rule, posthypoxic) changes in the brain [29]. MRI is a complex neuroimaging technique with high sensitivity, which allows good differentiation of brain structures [3].

Conclusion.

The priority of various neuroimaging methods in diagnosing structural changes in the brain in children is determined both by clinical indications for the study and the resolving capabilities of the methods.

Conflict of interests. The authors declare no conflict of interest.

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