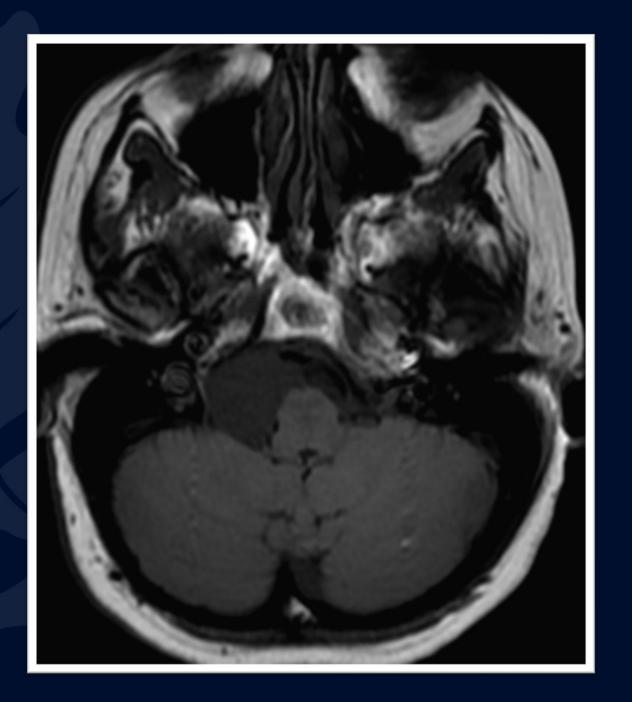
44 y/o female with dizziness and dull headache

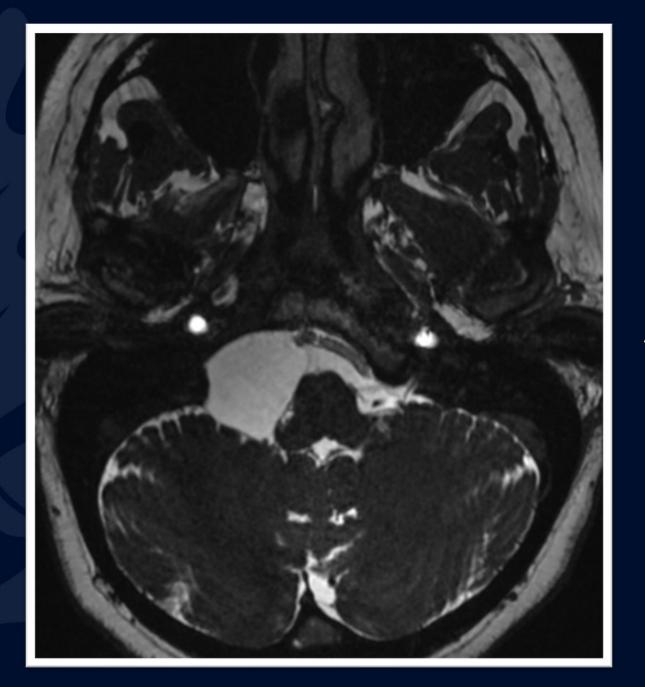
Edward Gillis, DO Mark Kane, MD Leo Wolansky, MD





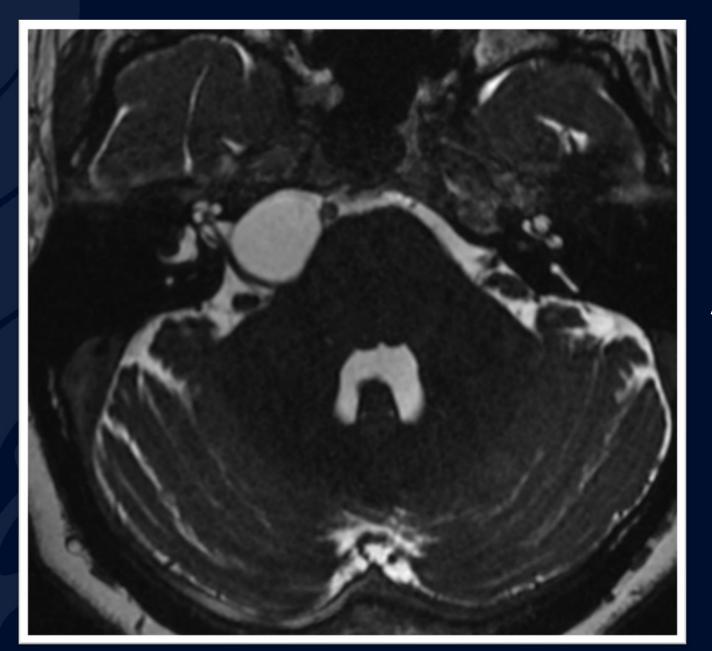
Axial T1W





Axial 3D-T2W





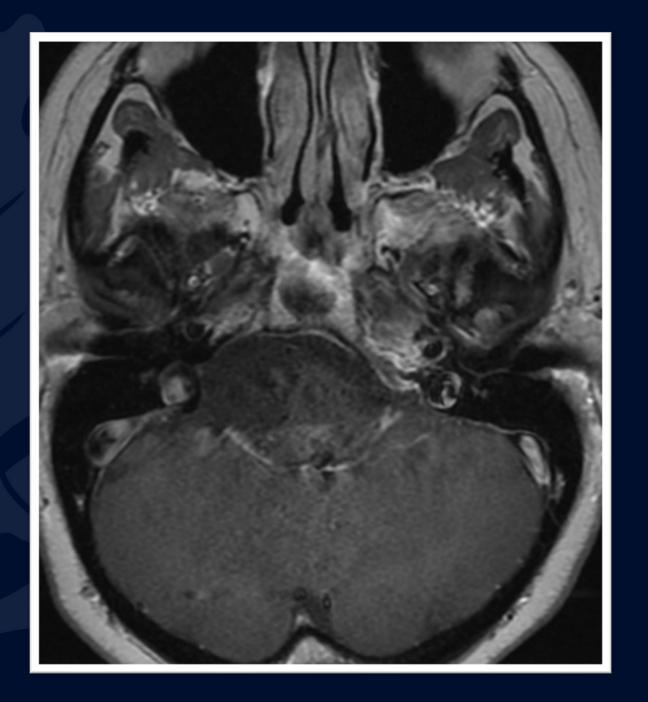
Axial 3D-T2W





Axial T2-FLAIR





Axial T1W

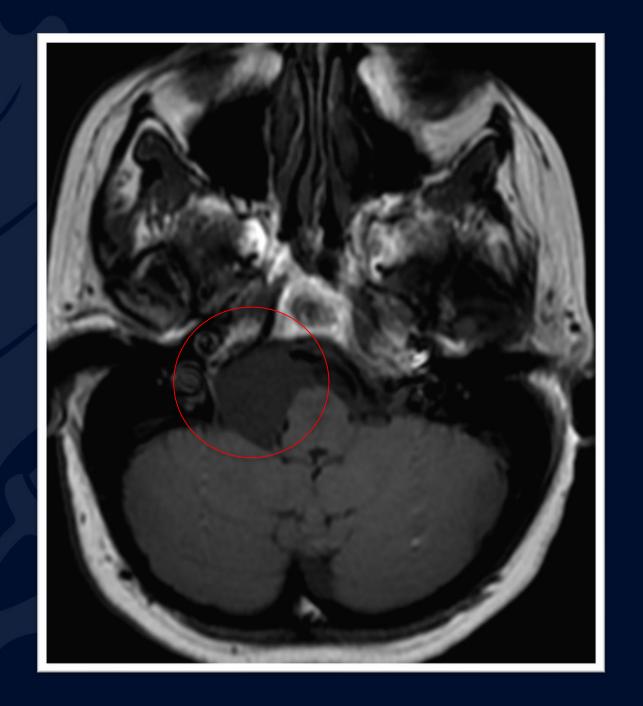






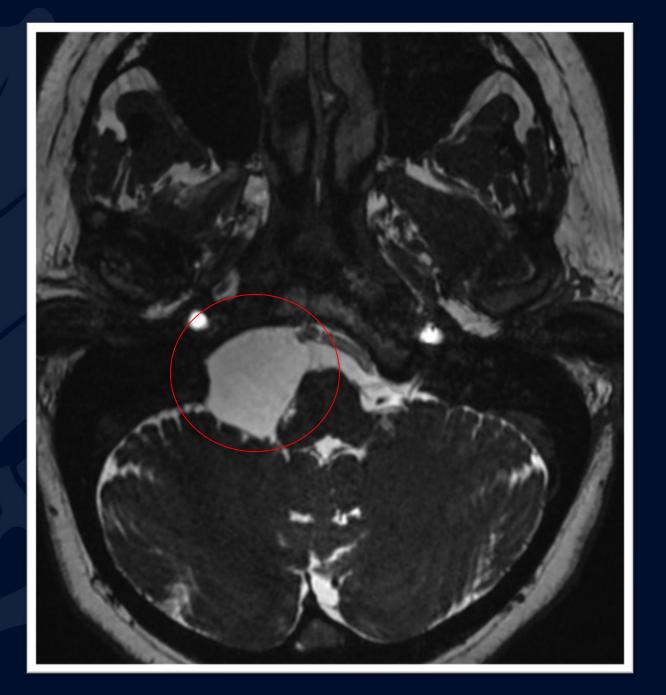
Arachnoid Cyst





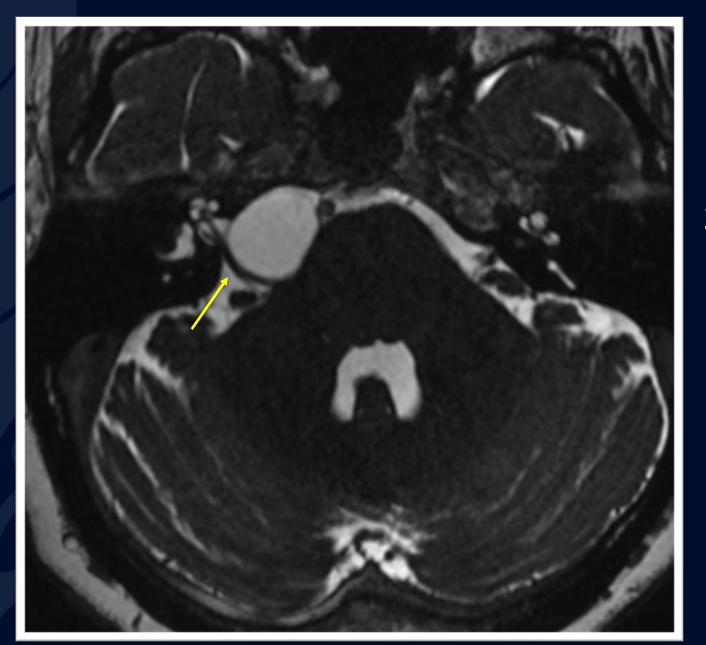
Axial T1W:
Right CP angle
mass isointense
to CSF, with
leftward mass
effect on the
medulla





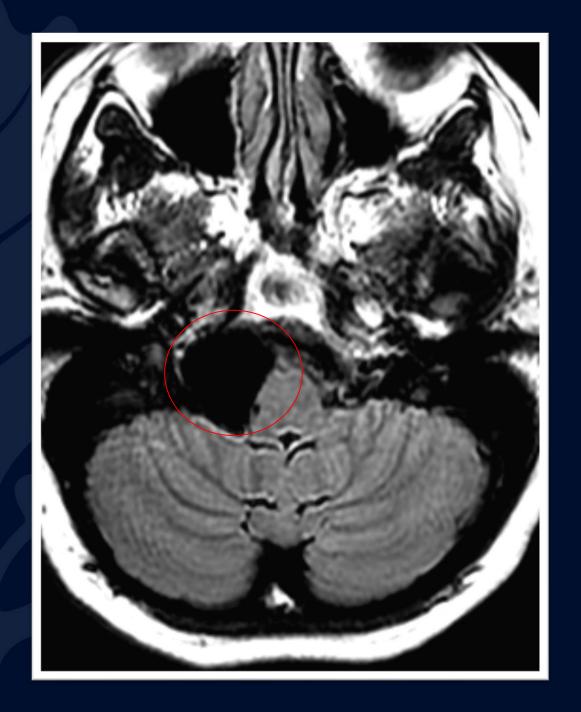
Axial MRI T2W:
Right CP angle
mass
isointense to
CSF, with
leftward mass
effect on the
medulla





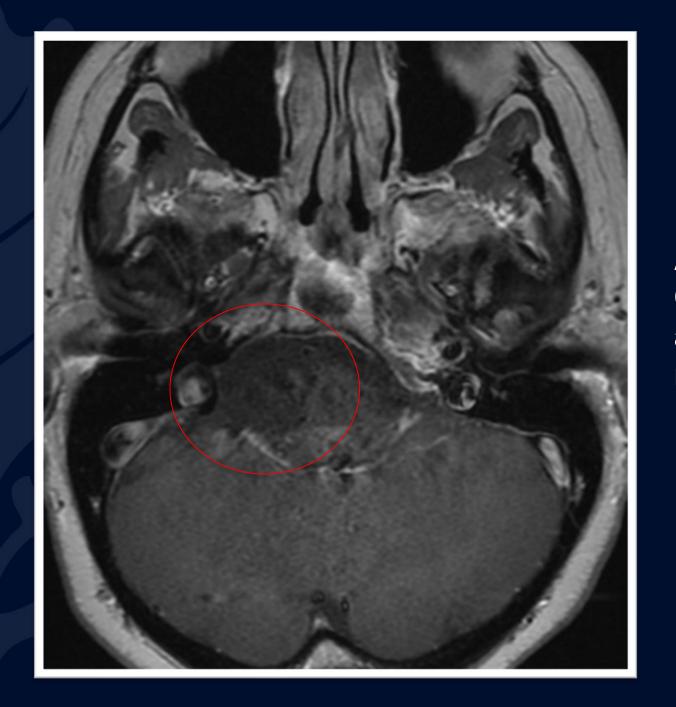
Axial MRI
T2W: Right
CP angle
mass causing
mass effect on
exiting 7th / 8th
cranial nerve
bundle (arrow)





Axial MRI T2 FLAIR: Complete loss of signal of right CP angle mass, following CSF signal





Axial MRI T1W C+: Right CP angle mass is non-enhancing



Arachnoid Cyst

Imaging Features

- Isointense to CSF on all sequences
 - Sharply marginated extra-axial fluid collection
- Completely suppresses with FLAIR
- No restriction on DWI and identical to ventricles
- No contrast enhancement
- Features of extra-axial mass
 - Displaces cortex
 - Buckling of gray-white matter interface



Arachnoid Cyst

General Features

- Location
 - Middle cranial fossa most commonly
 - Cerebellopontine angle
 - Suprasellar
- Giant periventricular arachnoid cysts can cause hydrocephalus
 - Association with stenosis of Foramen of Monro & Aqueduct
- M:F is 3-5:1
- Usually asymptomatic, incidental finding, but depends on size & location
- DDx:
 - Epidermoid cyst (Hyperintense on DWI & FLAIR)
 - Chronic subdural hematoma (most SDH are not CSF signal)



References

- Brant, W. E., & Helms, C. A. (2012). Fundamentals of diagnostic radiology. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins
- 2. Diagnostic Imaging for Radiology. (n.d.). Retrieved October 17, 2017, from http://www.statdx.com/

