

Neuroimaging in mild traumatic brain injury and M. Ravel's injury

Abstract

The study from Mehrazin et al. in HJNM 2011; 14(3): 243-50 on the neuropsychology, morphological computerized tomography (CT) and functional neuroimaging with ^{99m}Tc -labelled ethylene cysteine dimer single-photon emission tomography (SPET) in mild traumatic brain injury (MTBI) is an interesting new approach to a disease condition which is often neglected or denied. Related to the above, we may note that the French composer Maurice Ravel (1875-1937), who suffered from Pick's disease with primary progressive aphasia, had a taxi accident in 1932, with a mild concussion, perhaps an MTBI. Apart from the dysphasia and beginning apraxia, which Ravel had already 5 years prior to the taxi accident, these symptoms exacerbated-the dysphasia became a progressive aphasia-and he developed additional severe deficits in concentration and attention after the accident. It has also been suspected that this accident may have triggered Ravel's agraphia the inability to write down any new composition beyond the date of the taxi accident, a condition that Ravel himself described as unacceptable and which made him feel very sad as his mind was full of ideas. Due to the deterioration of his health, which can also be seen in his appearance on late photographs, Ravel consulted the famous neurosurgeon Prof. Clovis Vincent. Vincent, who suspected a hydrocephalus, opened Ravel's skull on December 19, 1937, showing a normal brain. Soon after surgery Ravel died. *In conclusion*, a SPET/CT approach combined with a brain perfusion analysis using statistical parametric mapping might be the recommendable approach today for mild traumatic brain injury.

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