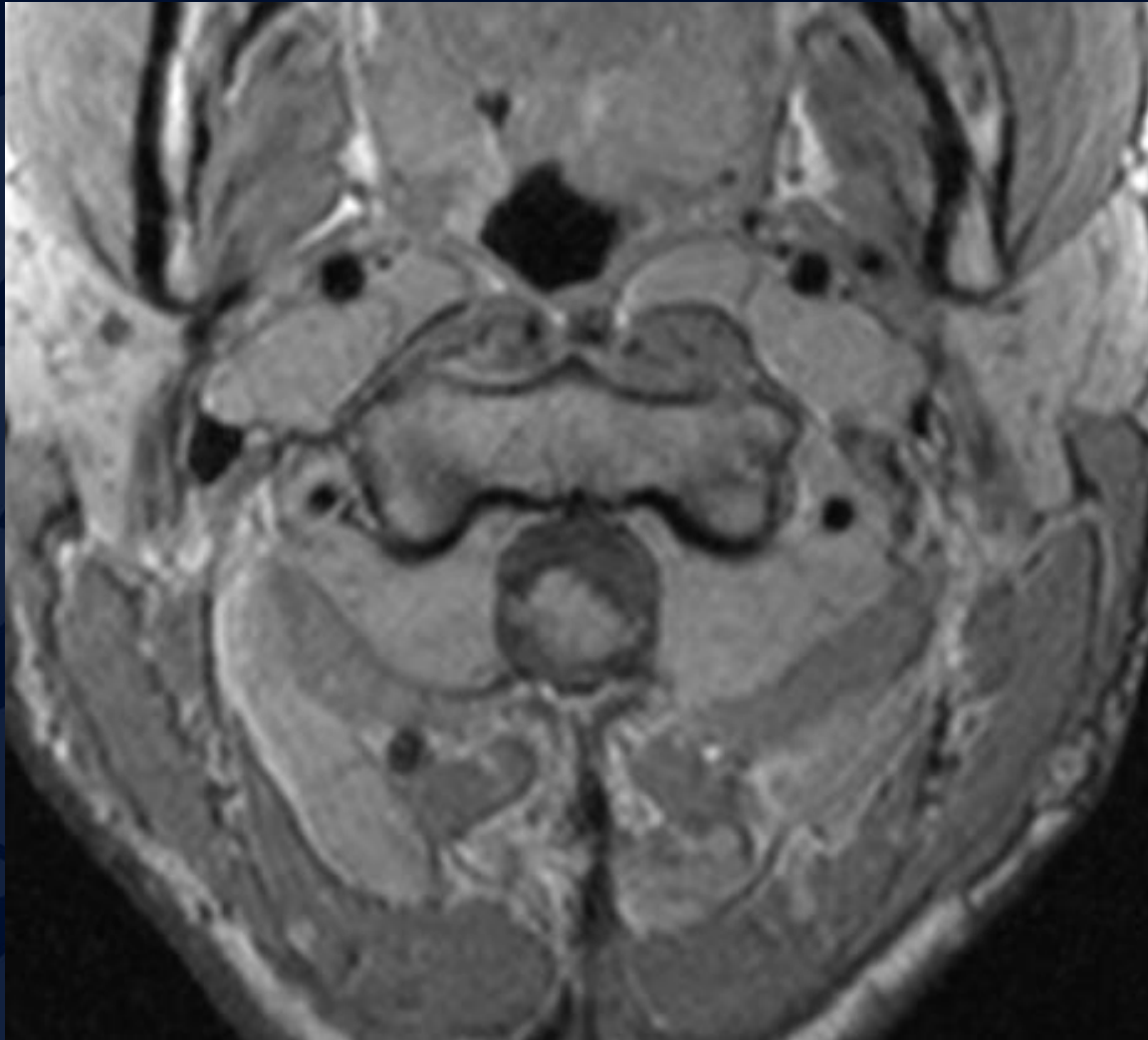
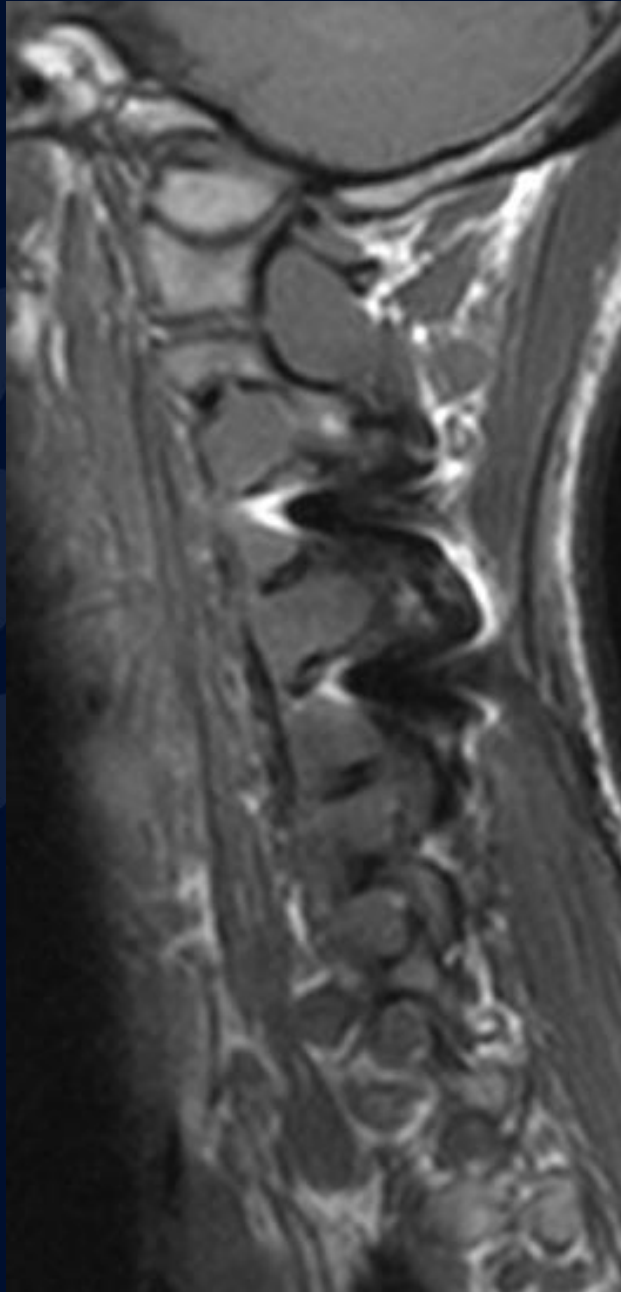


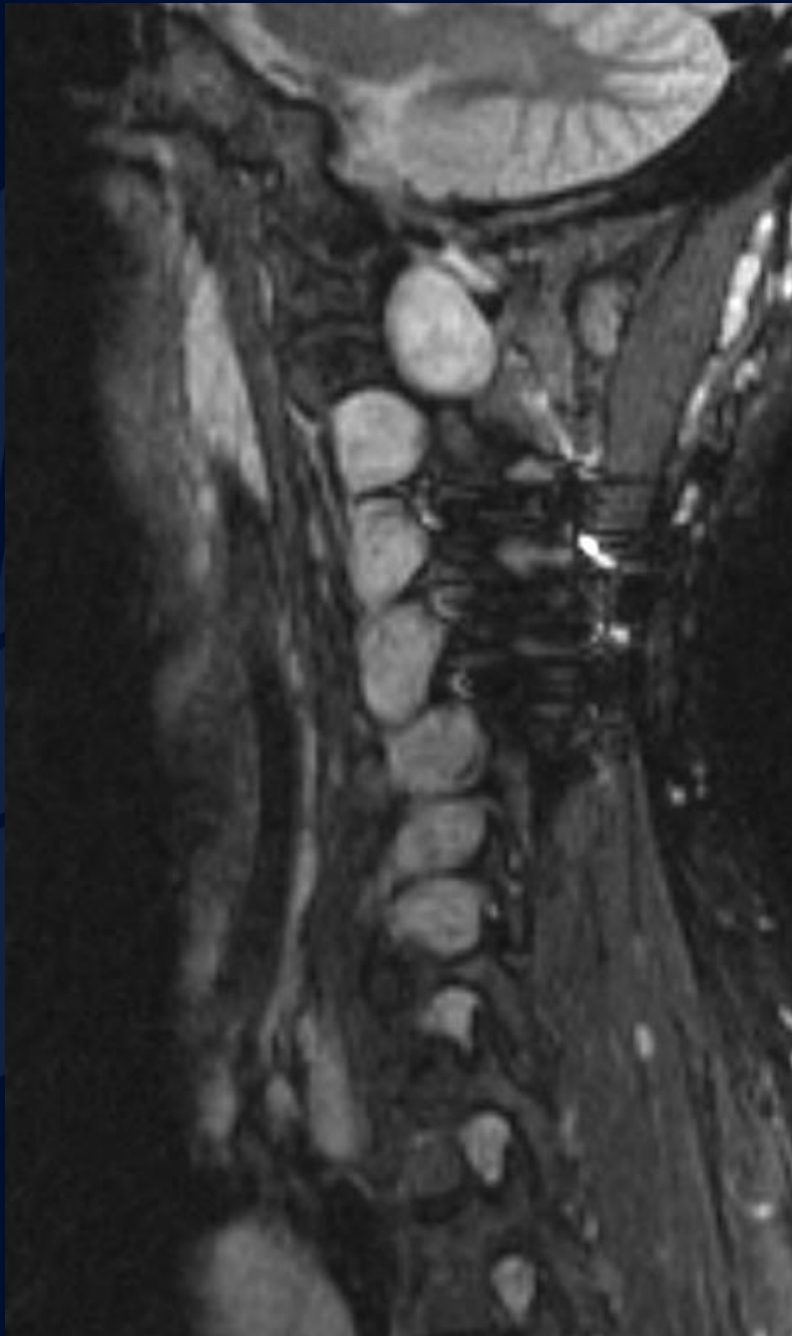
34 year-old female with genetic disorder

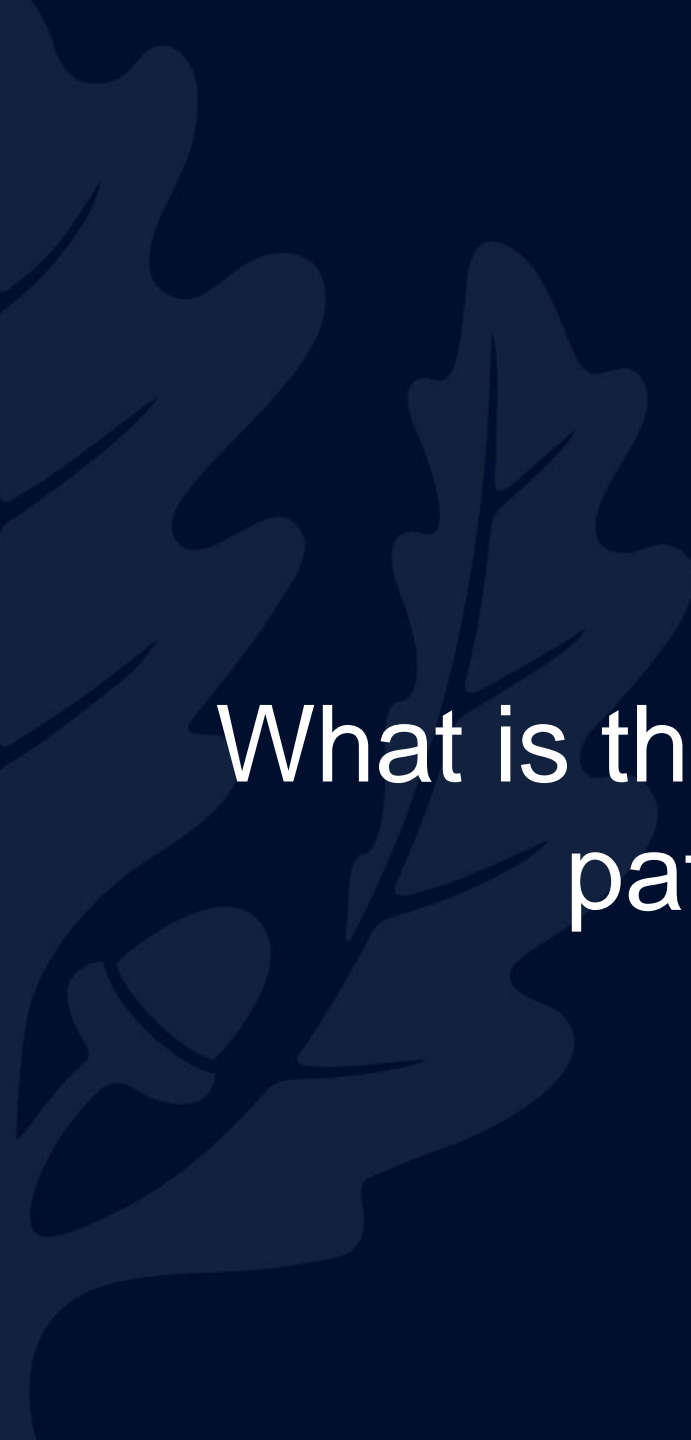
Ryan Joyce, MD

Leo Wolansky, MD









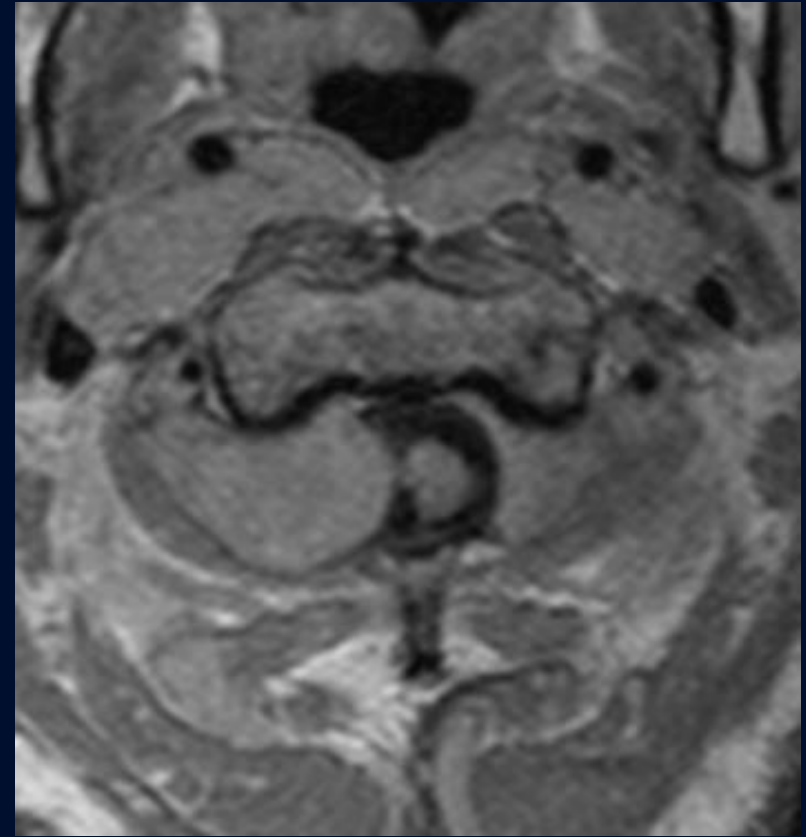
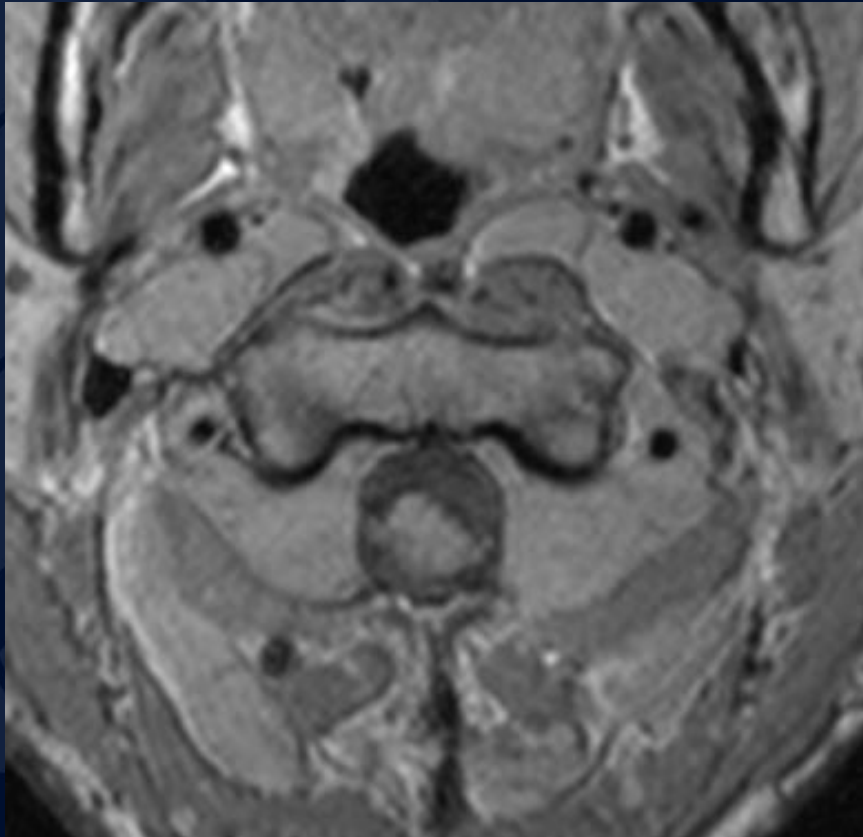
Question 1:
What is the genetic disorder this
patient likely has?

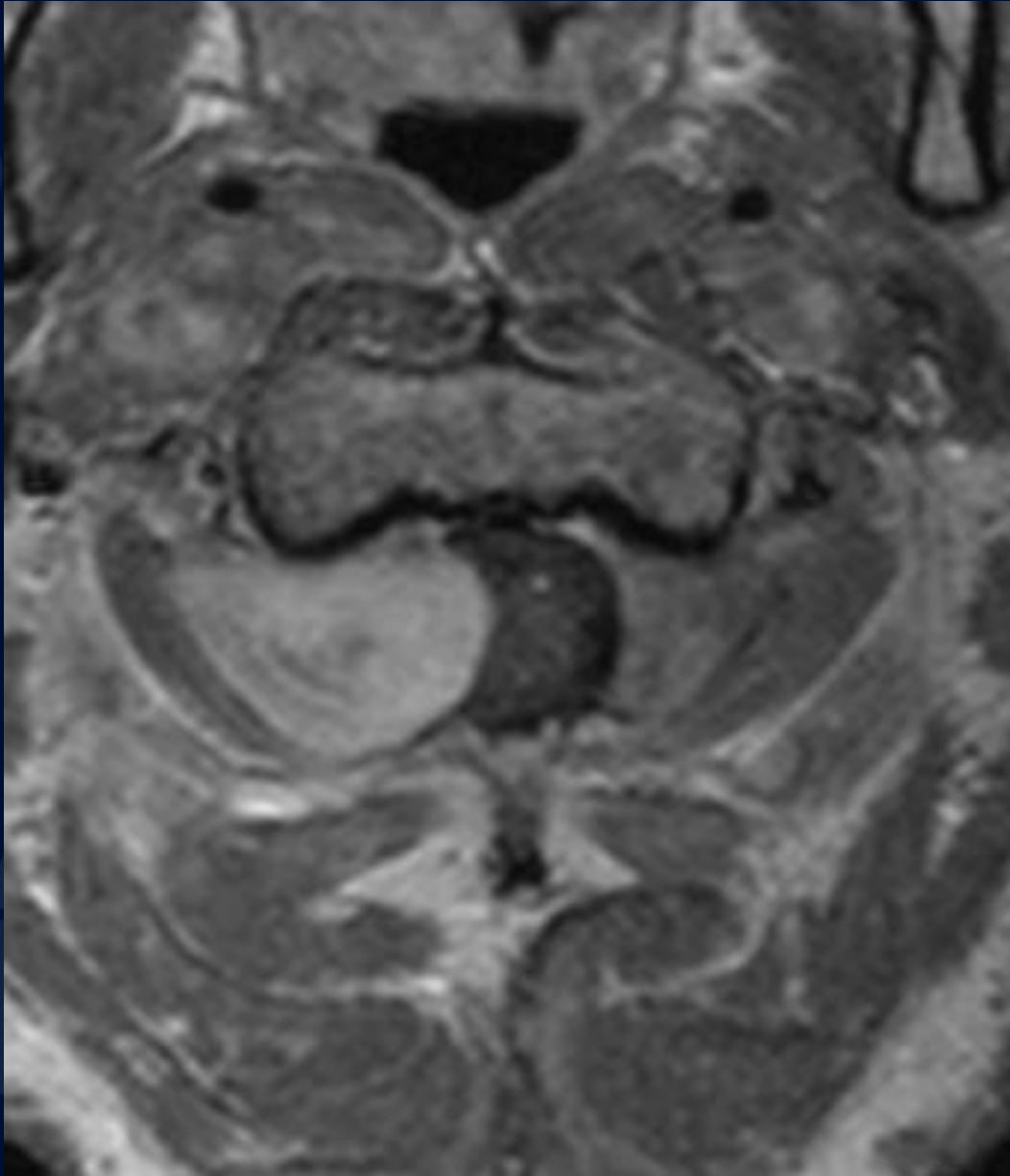
A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off, with a scalloped edge.

Answer 1: Neurofibromatosis

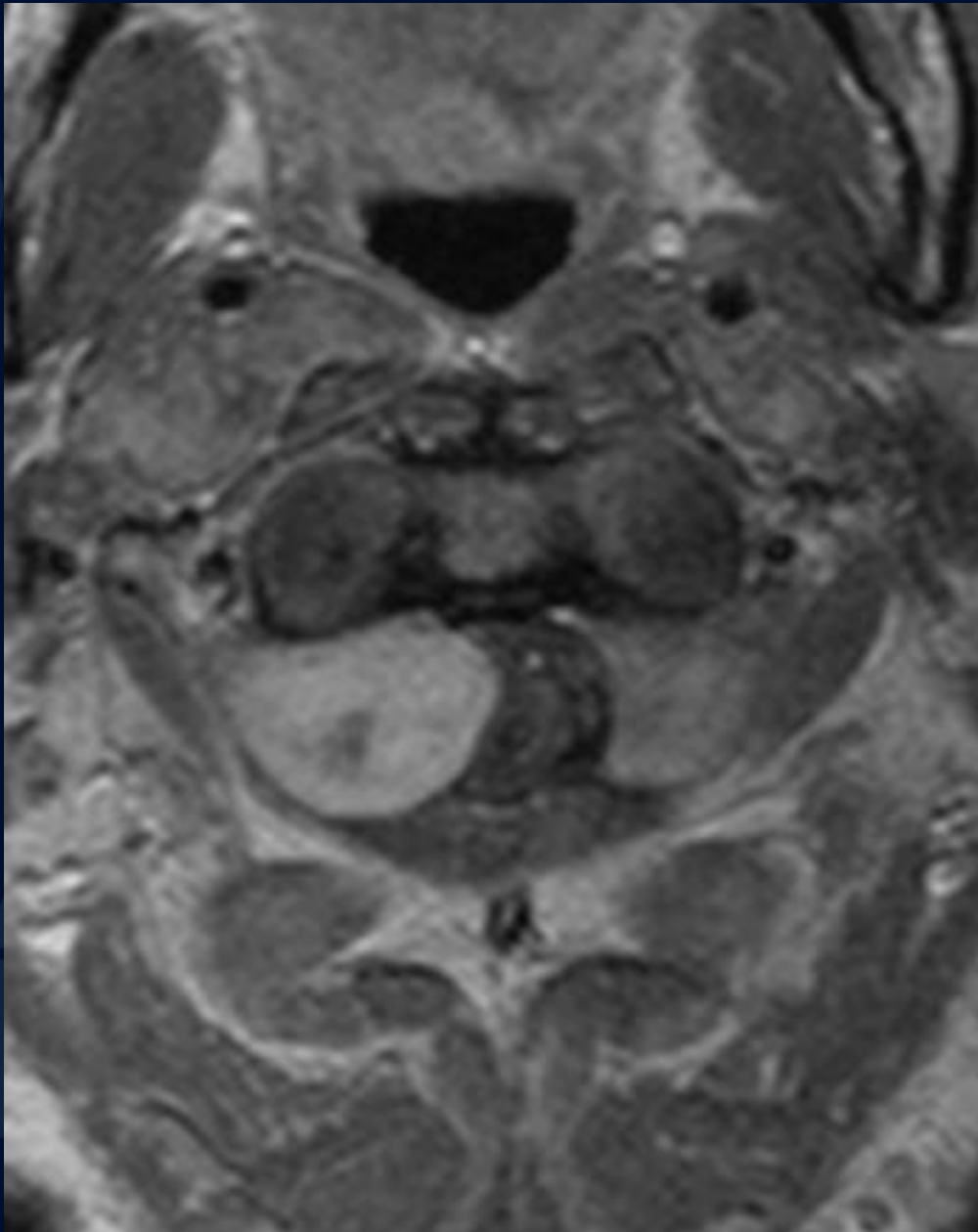
2008

2017

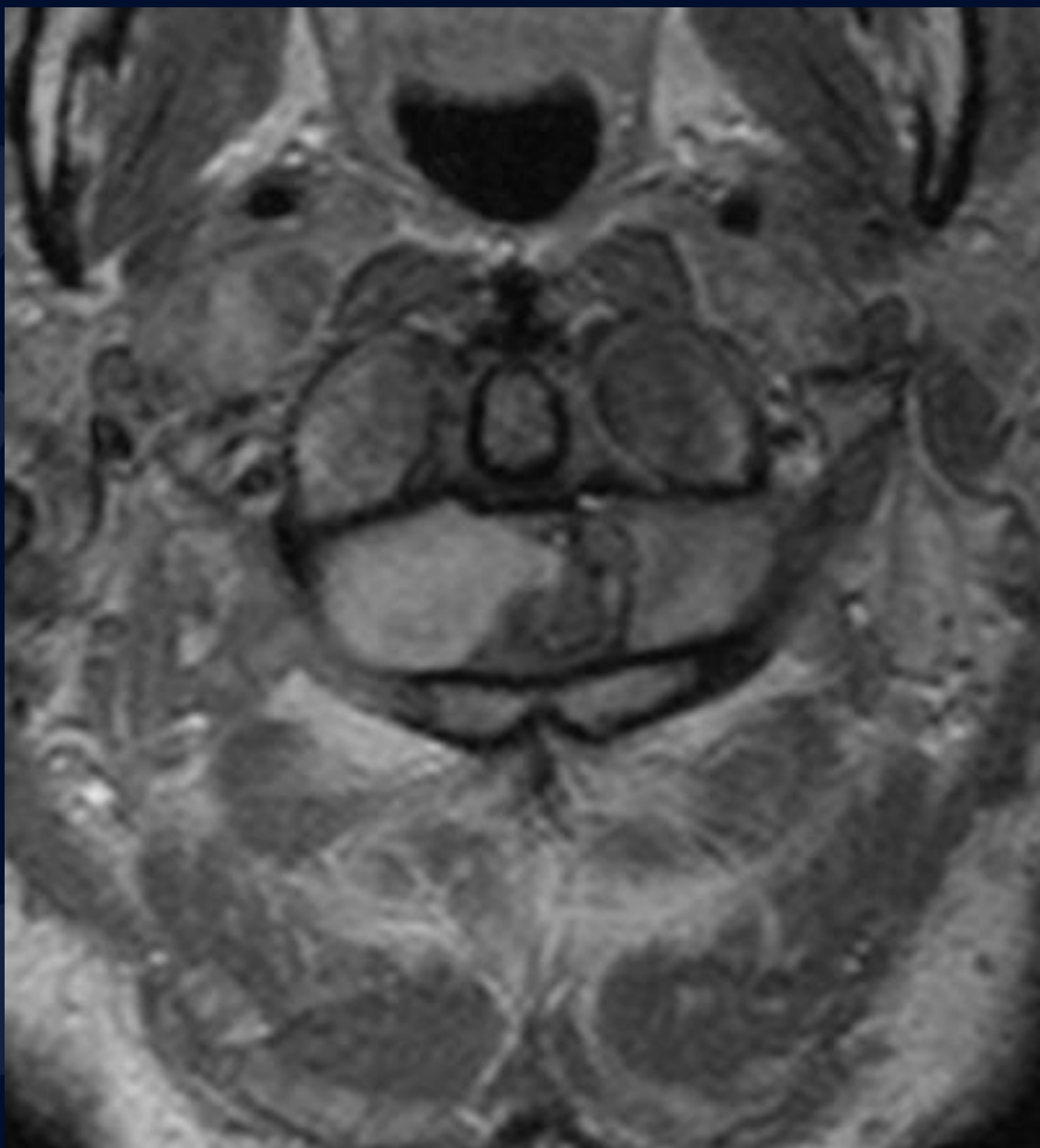




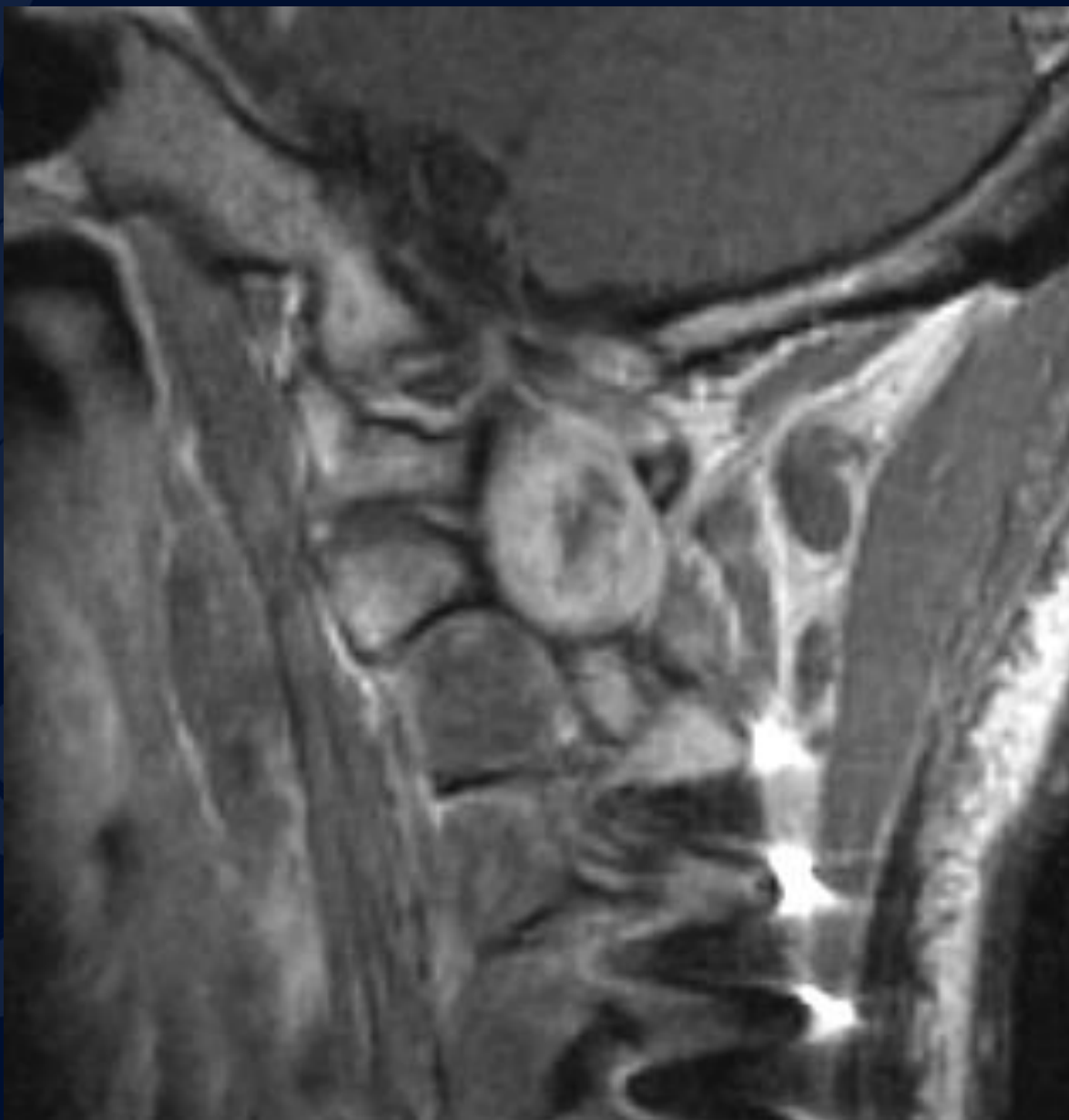
2017



2017



2017



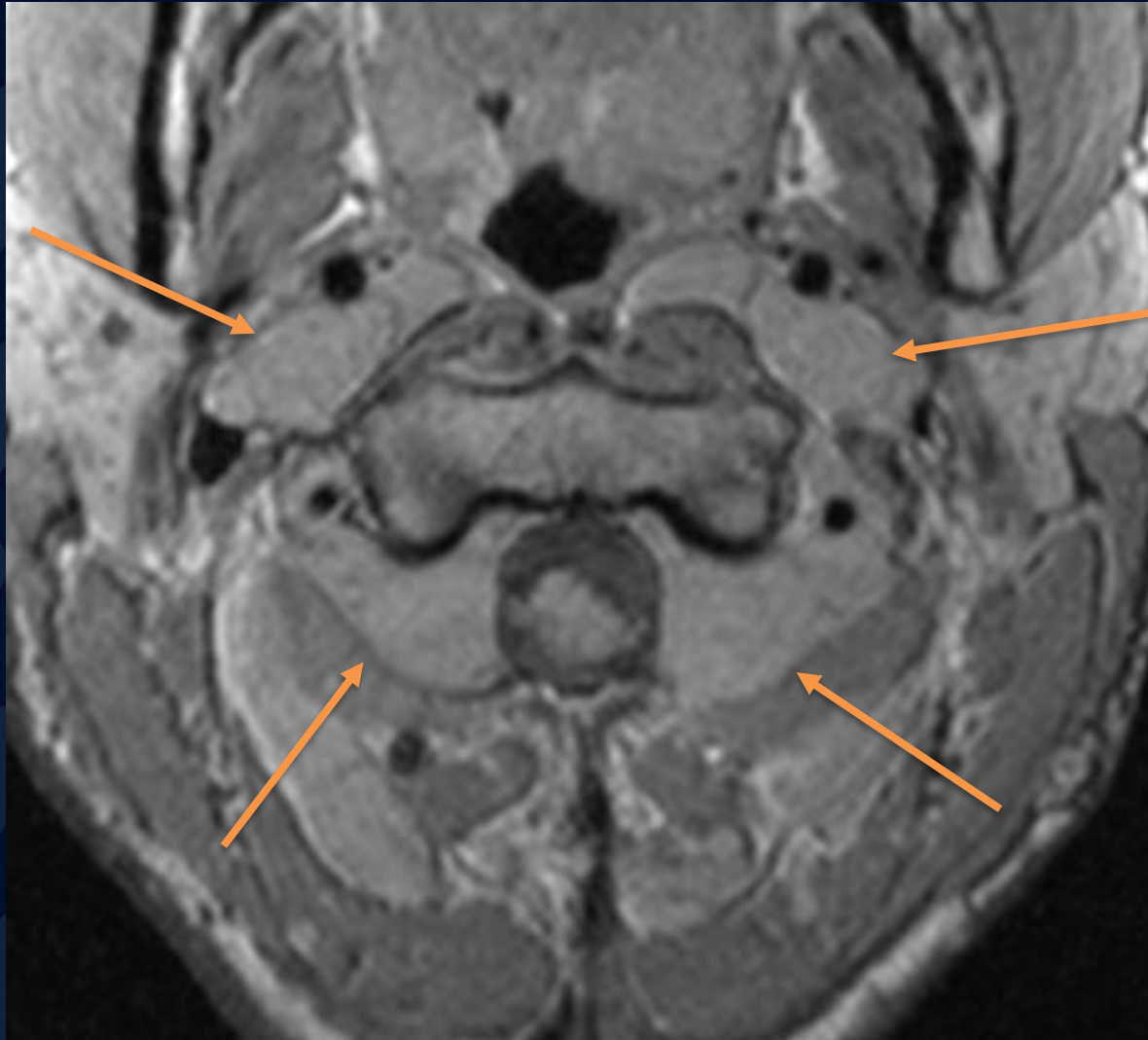
2017

A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The leaf's edge is serrated.

Question 2

Dx?

Answer 2:
NF1 with malignant
transformation of
neurofibroma to malignant
peripheral nerve sheath
tumor

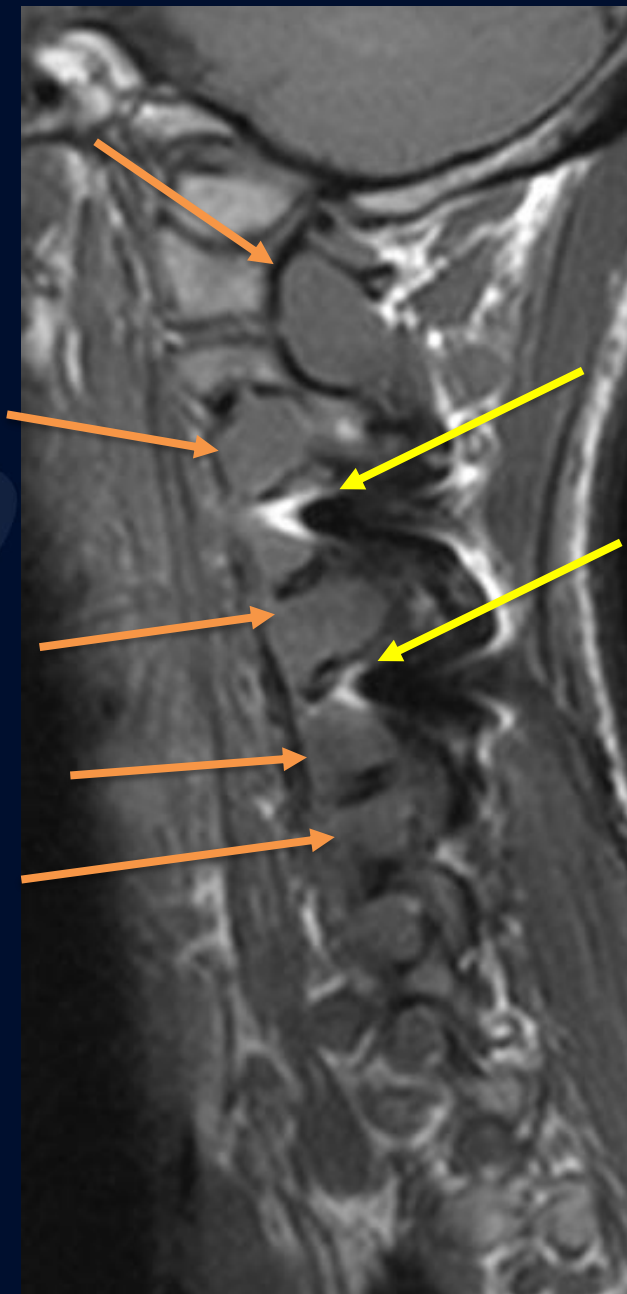


T1
2008

Bilateral neurofibromas (orange arrows)

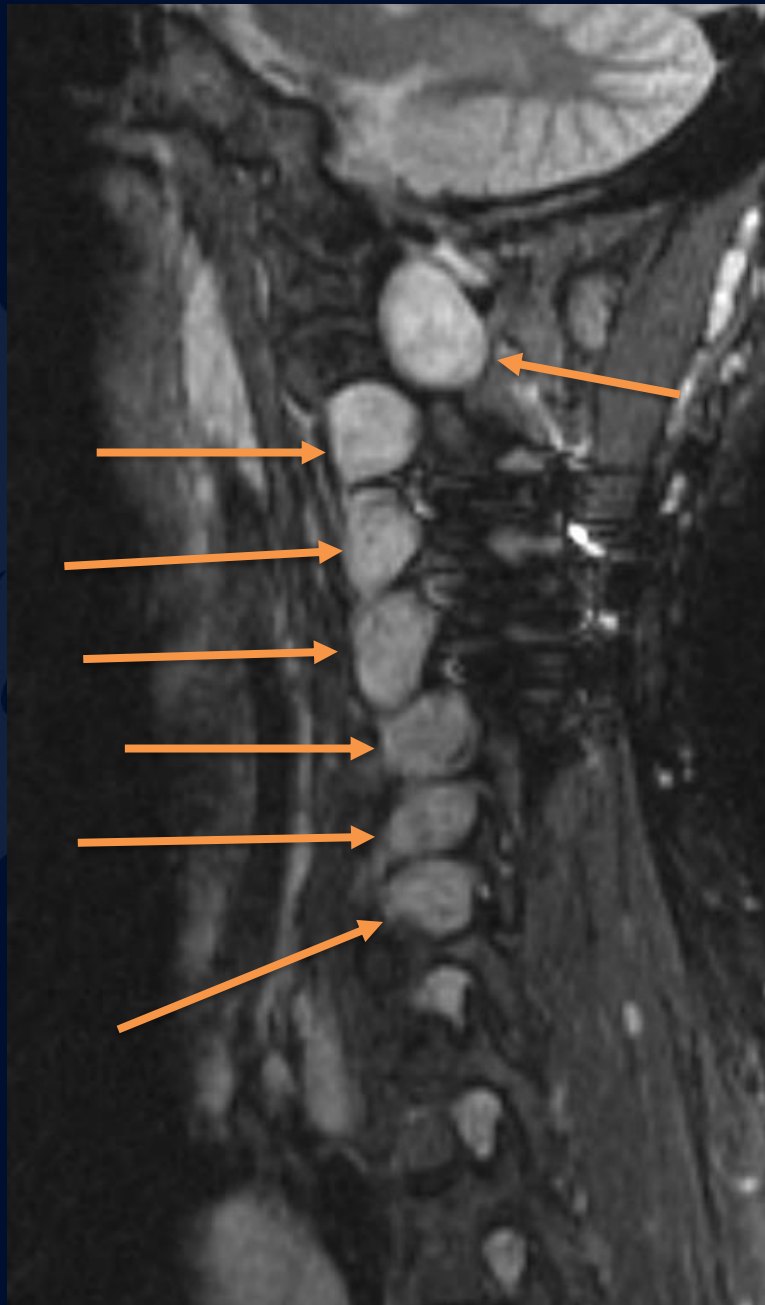
Neurofibromas of cervical spine, seen in NF1 (orange arrows)

Incidentally noted is ferromagnetic susceptibility artifact from skeletal hardware (yellow arrows).



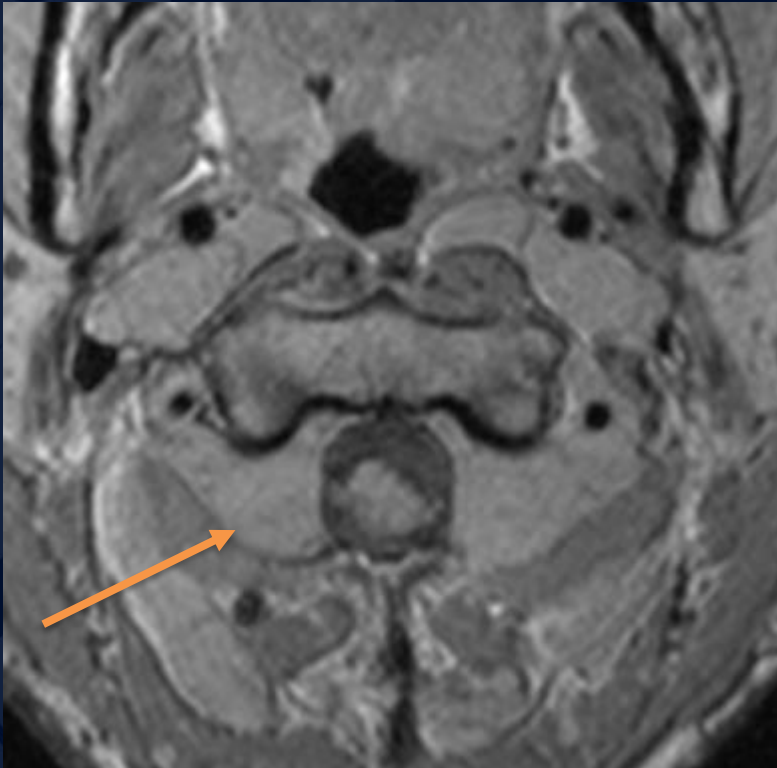
T1
2008

Neurofibromas
of cervical
spine, in NF1
(orange arrows)

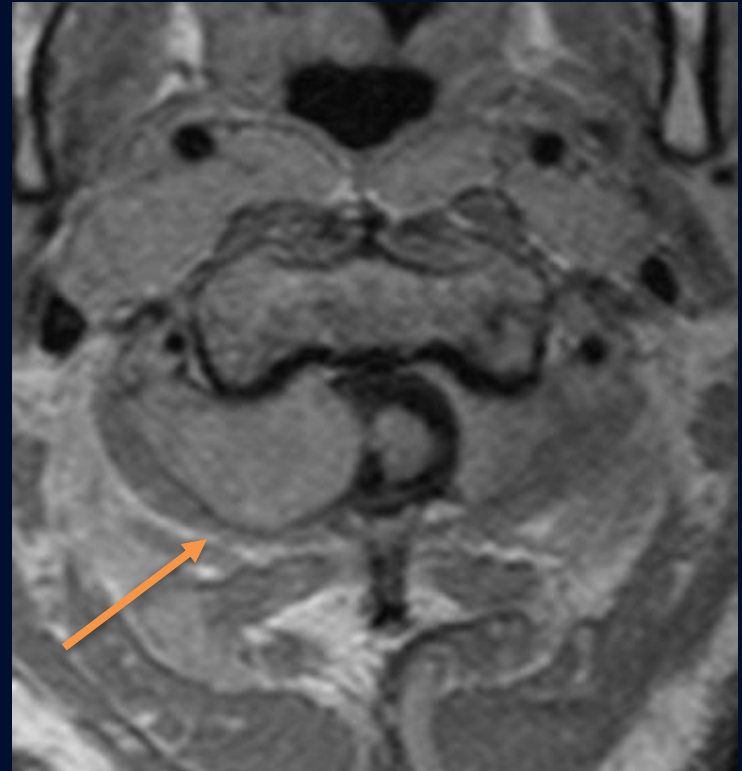


STIR
2008

2008

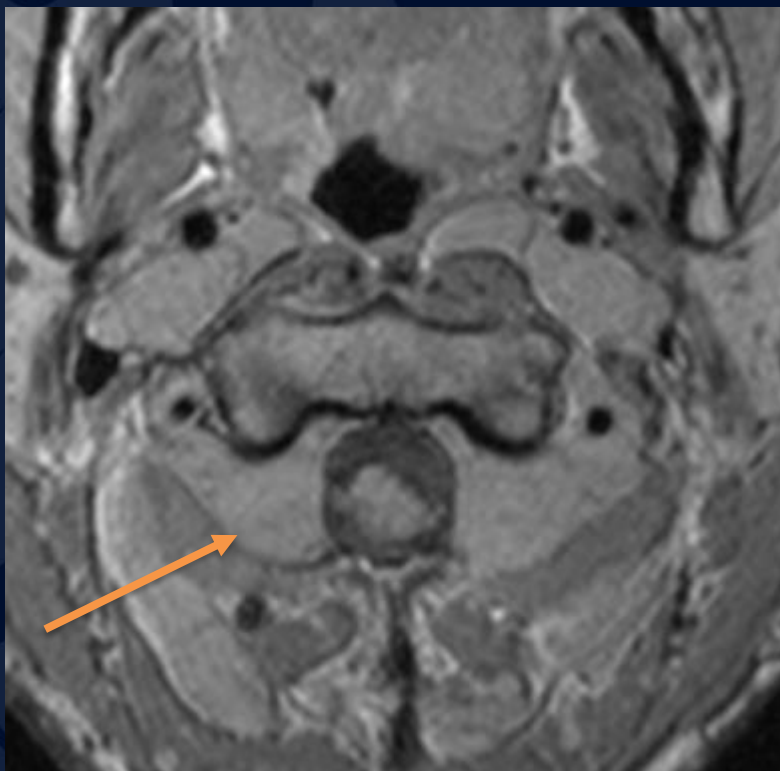


2017

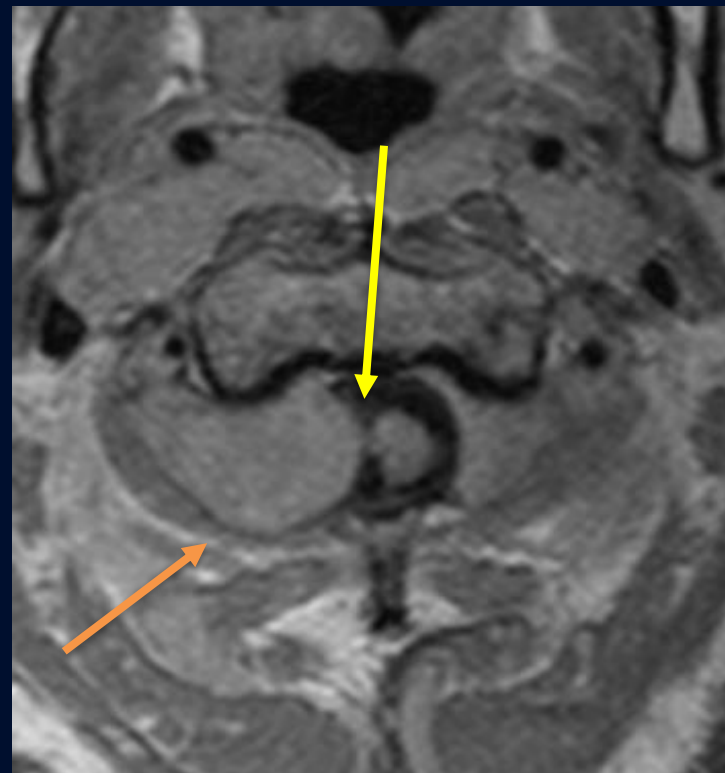


Interval enlargement of neurofibroma (orange arrows)

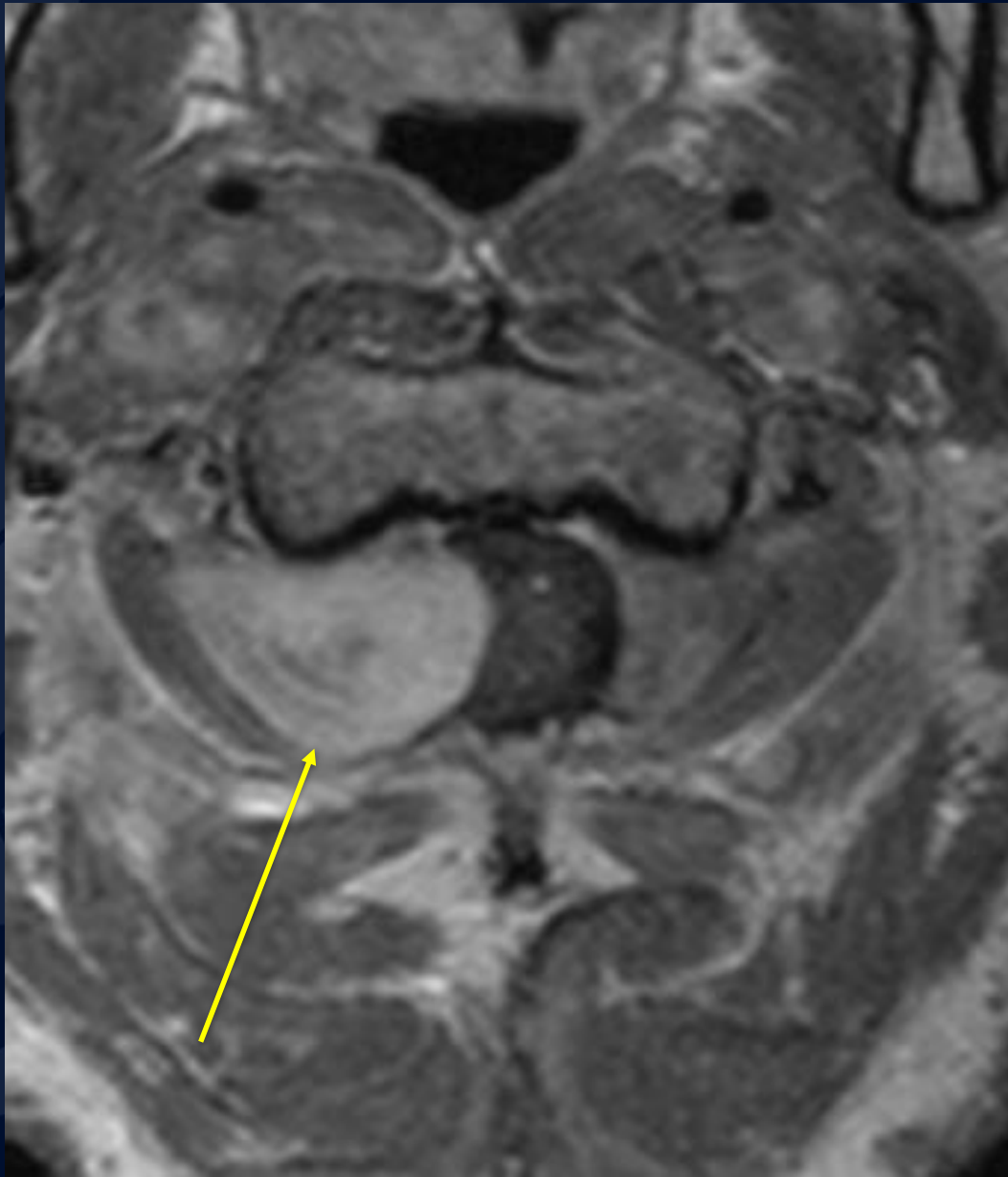
2008



2017

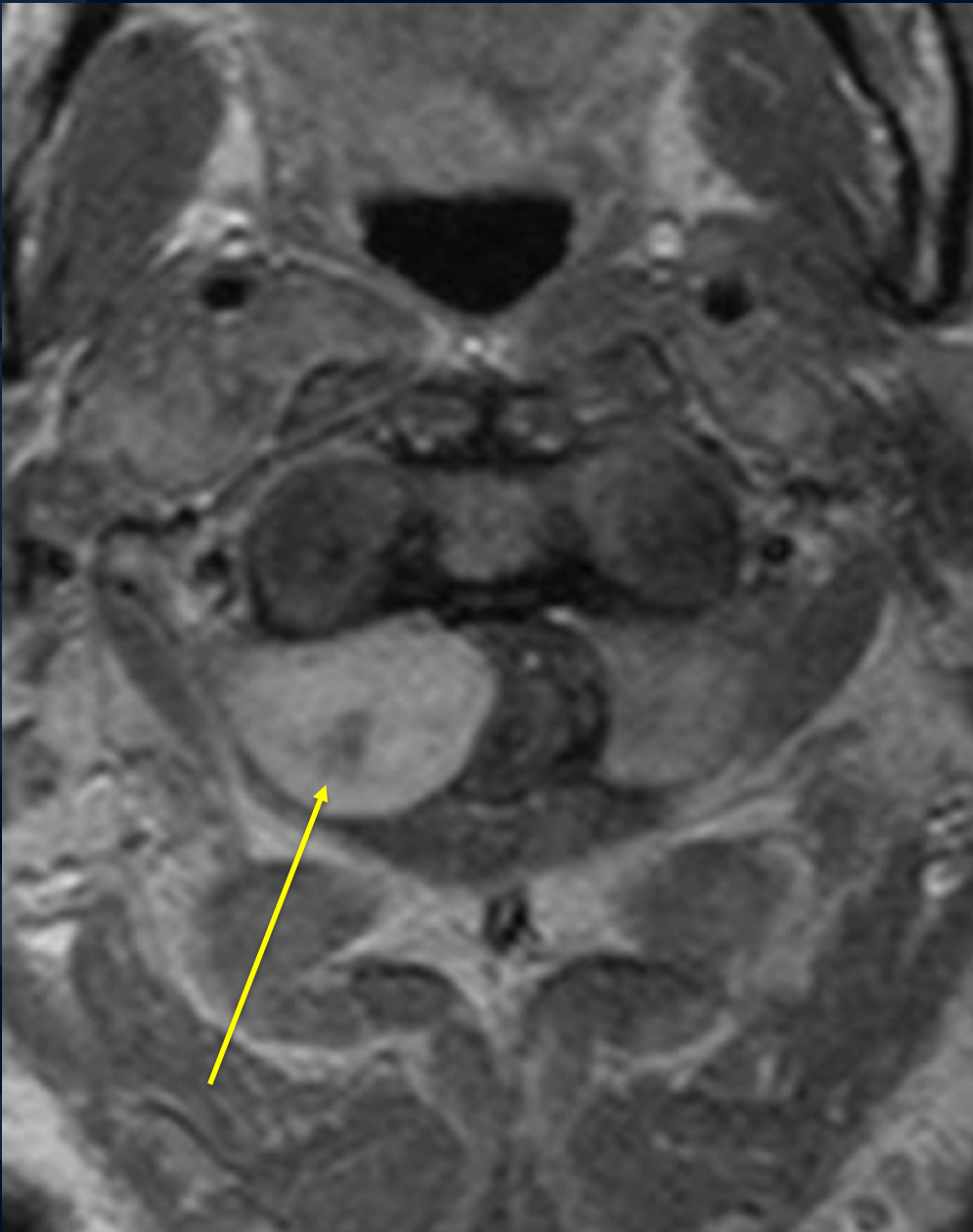


Interval enlargement of neurofibroma (orange arrows), which now deforms cord (yellow arrow)



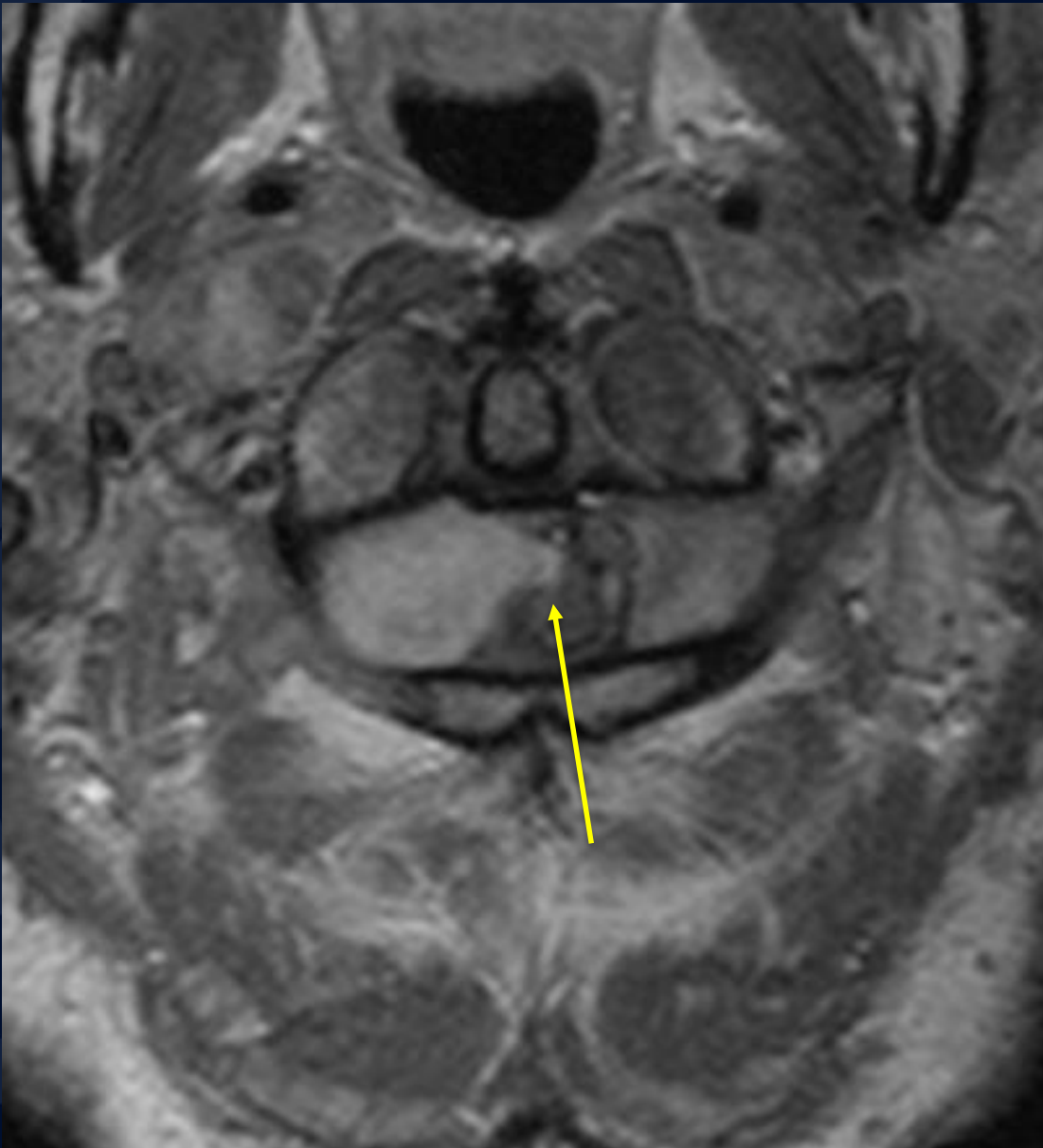
2017

Heterogenous
enhancement,
suggesting central
necrosis
(yellow arrow)



2017

Heterogenous
enhancement,
suggesting central
necrosis
(yellow arrow)



2017

“Tongue-like”
extension into
spinal cord
(yellow arrow)



2017

Heterogenous
enhancement,
suggesting central
necrosis
(yellow arrow)

Neurofibromatosis 1

- Autosomal dominant neurocutaneous disorder (phakomatosis) in which NF1 gene (tumor suppressor gene) is turned off via nonsense mutation.
- Gene locus = chromosome 17q11.2
- Imaging manifestations include multiple neurofibromas, plexiform neurofibromas, visual pathway gliomas, optic hamartomas, sphenoid wing dysplasia, and thinning of long bones.

Malignant transformation of neurofibroma to malignant peripheral nerve sheath tumor in NF1

Malignant peripheral nerve sheath tumor (MPNST)

- Rare soft tissue sarcoma of peripheral nerve sheath.
- Peripheral nerve sheath tumors include schwannomas, neurofibromas, & plexiform neurofibromas.
- 5-13% of patients with NF1 develop MPNST
- May or may not cause clinical symptoms when transformation occurs including pain, muscle weakness in nerve territory.

Malignant transformation of neurofibroma to malignant peripheral nerve sheath tumor in NF1

Malignant peripheral nerve sheath tumor (Imaging)

- Imaging cannot reliably distinguish benign vs. malignant, but having at least 2 of these features suggests malignancy (specificity 90%; sensitivity 61%) & these lesions need biopsy:
 - Increased size
 - Peripheral enhancement pattern
 - Perilesional edema-like zone
 - Intratumoral cystic lesion
- Often can see tapered transition to normal contiguous nerve at margin of mass.

References

1. MRI Features in the Differentiation of Malignant Peripheral Nerve Sheath Tumors and Neurofibromas. J Wasa, Y Nishida, S Tsukushi, et al. American Journal of Roentgenology. 2010 194:6, 1568-1574.
2. Statdx.com