

# Neuroimaging Recommendations following mTBI



**DEFENSE CENTERS OF EXCELLENCE**  
For Psychological Health & Traumatic Brain Injury

No imaging is recommended if symptoms are improving



<b>Modality</b>	<b>Clinical indications in mTBI</b>	<b>Acute (Injury-7 days post injury)</b> GOAL of IMAGING: Identify surgical mass or lesions via Clinical red Flags	<b>Sub-Acute (8-89 Days post injury)</b> GOAL of IMAGING: Evaluate, enhance counseling, identify need for referral	<b>Chronic (90 days or greater post injury)</b> GOAL of IMAGING: Evaluate, enhance counseling, identify need for referral
<b>CT</b>	Utility varies based upon length of time between injury and presentation	Modality of choice if clinical evaluation indicates	Use only if MRI is contraindicated	Use only if MRI is contraindicated
<b>MRI</b>	<b>Minimum</b> requirements of a mTBI exam includes: 1.5 tesla or above with 3D T1/T2, FLAIR, DWI/ DTI, SWI/GRE SWI/ GRE SWI may identify areas of prior DAL or prior microhemorrhage. GRE may be substituted if SWI not available or run as a complimentary exam DWI trace maps calculated from DTI data may be substituted for conventional DWI	If symptoms are worsening after 72 hours	Modality of choice	Modality of Choice DWI has low yield for individuals with chronic mTBI and persistent symptoms
<b>PET</b>	18 FDG-PET	No clinical indication	If there are no structural abnormalities identified on MRI or CT and/or abnormalities do not explain persistent symptoms, PET may offer additional information in the understanding of sequelae following mTBI.	If there are no structural abnormalities identified on MRI or CT and/or abnormalities do not explain persistent symptoms, PET may offer additional information in the understanding of sequelae following mTBI.
<b>SPECT</b>	If PET not available, consider HMPAO or ECD SPECT	No clinical indication	If there are no structural abnormalities identified on MRI or CT and/or abnormalities do not explain persistent symptoms, SPECT may offer additional information in understanding sequelae following mTBI.	If there are no structural abnormalities identified on MRI or CT and/or abnormalities do not explain persistent symptoms, SPECT may offer additional information in understanding sequelae following mTBI.

# Red Flags and Acute Imaging Indications<sup>1,2</sup>

Progressive declining level of consciousness (LOC)	Progressive declining, neurological exam	Focal neurological deficit: motor or sensory	Cannot recognize people or disoriented to place
Pupillary asymmetry	Clinically verified GCS < 15	Double vision	LOC > 5 minutes
Seizures, repeated vomiting	Worsening headache	Visible physical injury above clavicle	Slurred speech
Drug or Alcohol intoxication	Coagulopathy	Unusual behavior	Age > 60

1. Concussion Management in Deployed Settings version 4.0 (2012). Retrieved from: [http://www.dcoe.health.mil/Content/Navigation/Documents/DCoE\\_Concussion\\_Management\\_Algorithm\\_Cards.pdf](http://www.dcoe.health.mil/Content/Navigation/Documents/DCoE_Concussion_Management_Algorithm_Cards.pdf)
2. Haydel, M., Preston, C., Mills, T., Luber, S., Blaudeau, E., & DeBlieux, P., (2000). Indications for computed tomography in patients with minor head injury. *New England Journal of Medicine* 343(2), 100-105.

## Relationship Between Neuroimaging Techniques and Common mTBI Pathophysiology

mTBI Pathophysiology	MRI imaging Technique
Axonal Injury/White matter injury	Fluid Attenuated Inversion Recovery (FLAIR) Diffusion Weighted Imaging (DWI) 2D/3D T2
Traumatic Sub-Arachnoid Hemorrhage (tSAH)	FLAIR 3D T1 Susceptibility Weighted Imaging (SWI)/Gradient Echo (GRE)
Cortical contusions	FLAIR 3D T1 SWI/GRE
Vascular injury	SWI/GRE
Volume loss	3D T1

## Comprehensive History

Key Consideration	Example
Trajectory of symptoms	Is the individual seeing improvement or worsening of symptoms?
Functional impact on patient. Consideration of the societal, occupational and familial function impacts on patient	Does the service member have the ability to rest or is there a requirement to return to normal activities immediately?
Service member's history of concussions	Has the service member experienced more than one concussion? If so, how many and over what period of time?
Service member's history of examinations and assessments	How many visits to medical care has the service member had since time of injury?
Symptom tracking and documentation	How are symptoms being documented and what is being used to track symptoms? (Example, Neurobehavioral Symptom Inventory).
Service member's history of imaging after injury	If indicated, has c-spine imaging been completed?

### Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury

#### Defense and Veterans Brain Injury Center

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