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

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T1
Non-Gd
Axial
T1-Gd Axial
Colloid Cyst
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
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