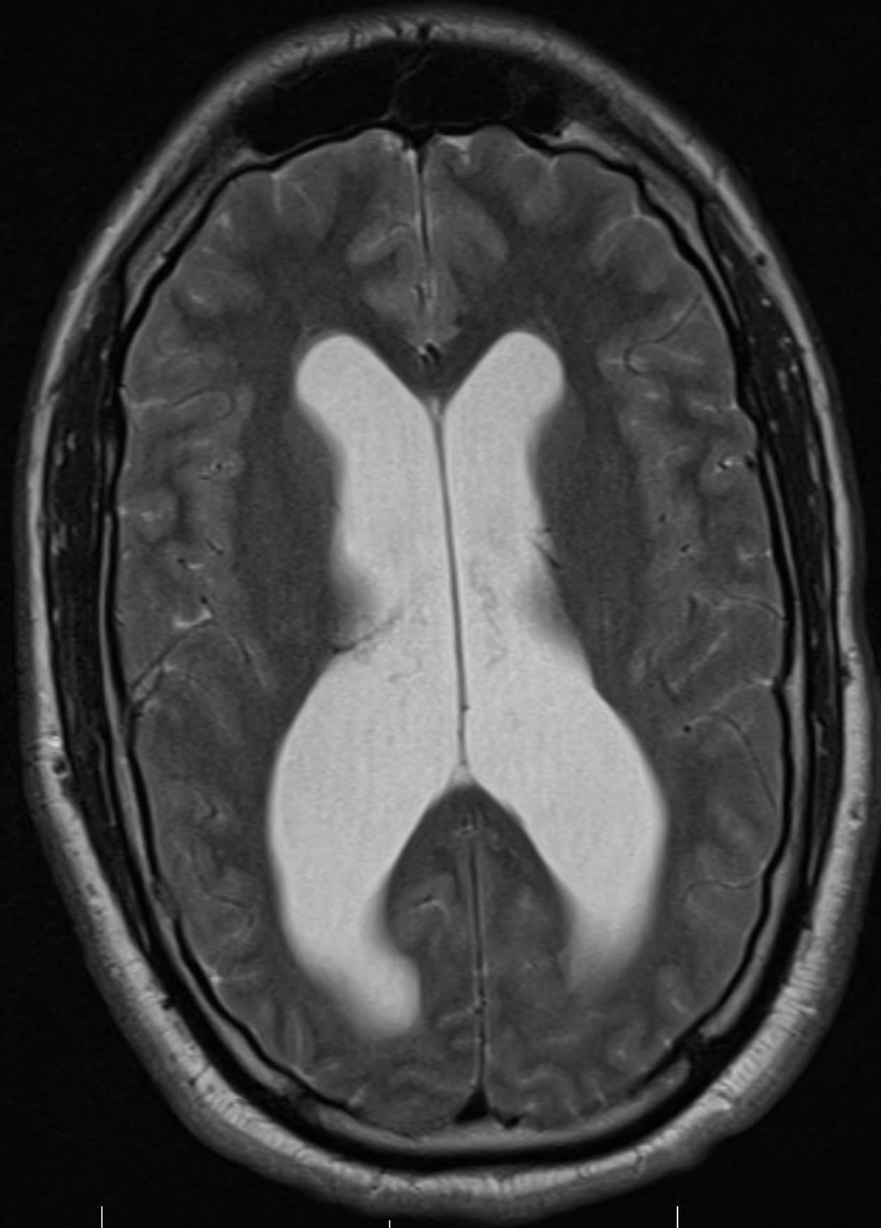


36 year old male with history of
headaches is found to have
papilledema at routine
ophthalmology appointment

Rebecca Calafiore
Allan Zhang
Leo Wolansky

A

R



T2 Axial

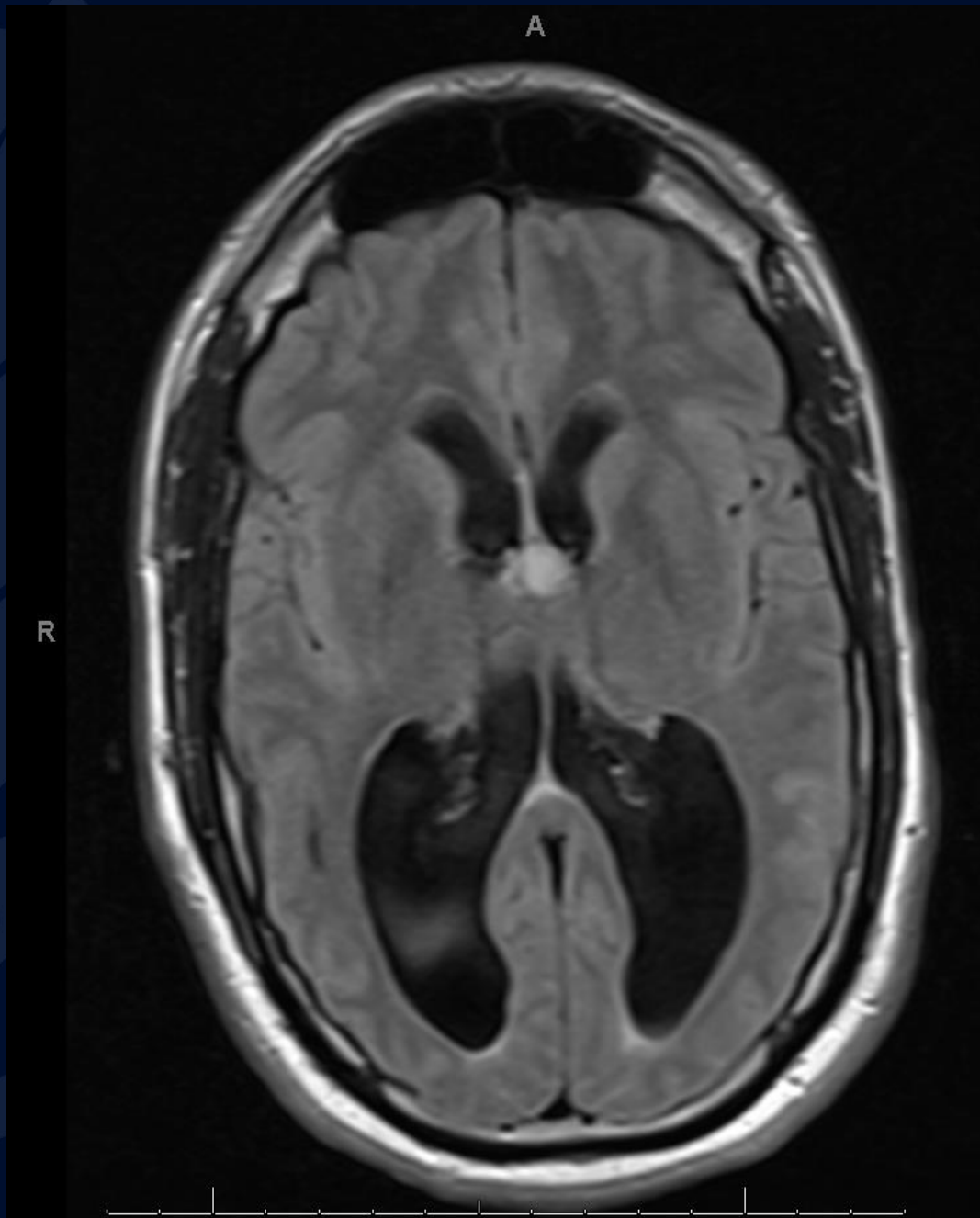
A

R

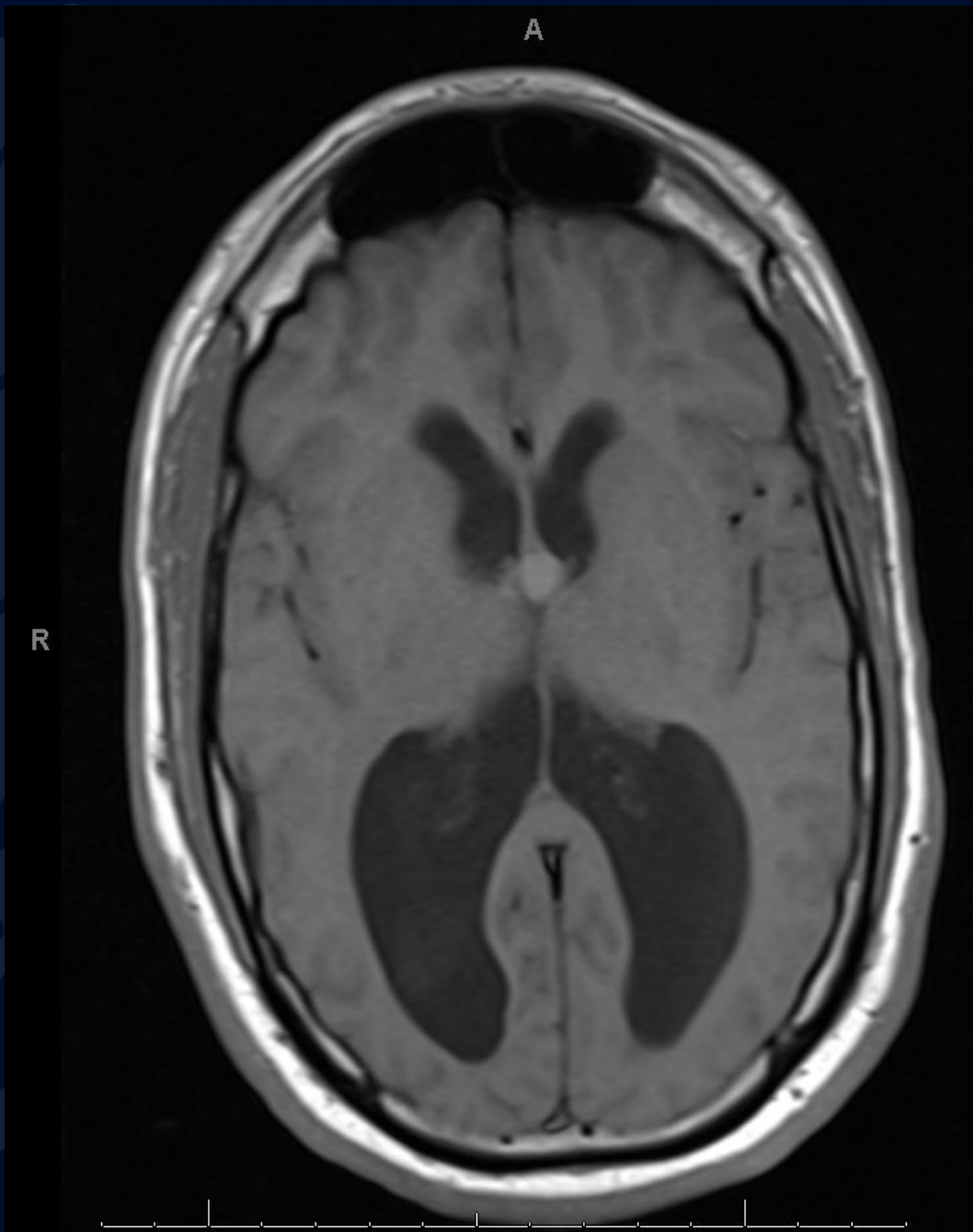


T2 Axial

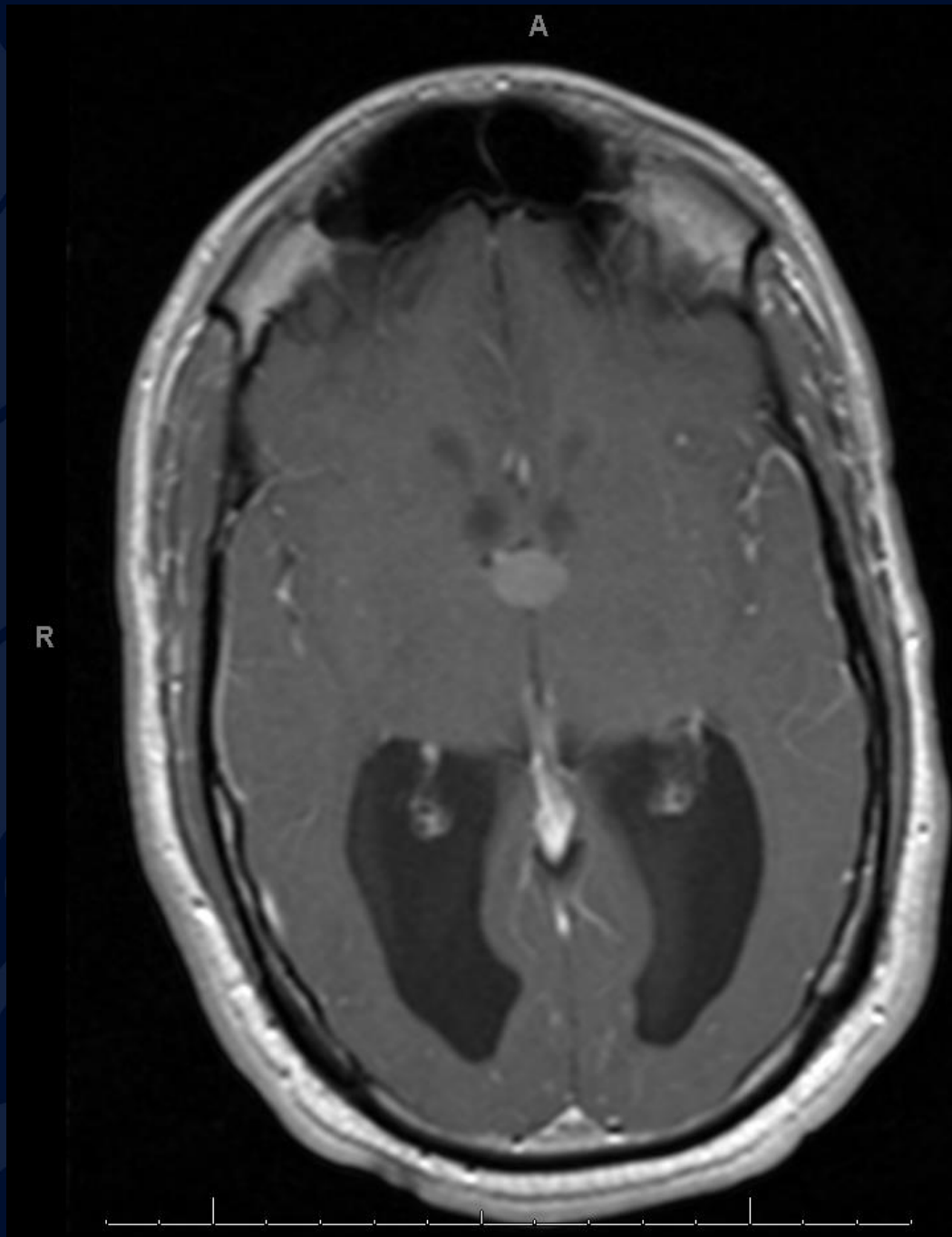
T2 FLAIR Axial



T1
Non-Gd
Axial



T1-Gd Axial





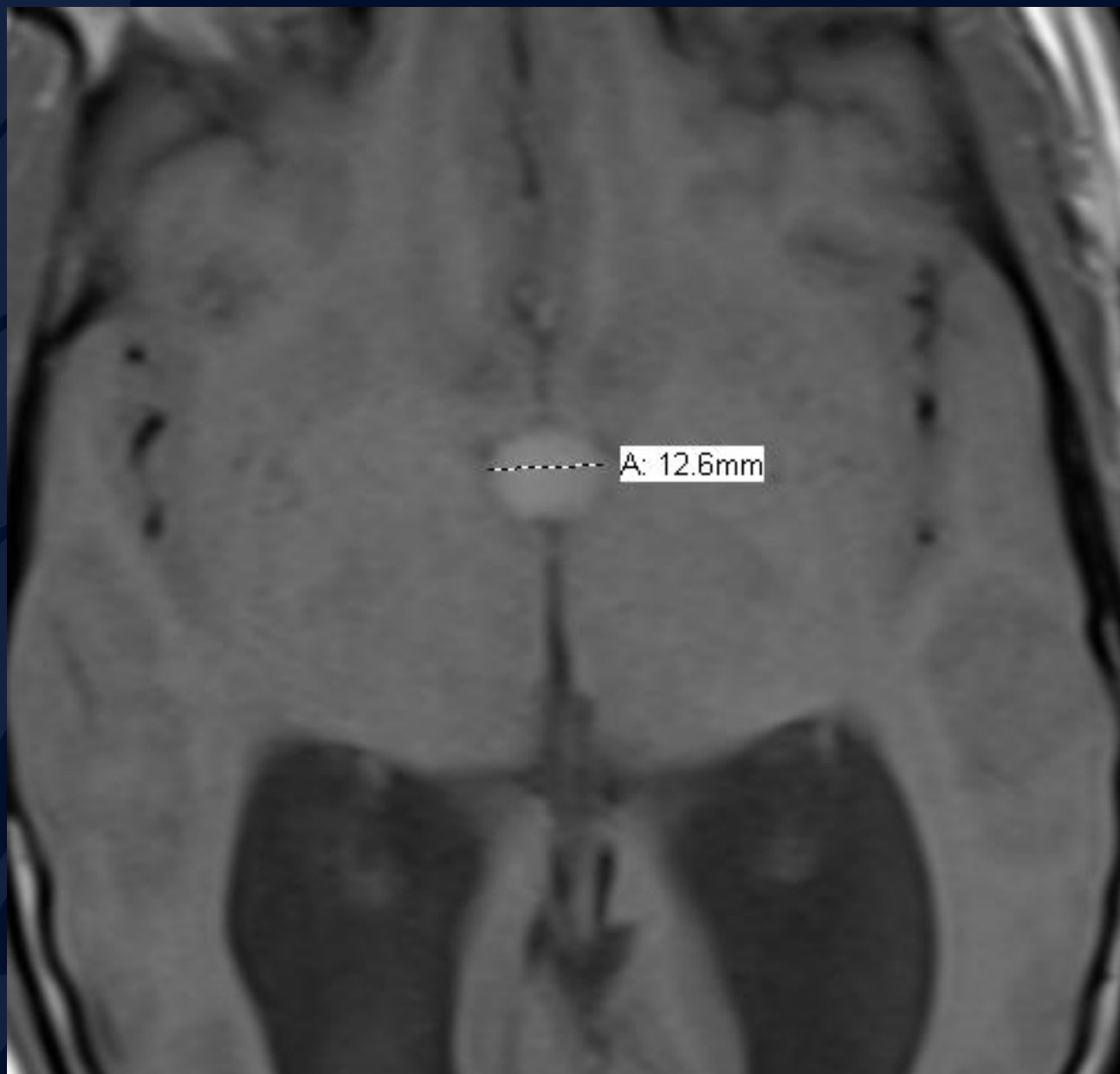
?

UConn
HEALTH

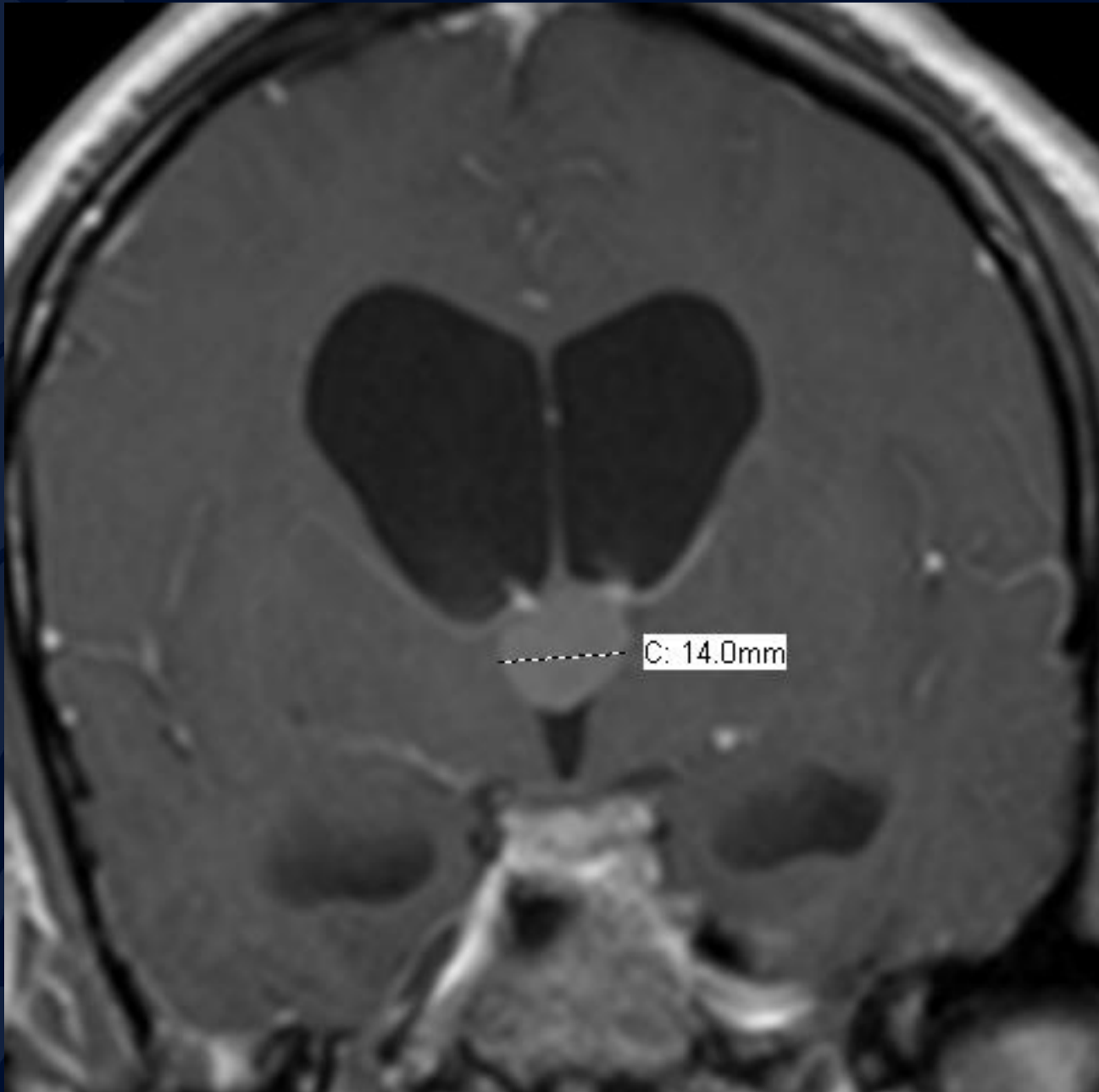
A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The leaf's edge is serrated.

Colloid Cyst

T1
Non-Gd
Axial



T1-Gd Coronal



T1
Non-Gd
Sagittal



Colloid Cyst

- Pathogenesis: developmental malformation derived from primitive neuroepithelium or endoderm
 - Two cell layers: an outer fibrous layer and an inner epithelium layer
- Most often occur in the roof of the third ventricle – blocking the foramen of Monro and therefore producing hydrocephalus

Colloid Cysts

- Most often present between the third and sixth decades
- Symptoms:
 - Often asymptomatic
 - Increased intracranial pressure
 - Headache, papilledema, gait abnormalities (rare)
 - Vertigo, nausea, vomiting, diplopia
- Treatment:
 - Ventriculoperitoneal shunt can be used to relieve the hydrocephalus if excision is not an option
 - Surgical resection is curative

References

- Ahmed SI, Javed G, Laghari AA, et al. Third Ventricular Tumors: A Comprehensive Literature Review. *Cureus*. 2018;10(10):e3417. Published 2018 Oct 5. doi:10.7759/cureus.3417