



## REVIEW ON IMAGING IN PATIENTS WITH TRAUMATIC BRAIN INJURY

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### Abstract:

**Background:** Traumatic brain injury (TBI) is a significant public health concern globally, necessitating accurate diagnosis and management. Imaging modalities such as computed tomography (CT) and magnetic resonance imaging (MRI) have transformed TBI assessment by providing detailed anatomical information. While CT is preferred in the acute setting for its rapid detection of acute hemorrhage, MRI offers superior soft tissue contrast for evaluating subtle brain injuries. Advanced MRI sequences like diffusion tensor imaging (DTI) and susceptibility-weighted imaging (SWI) provide insights into white matter integrity and microvascular changes associated with TBI. Integrating imaging with clinical data enables personalized treatment strategies and prognostication, enhancing TBI management.

**Objective:** This review aims to evaluate the efficacy of various imaging techniques in diagnosing TBI, compare the accuracy of different modalities, assess imaging's role in predicting outcomes and guiding treatment decisions, and explore the cost-effectiveness of imaging approaches in managing TBI cases.

**Conclusion:** Imaging plays a pivotal role in multidisciplinary TBI care, offering crucial insights into pathophysiology, guiding clinical decisions, and monitoring treatment responses. Challenges persist in standardizing protocols, interpreting findings, and addressing TBI heterogeneity. Future research focuses on novel imaging biomarkers, leveraging AI for analysis, and enhancing multimodal approaches to enhance diagnostic accuracy and patient outcomes, thereby improving TBI management and outcomes significantly.

**Keywords:** traumatic brain injury, neuroimaging, ultrasound, magnetic resonance imaging, molecular imaging, repeat computed tomography.

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**Introduction:**

Imaging serves as a critical component in the diagnosis and management of individuals suffering from traumatic brain injury (TBI), a significant global public health issue that arises from external forces impacting brain function, resulting in a broad spectrum of symptoms varying from mild concussions to severe neurological impairments [1]. The utilization of imaging modalities like computed tomography (CT) and magnetic resonance imaging (MRI) has transformed the assessment of TBI by furnishing intricate anatomical details of brain structures and pinpointing distinct injury patterns. In the acute phase, CT stands out as the preferred imaging technique due to its swift image acquisition and capability to identify acute hemorrhages, skull fractures, and mass effects [2]. CT scans are indispensable for prioritizing TBI patients, guiding surgical procedures, and predicting patient outcomes. Conversely, MRI boasts superior soft tissue contrast and is indispensable for scrutinizing subtle brain injuries, such as diffuse axonal injury and microhemorrhages, which might not be discernible on CT scans [3]. Advanced MRI sequences, including diffusion tensor imaging (DTI) and susceptibility-weighted imaging (SWI), offer valuable insights into white matter integrity, axonal injuries, and microvascular alterations linked with TBI. Furthermore, functional MRI (fMRI) and positron emission tomography (PET) can evaluate brain function and metabolism, aiding in comprehending TBI pathophysiology and recovery mechanisms [4]. The amalgamation of imaging results with clinical data and biomarkers facilitates a comprehensive approach to TBI management, enabling personalized treatment strategies and prognostication. Despite the strides in imaging technology, challenges persist in standardizing imaging protocols, interpreting intricate findings, and addressing the diversity in TBI presentations. Future avenues in TBI imaging research concentrate on crafting innovative imaging biomarkers, harnessing artificial intelligence for image analysis, and enhancing multimodal imaging strategies to enhance diagnostic precision and patient outcomes. To conclude, imaging assumes a pivotal role in the multidisciplinary care of TBI patients, offering invaluable insights into the underlying pathophysiology, guiding clinical decisions, and monitoring treatment responses. A profound comprehension of the imaging features of TBI is imperative for optimizing patient care, propelling research endeavors, and ultimately enhancing outcomes for individuals grappling with this debilitating condition [5].

**Objectives:**

The main objectives of this review are:

1. To assess the effectiveness of various imaging techniques in diagnosing traumatic brain injury in patients.
2. To compare the accuracy of different imaging modalities, such as CT scans, MRI, and PET scans, in detecting brain injuries.
3. To evaluate the role of imaging in predicting outcomes and guiding treatment decisions for patients with traumatic brain injury.
4. To explore the cost-effectiveness of different imaging approaches in the management of traumatic brain injury cases.

**Types of Imaging Modalities Used:**

Traumatic brain injury (TBI) is a significant global health issue, with millions of cases reported annually. Various imaging modalities are essential in the diagnosis, management, and prognosis of TBI in the medical field. These imaging techniques offer valuable insights into the structural and functional changes that occur in the brain post-trauma. Commonly utilized imaging modalities in TBI assessment include computed tomography (CT), magnetic resonance imaging (MRI), diffusion tensor imaging (DTI), positron emission tomography (PET), single-photon emission computed tomography (SPECT), and functional MRI (fMRI) [6].

CT imaging is typically the first choice in the emergency setting for suspected TBI patients due to its speed and accessibility. CT scans can rapidly identify acute intracranial hemorrhage, skull fractures, and mass effect, crucial in TBI management. However, CT has limitations in detecting subtle brain injuries like diffuse axonal injury and lacks detailed information on brain microstructure [7].

MRI is another crucial imaging modality in TBI evaluation, offering superior soft tissue contrast compared to CT. MRI can detect a wide range of TBI-related abnormalities, including contusions, hemorrhages, and diffuse axonal injury. Advanced MRI techniques like DTI provide valuable insights into white matter integrity and can identify subtle axonal injuries not visible on conventional MRI sequences. DTI is particularly useful in assessing axonal damage extent and predicting long-term TBI patient outcomes [8].

PET and SPECT imaging are functional imaging modalities that evaluate cerebral blood flow, metabolism, and neurotransmitter activity in the brain. These modalities can identify regions of hypoperfusion or hypometabolism in TBI patients, indicating neuronal dysfunction or damage areas. PET and SPECT imaging are valuable in assessing

TBI sequelae like post-traumatic epilepsy and cognitive impairment [9].

fMRI is a non-invasive technique that measures brain blood flow and oxygenation level changes during task performance or at rest. fMRI is commonly used to study brain function and connectivity in TBI patients, providing insights into cognitive deficits, motor impairments, and emotional disturbances post-trauma. By mapping brain activity patterns, fMRI assists clinicians in tailoring rehabilitation strategies and monitoring treatment outcomes in TBI patients [10].

### **Imaging Findings in Traumatic Brain Injury:**

Various diagnostic techniques, such as computed tomography (CT) and magnetic resonance imaging (MRI), are commonly employed in the assessment of Traumatic Brain Injury (TBI). CT scans are frequently the initial choice in acute settings due to their wide availability, rapid results, and effectiveness in detecting acute issues like hemorrhage, fractures, and mass effect [11]. They are particularly adept at identifying skull fractures, epidural and subdural hematomas, and intraparenchymal hemorrhages, all of which are prevalent in TBI cases. Additionally, CT scans can help identify signs of increased intracranial pressure, such as midline shift and effacement of the basal cisterns. However, CT scans have limitations in detecting subtle injuries like diffuse axonal injury and contusions, which are better visualized through MRI [12].

MRI, on the other hand, is a more sensitive imaging modality for detecting various abnormalities associated with TBI, such as microhemorrhages, diffuse axonal injury, contusions, and white matter abnormalities. Special sequences like Diffusion-weighted imaging (DWI) and susceptibility-weighted imaging (SWI) are particularly valuable in TBI assessment. DWI can detect early cytotoxic edema in the acute phase of injury, while SWI is highly effective in identifying microhemorrhages that may be missed on conventional imaging sequences [13]. Advanced MRI techniques like diffusion tensor imaging (DTI) and functional MRI (fMRI) offer insights into the structural and functional integrity of the brain post-TBI. DTI can evaluate white matter tract integrity and detect axonal injury, while fMRI can assess changes in brain function and connectivity. Functional imaging methods like positron emission tomography (PET) and single-photon emission computed tomography (SPECT) can evaluate cerebral blood flow, metabolism, and neurotransmitter function in TBI patients. These techniques can pinpoint areas of hypoperfusion or

hypometabolism, indicating regions of impaired neuronal function [14]. PET imaging using tracers like fluorodeoxyglucose (FDG) can provide crucial data on glucose metabolism in the brain, highlighting areas of altered metabolic activity post-TBI. SPECT imaging with radiotracers such as technetium-99m hexamethylpropyleneamine oxime (HMPAO) can assess regional cerebral blood flow and pinpoint areas of perfusion abnormalities.

The imaging findings in TBI cases can vary significantly based on the injury's mechanism, severity, and timing. Radiologists and clinicians need to be well-versed in the spectrum of imaging findings related to TBI to accurately diagnose and manage patients with such injuries. A multimodal imaging strategy that combines various imaging modalities and techniques is often essential to fully understand the extent of injury and determine appropriate treatment plans. Ongoing research and advancements in imaging technology show promise in enhancing the diagnosis, prognosis, and management of TBI patients, ultimately leading to improved outcomes and quality of life for those impacted by these severe injuries [15].

### **Challenges and Limitations of Imaging in Traumatic Brain Injury:**

Imaging serves a pivotal function in the diagnosis, treatment, and prognosis of individuals suffering from Traumatic Brain Injury (TBI). Nevertheless, there exist numerous obstacles and constraints linked to the utilization of imaging techniques in the realm of TBI. A significant hurdle arises from the diverse nature of TBIs, which can materialize in a spectrum of forms, spanning from mild concussions to severe diffuse axonal injury [16]. This diversity poses a challenge in devising a universal imaging strategy for TBI patients. Moreover, the timing of imaging in TBI is of paramount importance, given the evolving pathological processes. Early imaging may not capture the complete extent of the injury, while delayed imaging might overlook the window for potential interventions that could enhance outcomes [17].

The intricate nature of the brain itself presents another obstacle in imaging TBI. Being a highly complex organ with varied structures and functions, the brain poses difficulties in accurately interpreting imaging results [18]. Furthermore, TBI frequently encompasses both focal and diffuse injuries, thereby complicating the interpretation of imaging findings. Various imaging modalities such as computed tomography (CT), magnetic resonance imaging (MRI), and positron emission tomography (PET) provide distinct insights into

different facets of TBI but come with their own limitations. For instance, while CT excels in identifying acute hemorrhages, it may overlook subtle injuries. On the other hand, MRI offers detailed anatomical data but may not be as readily accessible in emergency scenarios. PET imaging can unveil metabolic alterations in the brain but is constrained by cost and availability [19].

Moreover, technical constraints like resolution, artifacts, and image quality constrain imaging in TBI. Images with low resolution might fail to detect minor lesions or subtle brain tissue alterations, resulting in an underestimation of the injury's scope. Artifacts, including motion artifacts or metal artifacts from surgical implants, can further obscure imaging outcomes and impede precise diagnoses. Furthermore, discrepancies in image quality among various scanners and settings can introduce inconsistencies in the interpretation of imaging results, thereby impacting the reliability of diagnostic decisions [20].

Beyond technical hurdles, practical limitations also impede imaging in TBI. Access to advanced imaging methodologies may be restricted in specific healthcare environments, especially in rural or low-resource regions. The expenses associated with imaging studies, particularly advanced modalities like MRI or PET, can be prohibitive for certain patients, potentially causing delays in diagnosis or suboptimal care. Additionally, the interpretation of imaging outcomes in TBI necessitates specialized expertise, and not all healthcare practitioners may possess the requisite training to accurately evaluate and interpret imaging studies in TBI patients [21].

#### **Cost-effectiveness of different imaging approaches in the management of traumatic brain injury:**

The management of traumatic brain injury (TBI) requires a multidisciplinary approach, with imaging playing a critical role in the initial assessment, diagnosis, and ongoing monitoring of patients. Various imaging modalities are utilized for evaluating TBI, each with distinct advantages and limitations in terms of cost-effectiveness. Computed tomography (CT) is commonly employed in the acute setting due to its widespread availability, rapid image acquisition, and ability to detect acute intracranial hemorrhage, a common TBI finding [22]. However, CT carries the risk of radiation exposure, particularly concerning in young patients or those needing repeated imaging studies. Magnetic resonance imaging (MRI) is valuable for detecting subtle brain injuries like diffuse axonal injury and providing detailed

anatomical information, although it is less accessible, more time-consuming, and generally costlier than CT [23].

Advanced imaging techniques such as diffusion tensor imaging (DTI) and functional MRI (fMRI) offer further insights into TBI pathophysiology by assessing white matter integrity and functional brain connectivity, respectively. While these techniques aid in prognostication and treatment planning for TBI patients, their high cost and limited availability may restrict routine clinical use [24]. Ultrasound shows promise in TBI evaluation, especially in pediatric cases. Transcranial Doppler ultrasound can assess cerebral blood flow and detect elevated intracranial pressure, crucial parameters in TBI management. Ultrasound's portability, non-invasiveness, and cost-effectiveness compared to CT and MRI make it an appealing option for bedside TBI patient monitoring, particularly in resource-limited settings [25].

The cost-effectiveness of different imaging approaches in TBI management depends on various factors, including the clinical context, resource availability, and individual patient imaging needs. While CT is crucial in acute TBI imaging due to its speed and acute hemorrhage detection capabilities, MRI offers superior soft tissue contrast for evaluating subtle brain injuries. Advanced imaging techniques provide valuable pathophysiological insights but are constrained by cost and availability [26]. Ultrasound shows promise for bedside TBI patient monitoring, especially in resource-limited settings. A personalized imaging approach, considering specific clinical requirements and available resources, is vital for optimizing imaging cost-effectiveness in TBI management. Further research is necessary to establish clear guidelines for appropriate imaging modality use in TBI and to assess their impact on patient outcomes and healthcare costs [27].

#### **Conclusion:**

In conclusion, imaging techniques such as computed tomography (CT), magnetic resonance imaging (MRI), and advanced modalities play a crucial role in the diagnosis, management, and prognosis of traumatic brain injury (TBI) patients. These imaging modalities offer valuable insights into the structural and functional changes in the brain following a traumatic event, guiding clinical decision-making, and monitoring treatment response. Challenges exist in standardizing imaging protocols, interpreting complex findings, and addressing the heterogeneity of TBI presentations. Future directions in TBI imaging research focus on developing novel imaging

biomarkers, leveraging artificial intelligence for image analysis, and enhancing multimodal imaging approaches to improve diagnostic accuracy and patient outcomes. A deeper understanding of the imaging characteristics of TBI is essential for optimizing patient care, advancing research efforts, and ultimately improving outcomes for individuals affected by this devastating condition.

### References:

- Grossman E. J., Jensen J. H., Babb J. S., Chen Q., Tabesh A., Fieremans E., et al. (2013). Cognitive impairment in mild traumatic brain injury: a longitudinal diffusional kurtosis and perfusion imaging study. *AJNR Am. J. Neuroradiol.* 34 s1–s3. 10.3174/ajnr.A3358 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- Alfasi A. M., Shulyakov A. V., Del Bigio M. R. (2013). Intracranial biomechanics following cortical contusion in live rats. *J. Neurosurg.* 119 1255–1262. 10.3171/2013.7.JNS121973 [PubMed] [CrossRef] [Google Scholar]
- Andrews-Hanna J. R., Reidler J. S., Sepulcre J., Poulin R., Buckner R. L. (2010). Functional-anatomic fractionation of the brain's default network. *Neuron* 65 550–562. 10.1016/j.neuron.2010.02.005 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- Arfanakis K., Haughton V. M., Carew J. D., Rogers B. P., Dempsey R. J., Meyerand M. E. (2002). Diffusion tensor MR imaging in diffuse axonal injury. *AJNR Am. J. Neuroradiol.* 23 794–802. [PMC free article] [PubMed] [Google Scholar]
- Ashwal S., Holshouser B., Tong K., Serna T., Osterdock R., Gross M., et al. (2004). Proton spectroscopy detected myoinositol in children with traumatic brain injury. *Pediatr. Res.* 56 630–638. 10.1203/01.PDR.0000139928.60530.7D [PubMed] [CrossRef] [Google Scholar]
- Astrakas L. G., Argyropoulou M. I. (2016). Key concepts in MR spectroscopy and practical approaches to gaining biochemical information in children. *Pediatr. Radiol.* 46 941–951. 10.1007/s00247-014-3204-9 [PubMed] [CrossRef] [Google Scholar]
- Azizzadeh A., Valdes J., Miller C. C., III, Nguyen L. L., Estrera A. L., Charlton-Ouw K., et al. (2011). The utility of intravascular ultrasound compared to angiography in the diagnosis of blunt traumatic aortic injury. *J. Vasc. Surg.* 53 608–614. 10.1016/j.jvs.2010.09.059 [PubMed] [CrossRef] [Google Scholar]
- Bailey C., Huisman T., De Jong R. M., Hwang M. (2017). Contrast-enhanced ultrasound and elastography imaging of the neonatal brain: a review. *J. Neuroimaging* 27 437–441. 10.1111/jon.12443 [PubMed] [CrossRef] [Google Scholar]
- Bazarian J. J., Zhong J., Blyth B., Zhu T., Kavcic V., Peterson D. (2007). Diffusion tensor imaging detects clinically important axonal damage after mild traumatic brain injury: a pilot study. *J. Neurotrauma* 24 1447–1459. 10.1089/neu.2007.0241 [PubMed] [CrossRef] [Google Scholar]
- Beaulieu-Bonneau S., Ouellet M. C. (2017). Fatigue in the first year after traumatic brain injury: course, relationship with injury severity, and correlates. *Neuropsychol. Rehabil.* 27 983–1001. 10.1080/09602011.2016.1162176 [PubMed] [CrossRef] [Google Scholar]
- Bigler E. D., Maxwell W. L. (2012). Neuropathology of mild traumatic brain injury: relationship to neuroimaging findings. *Brain Imaging Behav.* 6 108–136. 10.1007/s11682-011-9145-0 [PubMed] [CrossRef] [Google Scholar]
- Boulet T., Kelso M. L., Othman S. F. (2011). Microscopic magnetic resonance elastography of traumatic brain injury model. *J. Neurosci. Methods* 201 296–306. 10.1016/j.jneumeth.2011.08.019 [PubMed] [CrossRef] [Google Scholar]
- Boulet T., Kelso M. L., Othman S. F. (2013). Long-term in vivo imaging of viscoelastic properties of the mouse brain after controlled cortical impact. *J. Neurotrauma* 30 1512–1520. 10.1089/neu.2012.2788 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- Bruijtel J., Quaedflieg C., Otto T., Van De Ven V., Stapert S. Z., Van Heugten C., et al. (2022). Task-induced subjective fatigue and resting-state striatal connectivity following traumatic brain injury. *Neuroimage Clin.* 33:102936. 10.1016/j.nicl.2022.102936 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- Byrnes K. R., Wilson C. M., Brabazon F., Von Leden R., Jurgens J. S., Oakes T. R., et al. (2014). FDG-PET imaging in mild traumatic brain injury: a critical review. *Front. Neuroenergetics* 5:13. 10.3389/fnene.2013.00013 [PMC free article] [PubMed] [CrossRef] [Google Scholar]

16. Costello J. E., Cecava N. D., Tucker J. E., Bau J. L. (2013). CT radiation dose: current controversies and dose reduction strategies. *AJR Am. J. Roentgenol.* 201 1283–1290. 10.2214/AJR.12.9720 [PubMed] [CrossRef] [Google Scholar]
17. Davalos D. B., Bennett T. L. (2002). A review of the use of single-photon emission computerized tomography as a diagnostic tool in mild traumatic brain injury. *Appl. Neuropsychol.* 9 92–105. 10.1207/S15324826AN0902\_4 [PubMed] [CrossRef] [Google Scholar]
18. Douglas D. B., Chaudhari R., Zhao J. M., Gullo J., Kirkland J., Douglas P. K., et al. (2018). Perfusion imaging in acute traumatic brain injury. *Neuroimaging Clin. N. Am.* 28 55–65. [PMC free article] [PubMed] [Google Scholar]
19. Eyding J., Krogias C., Schöllhammer M., Eyding D., Wilkening W., Meves S., et al. (2006). Contrast-enhanced ultrasonic parametric perfusion imaging detects dysfunctional tissue at risk in acute MCA stroke. *J. Cereb. Blood Flow Metab.* 26 576–582. 10.1038/sj.jcbfm.9600216 [PubMed] [CrossRef] [Google Scholar]
20. Eyding J., Krogias C., Wilkening W., Postert T. (2004). Detection of cerebral perfusion abnormalities in acute stroke using phase inversion harmonic imaging (PIHI): preliminary results. *J. Neurol. Neurosurg. Psychiatry* 75 926–929. 10.1136/jnnp.2003.026195 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
21. Fehily B., Fitzgerald M. (2017). Repeated mild traumatic brain injury: potential mechanisms of damage. *Cell Transplant.* 26 1131–1155. 10.1177/0963689717714092 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
22. Feng Y., Gao Y., Wang T., Tao L., Qiu S., Zhao X. (2017). A longitudinal study of the mechanical properties of injured brain tissue in a mouse model. *J. Mech. Behav. Biomed. Mater.* 71 407–415. 10.1016/j.jmbbm.2017.04.008 [PubMed] [CrossRef] [Google Scholar]
23. Gardner A., Iverson G. L., Stanwell P. (2014). A systematic review of proton magnetic resonance spectroscopy findings in sport-related concussion. *J. Neurotrauma* 31 1–18. 10.1089/neu.2013.3079 [PubMed] [CrossRef] [Google Scholar]
24. Garnett M. R., Blamire A. M., Rajagopalan B., Styles P., Cadoux-Hudson T. A. (2000). Evidence for cellular damage in normal-appearing white matter correlates with injury severity in patients following traumatic brain injury: a magnetic resonance spectroscopy study. *Brain* 123(Pt 7) 1403–1409. 10.1093/brain/123.7.1403 [PubMed] [CrossRef] [Google Scholar]
25. Ge Y., Patel M. B., Chen Q., Grossman E. J., Zhang K., Miles L., et al. (2009). Assessment of thalamic perfusion in patients with mild traumatic brain injury by true FISP arterial spin labelling MR imaging at 3T. *Brain Inj.* 23 666–674. 10.1080/02699050903014899 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
26. George E. O., Roys S., Sours C., Rosenberg J., Zhuo J., Shanmuganathan K., et al. (2014). Longitudinal and prognostic evaluation of mild traumatic brain injury: a 1H-magnetic resonance spectroscopy study. *J. Neurotrauma* 31 1018–1028. 10.1089/neu.2013.3224 [PubMed] [CrossRef] [Google Scholar]
27. Gosselin N., Chen J. K., Bottari C., Petrides M., Jubault T., Tinawi S., et al. (2012). The influence of pain on cerebral functioning after mild traumatic brain injury. *J. Neurotrauma* 29 2625–2634. 10.1089/neu.2012.2312 [PubMed] [CrossRef] [Google Scholar]