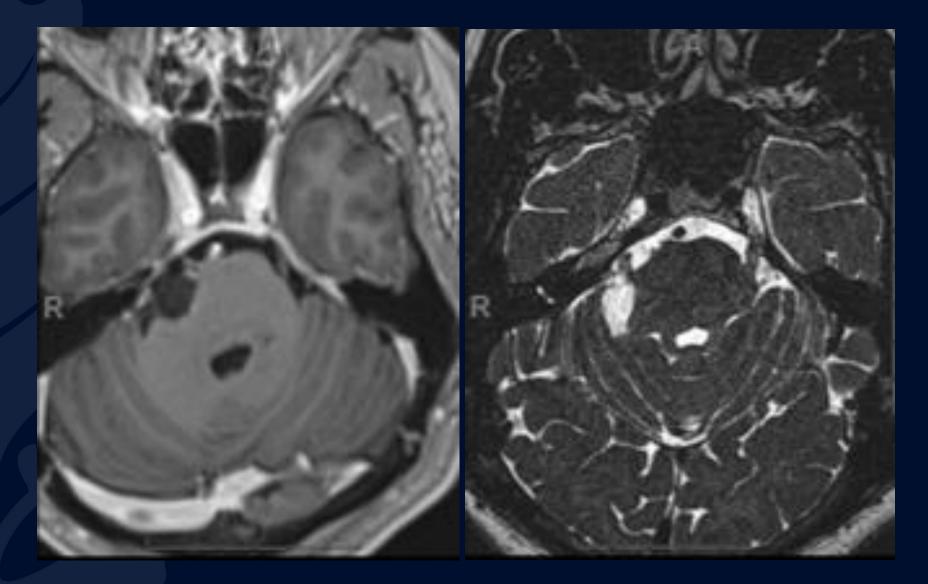
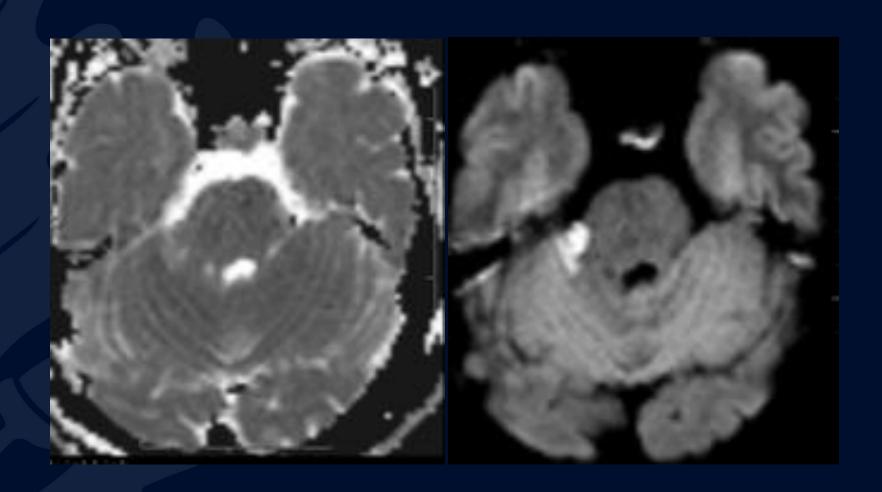
Young female with tinnitus and headache.

John A Cieslak III, MD, PhD Leo Wolansky, MD













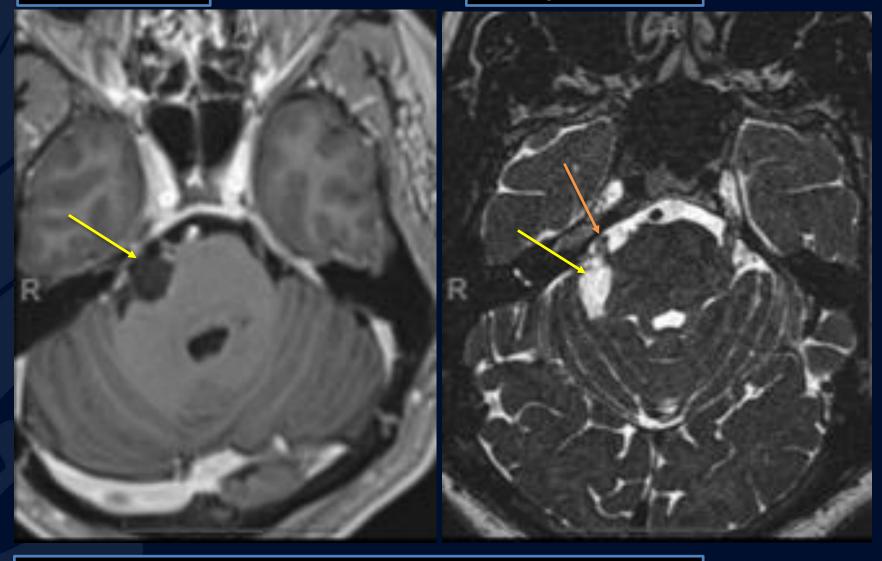


Cerebellopontine angle epidermoid



T1-Gd, axial

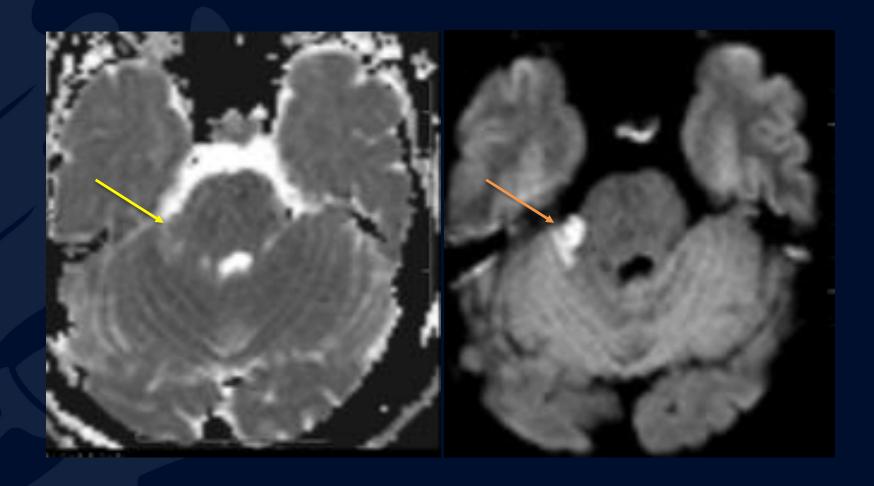
T2-weighted, axial



Epidermoid cysts fluid is isointense to CSF on T1 & T2 (yellow arrow). Mass displaces the trigeminal nerve (orange arrow)



Epidermoid cyst fluid is not isointense to CSF on ADC (yellow arrow). Marked restriction of diffusion is seen on DWI (orange arrow)



Apparent diffusion coefficient, (ADC) axial

Diffusion weighted, (DWI) axial



- An inclusion cyst:
 - Benign congenital lesions of ectodermal origin.
 - 1% of all intracranial lesions
 - Increase in size as the patient ages, usually asymptomatic until age 20-40.
 - Most common locations:
 - Cerebellopontine angle (40-50%), supracellar cistern (10-15%), fourth ventricle (~17%).



- Presentation:
 - Headaches (most common).
 - Cranial nerve deficits (tinnitus, vertigo, etc)
 - Cerebellar symptoms
 - Seizures
 - Recurrent aseptic meningitis (from cyst rupture)



CT Findings:

- Attenuation similar to CSF.
- Calcifications seen in 10-25%.
- No contrast enhancement.

MRI Findings:

- Typically have intensity similar to CSF on T1 and T2 (can be dirty CSF).
- No contrast enhancement.
- Heterogeneously hyperintense to CSF on FLAIR
- Similar to brain parenchyma on ADC (significant restriction)
- Hyperintense on DWI (B1000)



- Differential diagnosis and distinguishing characteristics of CPA cystic lesions:
 - CSF collections (arachnoid cyst or mega cisterna magna).
 - Follow CSF on ALL sequences, including FLAIR and DWI.
 - Dermoid Cyst
 - Often fat density due to sebum, and often located along the midline.
 - Neurocysticercosis
 - Depends on stage of cysticerca. Live cysticerca follows CSF except for scolex. Later cysticerca is nonspecific ring lesion.
 - Cystic tumors (acoustic schwannoma)
 - Almost always a solid, enhancing component



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- 4. Tampieri D, Melanson D, Ethier R. MR imaging of epidermoid cysts. *American Journal of Neuroradiology*. 1989; 10(2): 351-356.

