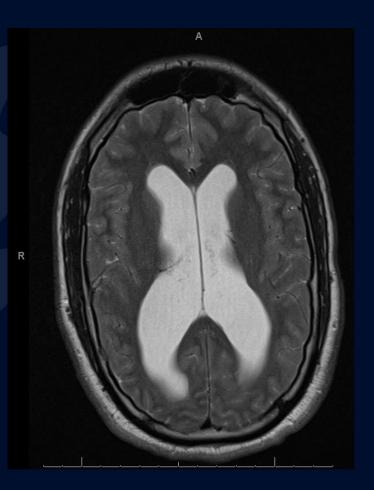
36 year old male with history of headaches is found to have papilledema at routine ophthalmology appointment

> Rebecca Calafiore Allan Zhang

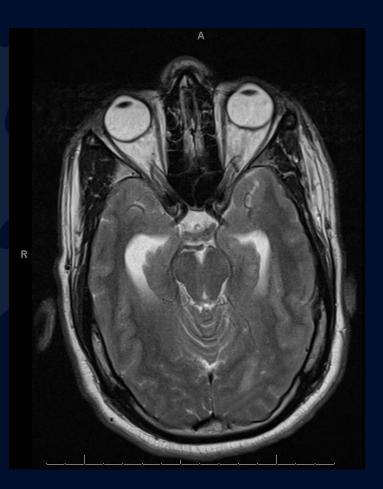


T2 Axial



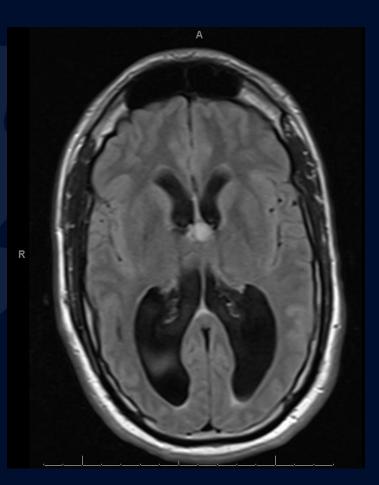


T2 Axial



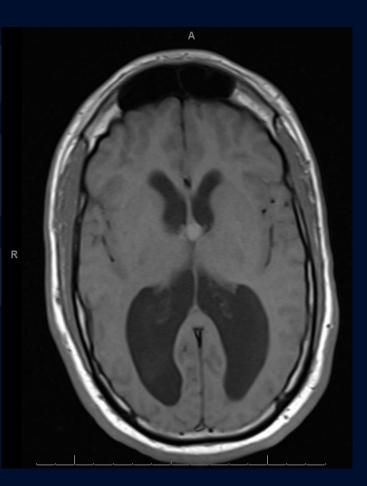


T2 Flair - Axial



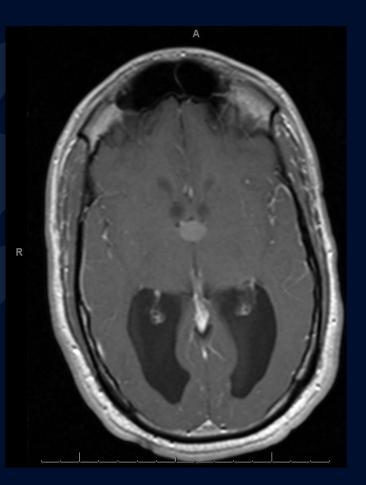


T1 Pre-Contrast - Axial





T1 Post-Contrast - Axial

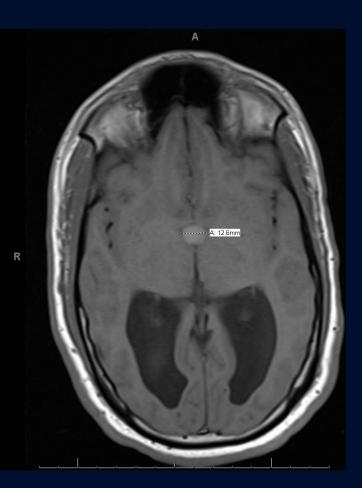








Measurement - Axial



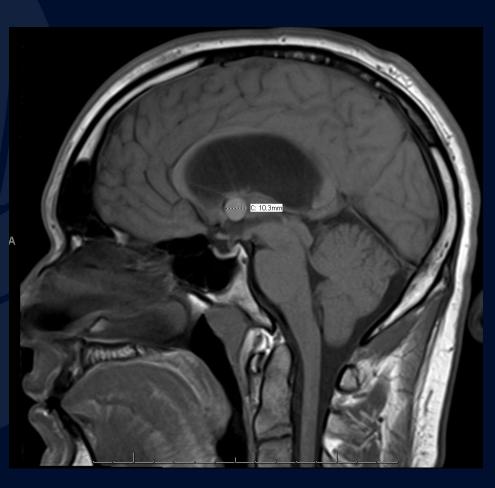


Measurement - Coronal





Measurement - Sagittal





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:
 - Surgical resection is curative
 - Ventriculoperitoneal shunt can be used to relieve the hydrocephalus if excision is not an option



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

