36 year old male with history of headaches is found to have papilledema at routine ophthalmology appointment.
T1 Pre-Contrast - Axial
T1 Post-Contrast - Axial
Measurement - Axial
Measurement - Coronal
Measurement - 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:
  – Surgical resection is curative
  – Ventriculoperitoneal shunt can be used to relieve the hydrocephalus if excision is not an option
References