

# CHALLENGING CLINICAL CONSIDERATIONS

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## HEADACHE IMAGING

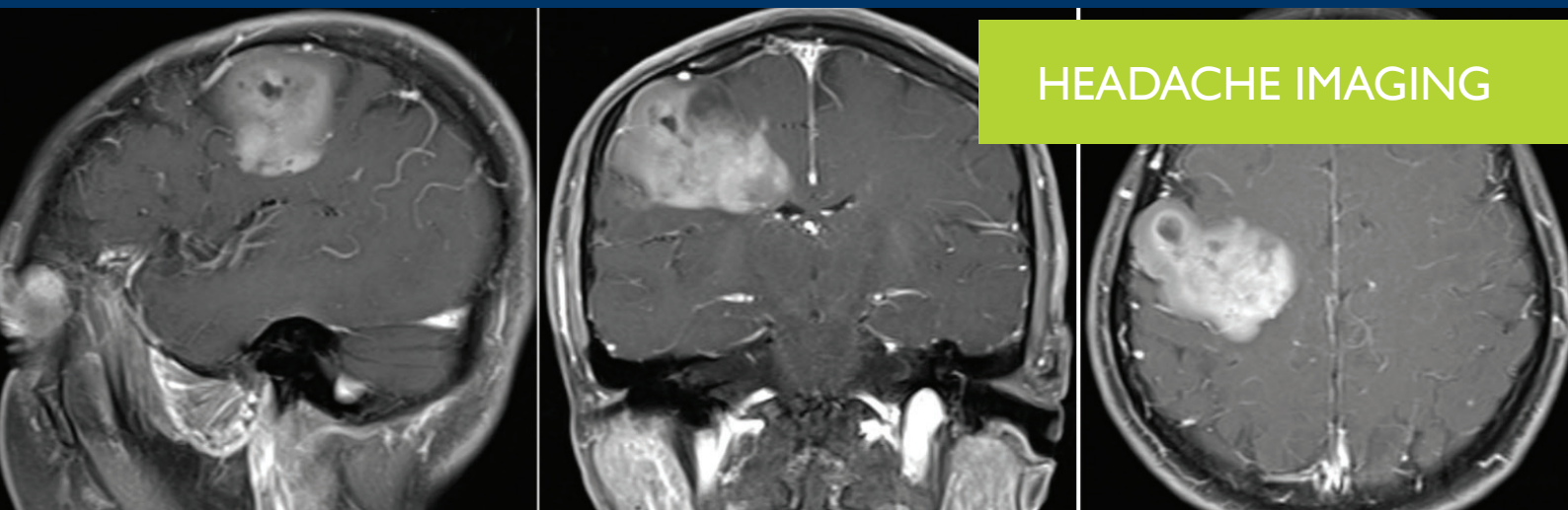


Image 1 - 51 year old patient with an oligodendroglioma

## Considering the utility of MRI for headache imaging

Radiology in Australia is constantly evolving to keep up with patient expectations, technology and Medicare indications. Our aim is to stay up to date, and provide the most effective and efficient imaging solution to help manage patients in our local community.

In this article we consider the utility of MR brain assessment in patients with 'suspected intracranial pathology'.

The Medicare rebate for MR brain is applicable for a clinical indication of: unexplained seizure(s), or unexplained chronic headache, with suspected intracranial pathology.

The recent Royal Australian and New Zealand College of Surgeons (RACS) surgical mortality case of the month, described an example of a brain tumour in a young male patient presenting with headache and concluded that "the

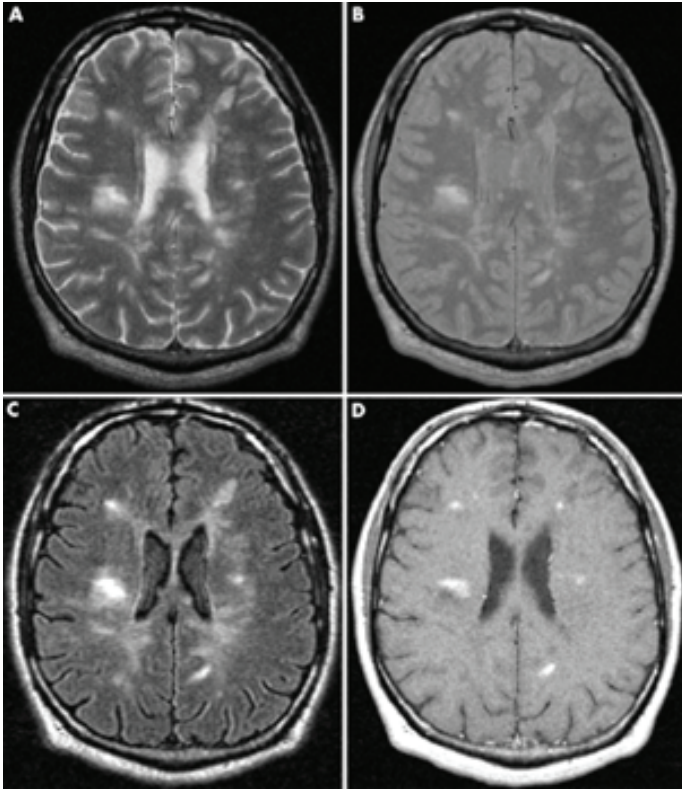
delayed diagnosis is the most significant contributor to the patient's death, and a review of the case from a general practice standpoint may have changed this."<sup>1</sup> A full description of the case is available online via the reference below.

While the positive predictive rate for MR brain will be fairly low when performed for 'headache', the critical and timely diagnosis of intracranial pathology does suggest a low threshold for scanning.

In addition to intracranial neoplasia (image 1), MR brain can also help diagnose other intracranial pathology such as demyelination (image 2), stroke (image 3), and even paranasal sinus disease (although paranasal sinus disease may require CT scanning for bony assessment).

**Please turn over >>**

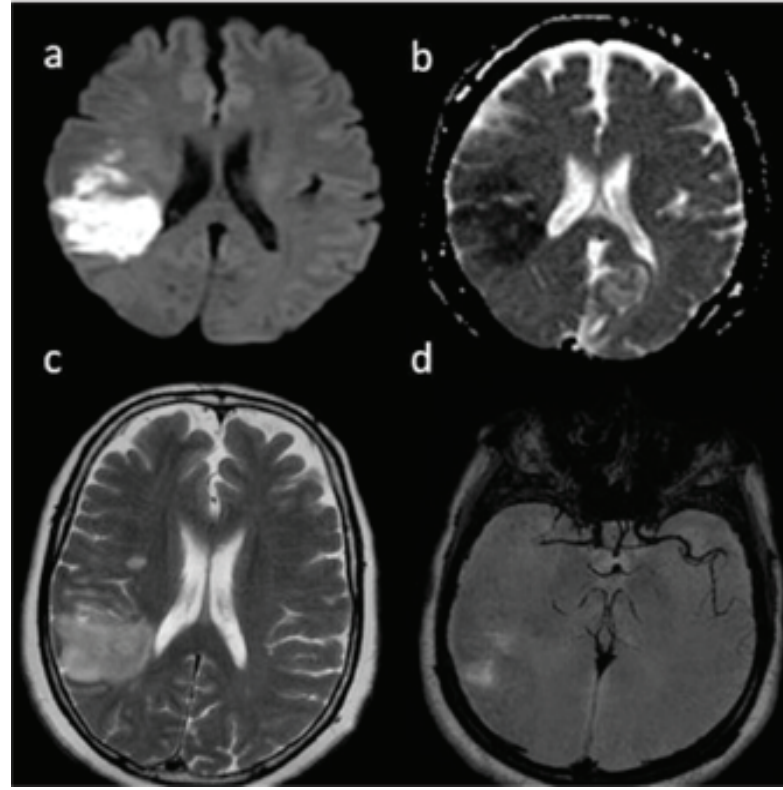
# CHALLENGING CLINICAL CONSIDERATIONS *continued...*



*Image 2 - Picture above;*  
30 year old male with demyelinating disease

Referring for an MR brain is exactly the same as referring for a CT scan, although to access the Medicare rebate, the clinical indication should specify “unexplained seizure(s); unexplained chronic headache; with suspected intracranial pathology.”

MR scans do not use any radiation, and therefore are safe in all ages. The scans tend to take approximately 15 minutes. In most cases, MRI contrast (gadolinium) is NOT required to provide an accurate/differential diagnosis and therefore does not need to be requested on the referral.



*Image 3 - Pictures above;*  
58 year old female with an ischaemic stroke

We are able to bulk bill rebatable scans for pensioners and health care card holders. RSA provide Medicare rebatable MRI scans at our clinics conveniently located at, Parkside, Dulwich, Calvary Central Districts Hospital, and Memorial Hospital.

In summary, the importance of prompt diagnosis of intracranial pathology cannot be overstated and MR is an accessible, safe and effective method of investigation.

#### References:

1. <https://mailchi.mp/d23c79a04d92/anzasm-case-of-the-month-april-2022>

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