

Evidence Discussion (HD-1.1)

- Imaging of each body section along the entire course of the relevant cranial nerve may be indicated if detailed clinical evaluation is unable to localize the site of the lesion. Cranial neuropathy can result from pathology affecting the nerve fibers at any point along the course of the nerve, from the cranial nerve origin in the brainstem to the end organ supplied by the nerve, indicating need to image multiple body sections.¹ MRI brain, orbits, face, neck, or any combination may be necessary depending on the clinical need.^{1,2}
- MRI is the standard modality for imaging the cranial nerves.^{1,3}
- CT Neck is useful to exclude neck masses when evaluating either isolated or multiple lower cranial neuropathies.¹ CT may be complementary to MRI in characterizing skull base erosions, calcifications, and skull base foramina.¹

References

1. Expert Panel on Neurological Imaging, Rath TJ, Policeni B, et al. ACR Appropriateness Criteria® Cranial Neuropathy: 2022 Update. J Am Coll Radiol. 2022;19(11S):S266-S303. doi:10.1016/j.jacr.2022.09.021
2. Expert Panel on Neurologic Imaging, Kennedy TA, Corey AS, et al. ACR Appropriateness Criteria® Orbits Vision and Visual Loss. J Am Coll Radiol. 2018;15(5S):S116-S131. doi:10.1016/j.jacr.2018.03.023
3. ACR ASNR SPR Practice Parameter for the Performance and Interpretation of Magnetic Resonance Imaging (MRI) of the Brain. Revised 2019.