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

Rebecca Calafiore
Allan Zhang
Leo Wolansky

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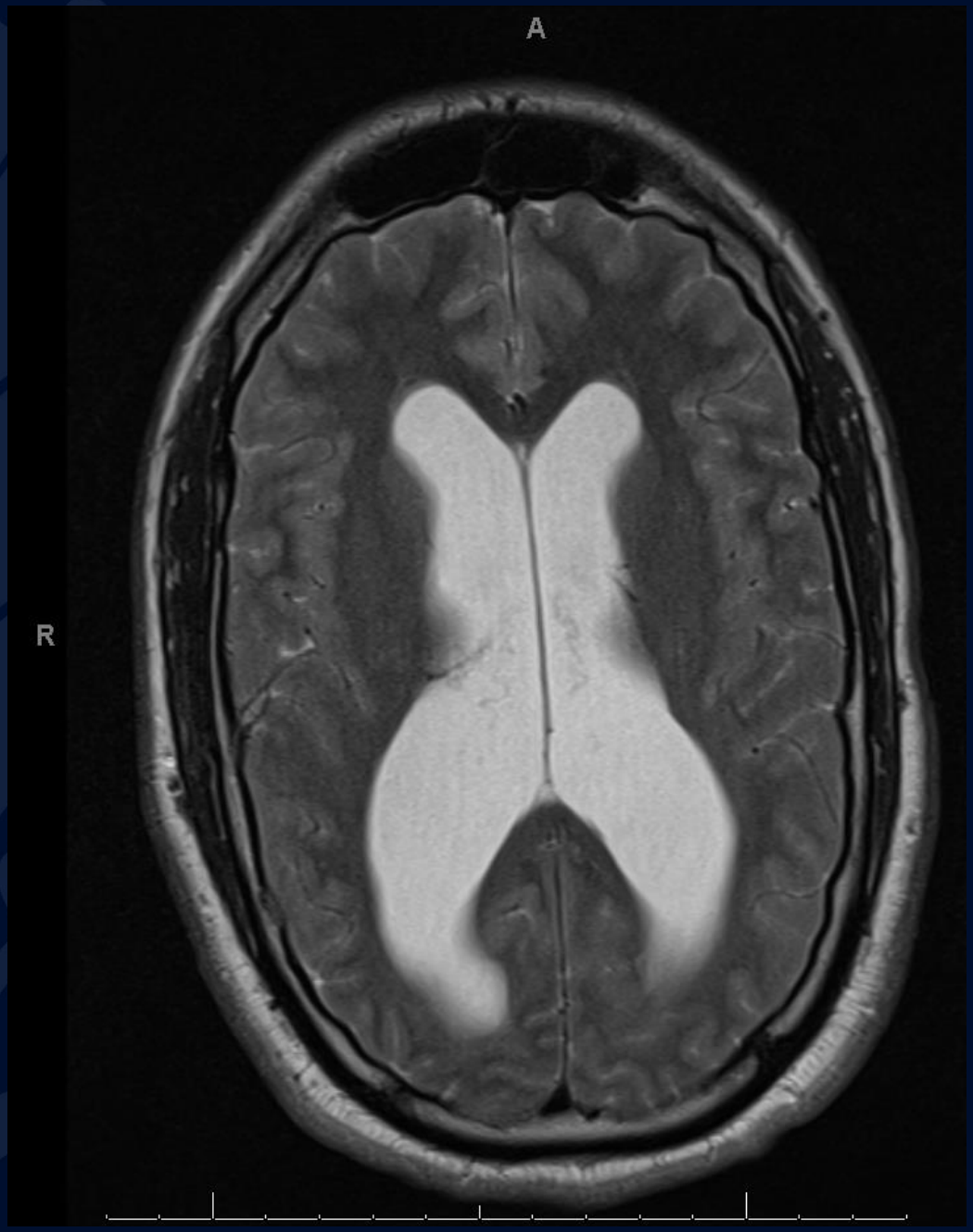

T2 Axial

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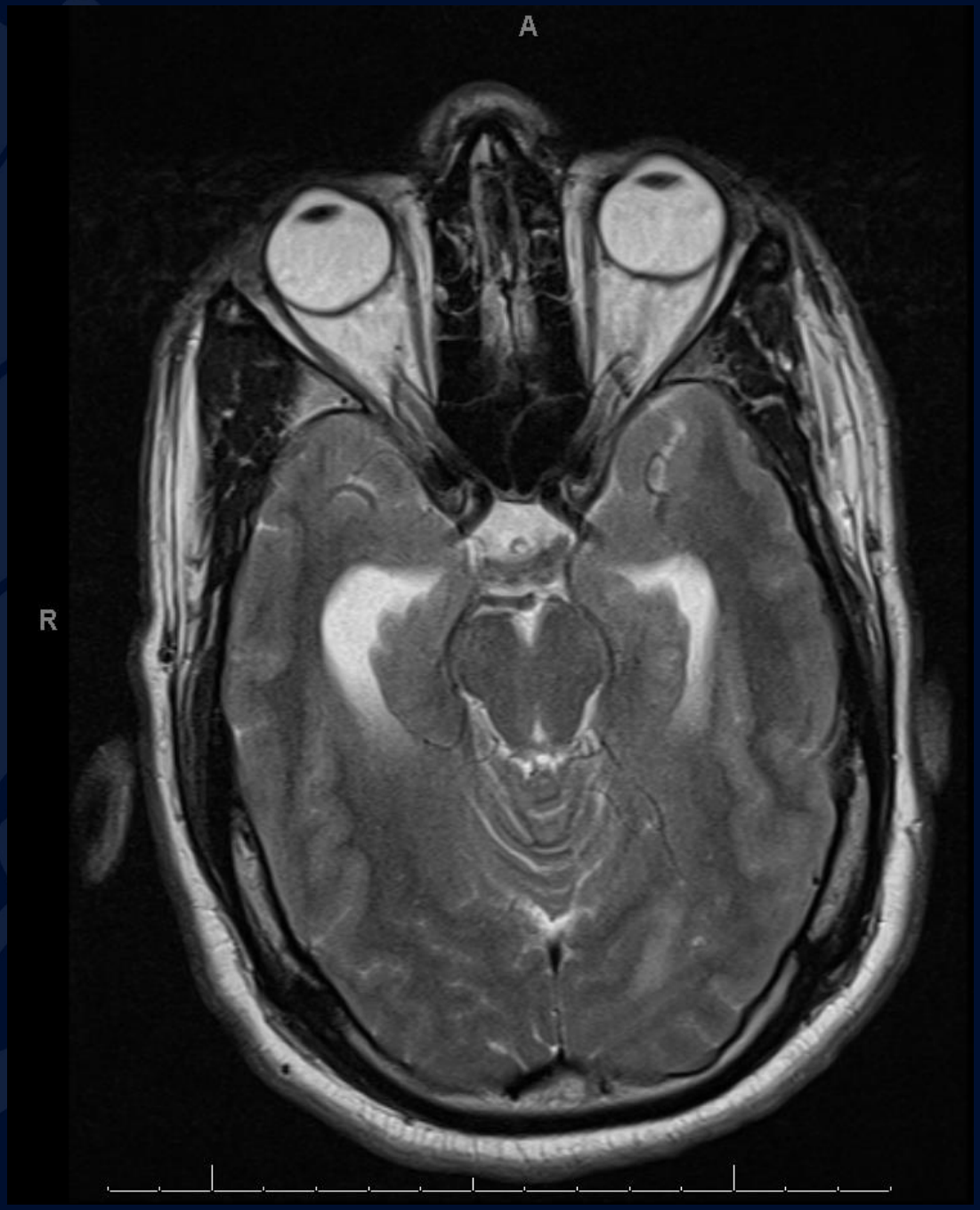

T2 Axial

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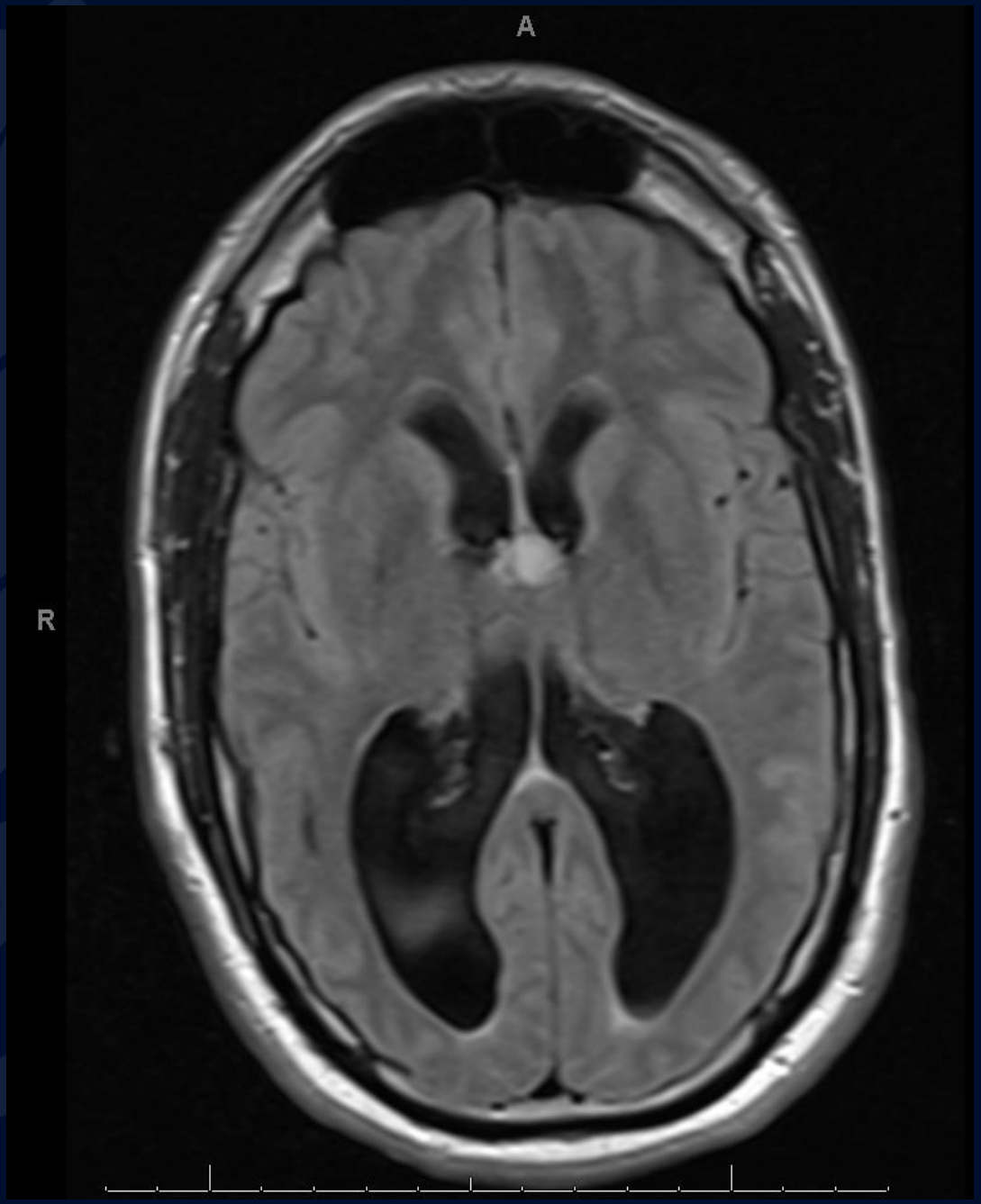

T2 FLAIR Axial

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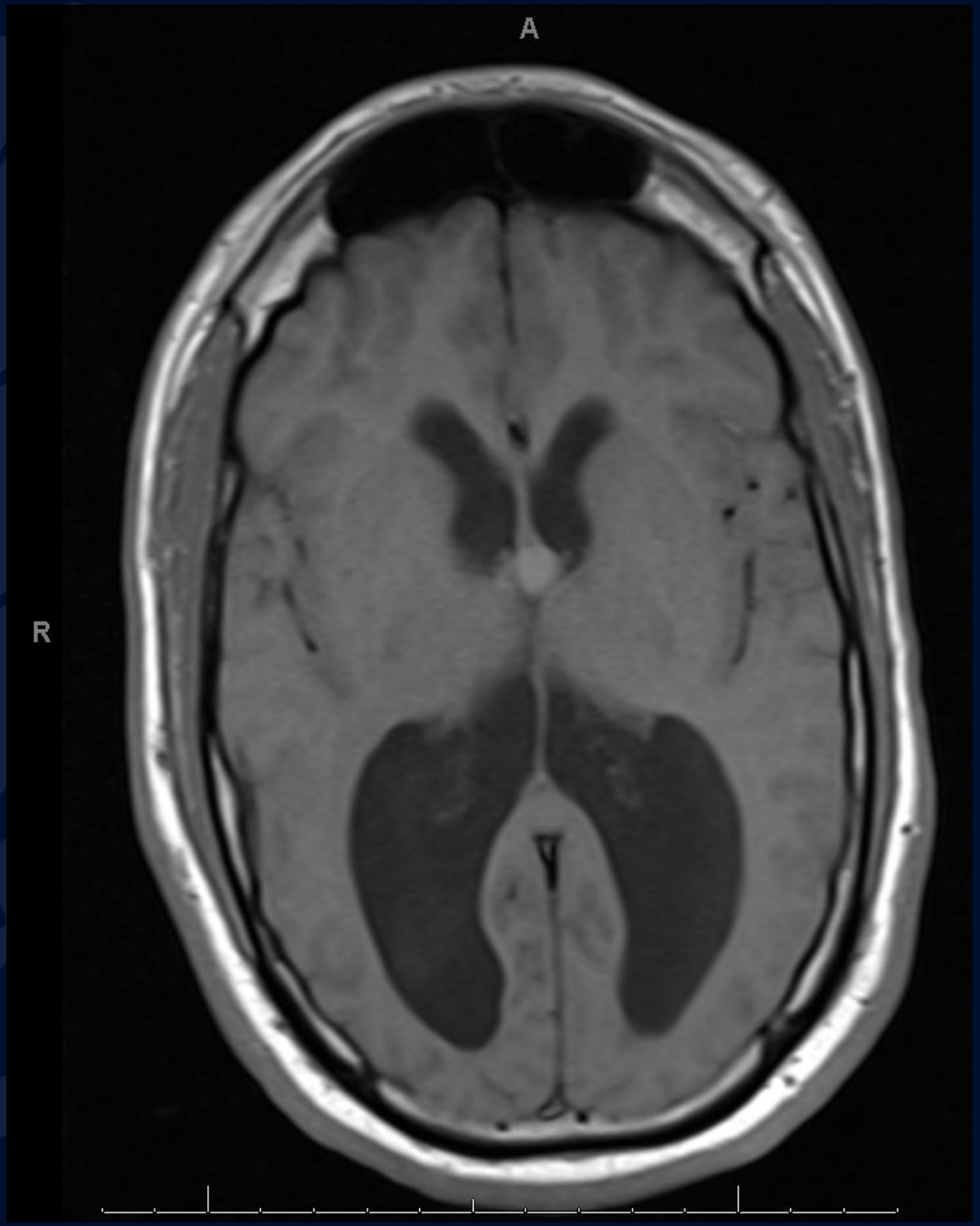

T1
Non-Gd
Axial

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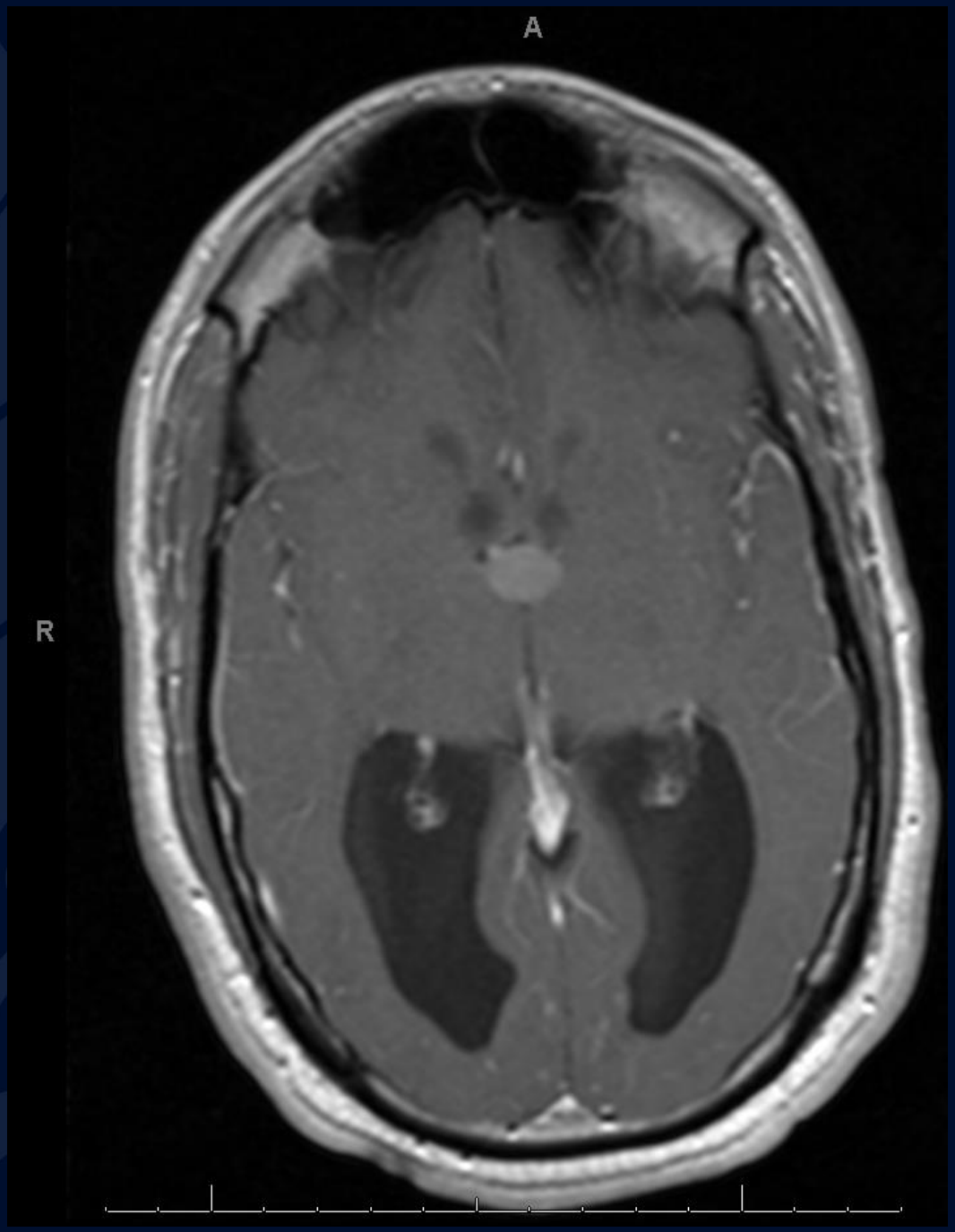

T1-Gd Axial

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Colloid Cyst

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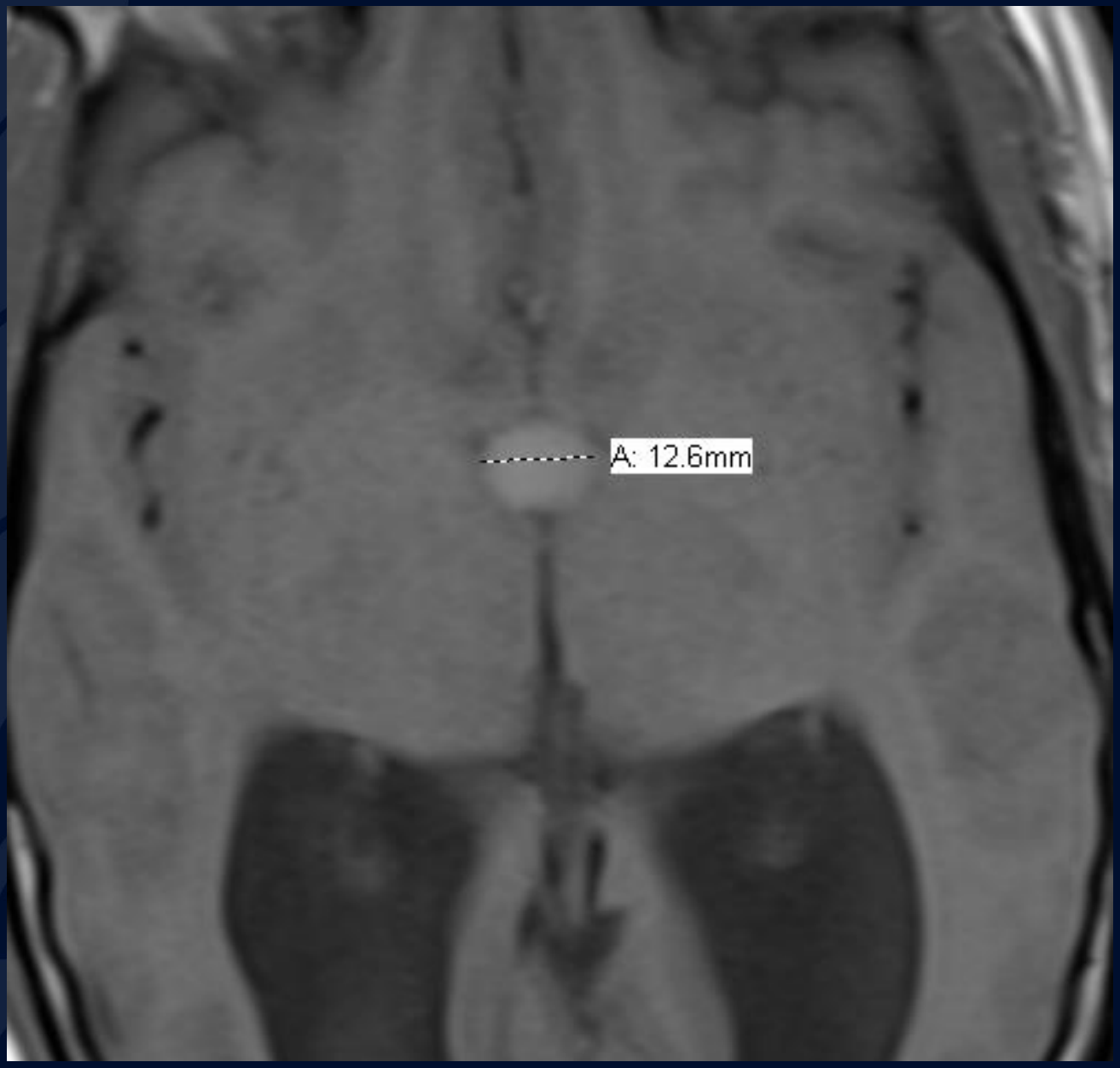

T1 Non-Gd Axial

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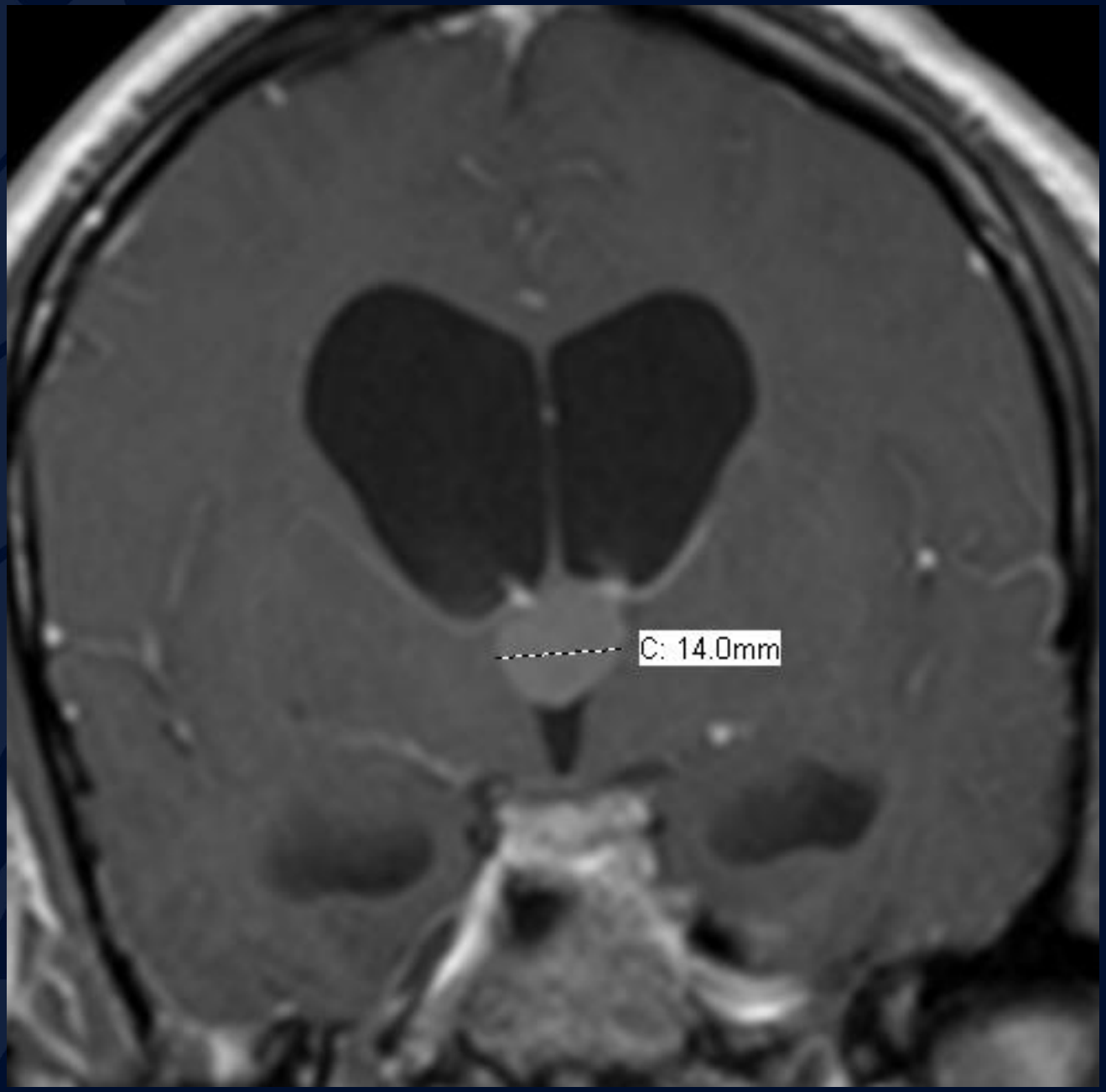

T1-Gd Coronal

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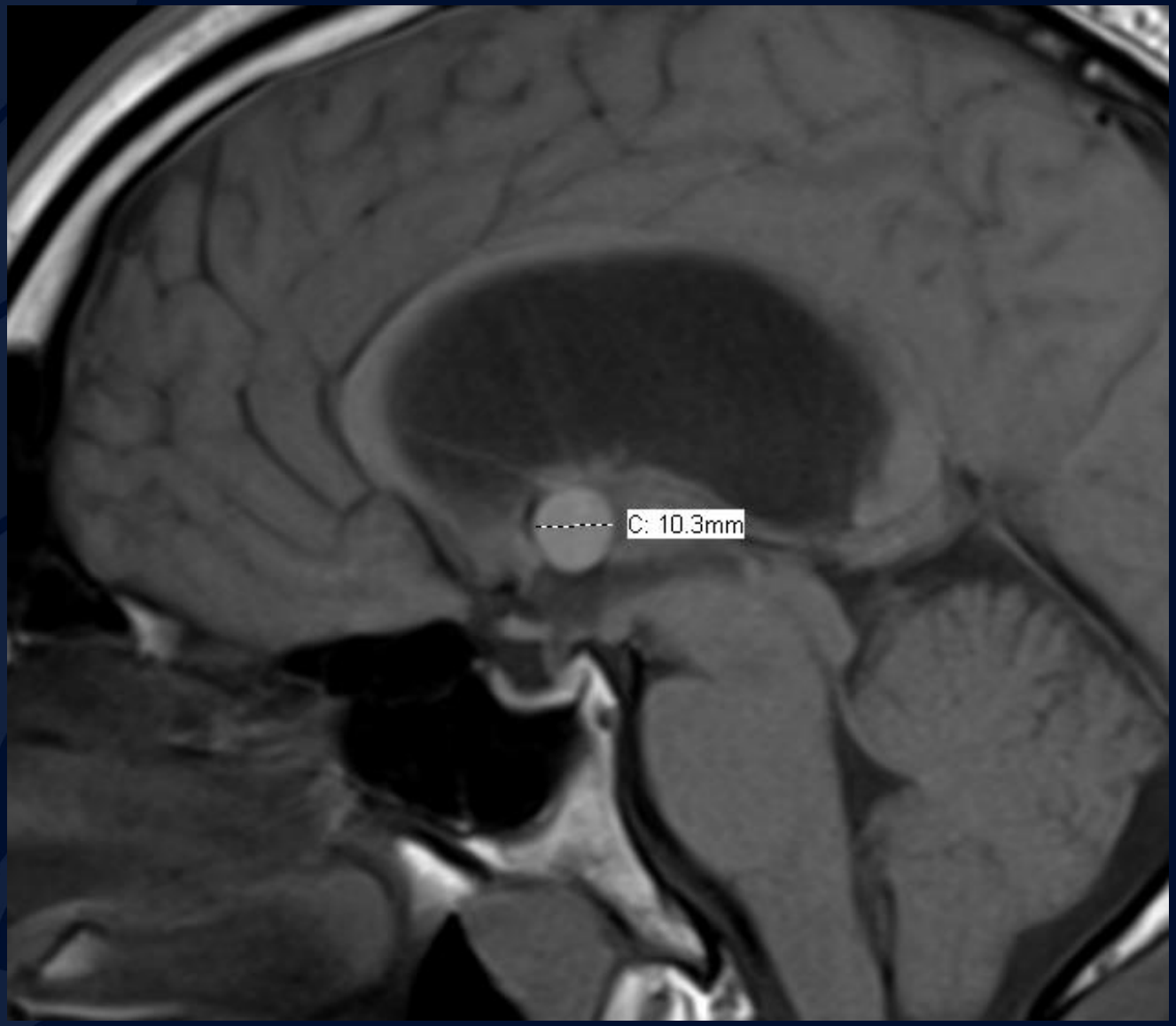

T1 Non-Gd Sagittal

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Colloid Cyst

- Pathogenesis: developmental malformation derived from primitive neuroepithlium 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

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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

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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

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