

Plexus Pathology

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Locating pathology in either the brachial or lumbar plexus can be difficult; the nerves are small, have tortuous routes, extend far into the limbs, and run parallel to veins and arteries. In the case of the brachial plexus, there is also respiratory motion and ventral location to consider. An imaging approach appropriate for these pathologies would include:

- High in-plane resolution to resolve individual nerves
- Thin slices to visualize the origin and course of nerves
- Suppression of blood signal from nearby vessels for better discernment and less flow artifact
- Both fat suppressed AND non-fat suppressed sequences
- Fat suppressed post contrast imaging
- Large FOV to include any innervated muscles to identify atrophy
- Long slice coverage to image distal muscles to identify atrophy
- Anterior coils (Brachial Plexus)
- Motion reduction techniques

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