



GP guide for the imaging of patients with brain, head and neck problems

MRI is the test of choice for diagnosing a range of neurological and head and neck conditions:

- Stroke – late presentation
- Dementia
- Multiple Sclerosis
- Brain tumours – including pituitary tumours and acoustic neuromas (vestibular schwannomas)
- Temporomandibular Joint (TMJ) dysfunction

Direct access referral to MRI imaging, in accordance with referral guidelines and local patient pathways, can help to provide a differential diagnosis and allow the patient to be managed in primary care, or speed up the patient pathway where a referral to a specialist is necessary.

Please note that if a patient has had a previous diagnosis and treatment for a brain tumour they should preferably be referred to the specialist unit where they were diagnosed.

How do I refer a patient?

Complete an MRI or ultrasound referral form which you can download from our website www.inhealthlondon.com or request via email to londoninfo@inhealthgroup.com. Please specify the presenting complaint and relevant past medical history, and indicate which area is to be investigated on the form.

Please return the completed form by fax to 0844 581 0305 or by secure email to london.prc@nhs.net. Once we have received the referral form we will contact your patient to book a suitable appointment time.

Referral Guidelines

Presenting Complaint	Imaging Guidance
Stroke – late presentation	<p>MRI should be undertaken when imaging has been delayed for more than 10 days after stroke.</p> <p>MRI should be considered if the underlying pathology is uncertain, or the diagnosis of stroke is in doubt after CT.</p> <p>MRI should be considered in young patients with stroke, in patients presenting late where it is important to know whether they have previously had a haemorrhage, and in suspected posterior fossa lesions.</p>
Suspected Dementia	<p>MRI should be used in the assessment of people with suspected dementia to exclude other cerebral pathologies and to help establish the subtype diagnosis. MRI can assist with early diagnosis and detect subcortical vascular changes.</p> <p>Patients may present with:</p> <ul style="list-style-type: none">• Memory loss for recent events with long-term memory intact• Deterioration in language, perception and comprehension• Impaired ability to recognise objects Progressive decline from a previous higher level of functioning, with consciousness not clouded• Disturbance in executive functioning (inability to think abstractly and plan, initiate, sequence, monitor and stop complex behaviour)
Multiple sclerosis	<p>MRI is regarded as the most sensitive and specific investigation for establishing a diagnosis of multiple sclerosis.</p> <p>Presenting symptoms may include:</p> <ul style="list-style-type: none">• Optic neuritis - pain and double vision• Loss of visual field• Ataxia, vertigo or dizziness• Muscle spasm and spasticity• Incontinence
Chronic headache	<p>Imaging is not indicated in patients with a primary headache disorder, e.g. migraine, tension-type or cluster headache.</p>
Persistent/atypical headache	<p>MRI is indicated for persistent or atypical headache or migraine when there is a change in neurological status.</p> <p>The following symptoms may be related to a brain tumour:</p> <ul style="list-style-type: none">• New onset headache in patient > 50 years• Increasing frequency and severity of headache• Headache causing patient to wake from sleep• Associated unexplained neurological symptoms, e.g. dizziness, lack of coordination, tingling, numbness• Headache made worse by coughing, sneezing or straining• Headache with vomiting and papilloedema• Fits (in patients who are not know epileptics)

Asymmetrical hearing loss	MRI is the best investigation for vestibular schwannoma which may present with asymmetrical sensorineural hearing loss (on audiogram) with or without tinnitus.
Temporomandibular joint (TMJ) dysfunction	MRI is the investigation of choice for TMJ dysfunction to identify internal derangement.
Facial, salivary, neck swelling/mass of unknown origin	Ultrasound is the first-line investigation for characterisation of neck and salivary masses. CT or MRI may be indicated if the full extent of the lesion is not established by ultrasound.
Chronic sinusitis	CT is the investigation of choice for imaging the sinus.

References

NICE Clinical Practice Guideline 42

– a NICE-SCIE Guideline on supporting people with dementia and their carers in health and social care. National Collaborating Centre for Mental Health, 2007

NICE Clinical Guideline 27 – Referral guidelines for suspected cancer. National Collaborating Centre for Primary Care, 2005

Referral Guidelines – Making the best use of clinical radiology services. Royal College of Radiologists, 6th Edition, 2007

Framework for Primary Care Access to Imaging – Right Test, Right Time, Right Place. Royal College of Radiologists and Royal College of General Practitioners, 2006