the temporal lobe. Characteristic displacement of the vessels was observed in the antero-posterior projection in the former and in the lateral projection in the latter.

Concerning "Sylvian point" advocated by Taveras and Wood, we confirmed the significant difference of Sylvian point displacement between cerebral contusion and intracranial hematoma.

Discussion to n-8.

Cerebral Angiogram in Extradural Hematoma

Kenichiro HIGASHI

Second Surgical Department, Yamaguchi University Medical School

Cerebral angiographies were carried out in 50 patients out of 52 total cases of operated extradural hematoma. All hematomas were located in supratentorial extradural space, so that every angiography was done by a carotid route.

Midline shift of the anterior cerebral artery on anteroposterior view was found in 66% of the cases, and in 12% the anterior cerebral artery was not opacified. In the latter cases, it may be difficult to make correct diagnosis unless other specific findings were found out.

Avascular areas were recognized in 84% either on the anteroposterior view or on the lateral view. Hematomas in the cases without avascular areas on A-P view localized predominantly in the frontal or occipital region. However, even in the temporal hematoma, avascular area was hard to visualize if it located near the basis of the middle fossa.

It has so far been said that the avascular area appeared on the A-P view was straight type in extradural hematoma, and convex or concave type in subdural hematoma. In our series, however, straight type of avascular area was found in only 17 cases, convex type in 10, concave type in 5, and irregular configuration was demonstrated in 4 cases. In some instances the configuration of the avascular area appeared to be different between arterial and venous phases, for instance, it appeared as a straight type on an arteriogram and as a convex type on a phlebogram.

Medial shift of the middle meningeal arteries on A-P views was found in 18 cases, and extravasation of contrast media was visualized in 14 cases. In 2 particular cases, false aneurysms of the middle meningeal arteries were disclosed.

The appearance of the extravasation varied in several forms such as linear, flame-like, bead-like, leaf-like or fan-like configurations. And in some cases, 2 or 3 close parallel lines were formed due to a leak of contrast material into the middle meningeal veins.

These extravasations are encountered not infrequently if care is taken at the

reading of angiogram. We experienced such a case that the extravasation was only a sign suggesting hematoma, and subsequent trepanation disclosed an extradural clot.

O. Spinal Cord and Peripheral Nerves

o-1. Two Cases of Unilateral Trigeminal Neuralgia with Basilar Impression—Special Reference to Paget's Disease

Yutaka INABA, Masaaki FUSE, Hiroshi HATA,
Umeo ITO and Takashi MORIYAMA

Department of Neurosurgery, School of Medicine, Tokyo Medical and Dental University

Two cases of unilateral trigeminal neuralgia are described, each associated with basilar impression. Case 1; Unilateral trigeminal neuralgia with basilar impression due to Paget's disease. M.K., A woman, aged 61, was admitted Oct. 4, 1967, complaining of paroxysmal pain of 3 years' duration, with right lower third of the face. Pain was induced by eating. A few days before admission,

Case 1. Basilar impression due to Paget's disease.