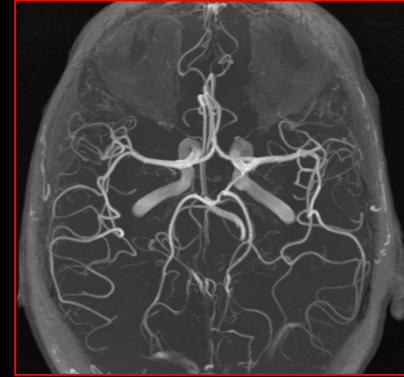


Framework for VWI Interpretation

Wall Thickening

Wall Enhancement	
	Positive
Positive	<p>WThck + Enh</p> <p>Vasculitis- Active (concentric) Culprit Plaque (eccentric) Reactive- post infarct Scar/Fibrosis Artifact ...among others [research!]</p>
Negative	<p>Only WThck</p> <p>Remodeling, Atherosclerosis HTN vasculopathy Scar/Fibrosis Normal aging ...among others [research!]</p>
Negative	<p>Only Enh</p> <p>Vasa Vasorum (V4, ICA) Vasculitis (concentric) Atherosclerosis (eccentric) Reactive- post infarct Artifact ...among others [research!]</p>
	<p>Other:</p> <ul style="list-style-type: none">• (VWI post) Consider Spatial Distribution• (VWI T2w) Juxtalaminal T2w signal• (MRA) Stenosis• (DWI) Infarct Topography• (Post) Dural/Leptomeningeal/Perivascular Enhancement• (SWI) Microhemorrhages, siderosis, RBC-thrombus• Note: Normal VWI-MRI does not exclude small vessel vasculitis. Consider clinical history.

[Jae Song, MD;
Work-in-progress,
6/11/2023]



References for further reading

(Recommend viewing images as examples)

General Review

[AJNR Expert Consensus Recommendations \(AJNR, 2017\)](#)

Intracranial Atherosclerosis

[Meta-analysis of VWI of Culprit Plaque \(Stroke, 2020\)](#)

Vasculitis

[Systematic Review of VWI of Inflm & Infectious CNS Vasculitis \(Neuroradiology, 2022\)](#)

Image Examples

[Illustrative cases \(Seminars, 2021\)](#)