CT Temporal Bone with IV Contrast

**ACQUISITION**

- **Patient Position:** Supine
- **Contrast:** 75 ml
- **Injection Rate:** 0.8 ml per second; 90 sec delay
- **Respiration:** Quiet, NO swallowing
- **Volume:** Appropriate to achieve images as specified in following reconstruction tables.
- **Head FOV.**

**RECONSTRUCTION**

- **A1**
  - Algorithm: Soft
  - Thickness: 1.0 mm
  - Spacing: 0.8 mm
  - F.O.V.: Approx 180

- **A2**
  - Algorithm: Bone
  - Thickness: 0.5-0.75 mm
  - Spacing: 0.3-0.5 mm
  - F.O.V.: Approx. 80-90

- **A3**
  - Algorithm: Bone
  - Thickness: 0.5-0.75 mm
  - Spacing: 0.3-0.5 mm
  - F.O.V.: Approx. 80-90

**REFORMATION**

- **A2R1**
  - Algorithm: Bone
  - Thickness: 1.0 mm
  - Spacing: 1.0 mm
  - F.O.V.: 80-90
  - Plane: Coronal
  - Begin: TMJ
  - End: Through IAC

- **A3R1**
  - Algorithm: Bone
  - Thickness: 1.0 mm
  - Spacing: 1.0 mm
  - F.O.V.: 80-90
  - Plane: Coronal
  - Begin: TMJ
  - End: Through IAC

- **A2R2**
  - Algorithm: Bone
  - Thickness: 1.0 mm
  - Spacing: 1.0 mm
  - F.O.V.: 80-90
  - Plane: Oblique para sagittal
  - Begin: Anterior to TMJ
  - End: Through IAC

- **A3R2**
  - Algorithm: Bone
  - Thickness: 1.0 mm
  - Spacing: 1.0 mm
  - F.O.V.: 80-90
  - Plane: Oblique para sagittal
  - Begin: Anterior to TMJ
  - End: Through IAC

**OTHER**

- Note: For scans done on children or patients requiring restraint device immobilization, it is optimal to view a coronal MPR image to rule out motion before discharging patient.
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Indications

TEMPORAL BONE
  Middle ear mass (non-cholesteatoma)
  Petrous apex mass (unknown etiology)-initial work up

POSTERIOR FOSSA
  Known VIIIth nerve Schwannoma F/U when MRI not possible
  Cerebellopontine angle and other posterior fossa mass

SYMPTOMS/SYNDROMES (mainly when MRI is not possible)
  Sensorineural hearing loss-VIIth work up
  Vertigo, dizziness, nystagmus
  Tinnitus (non pulse synchronous)
  Deficits of cranial nerves IX, X, XI and XII (Horner’s see ENT CTA)
  Jugular fossa syndrome

Acoustic neuroma