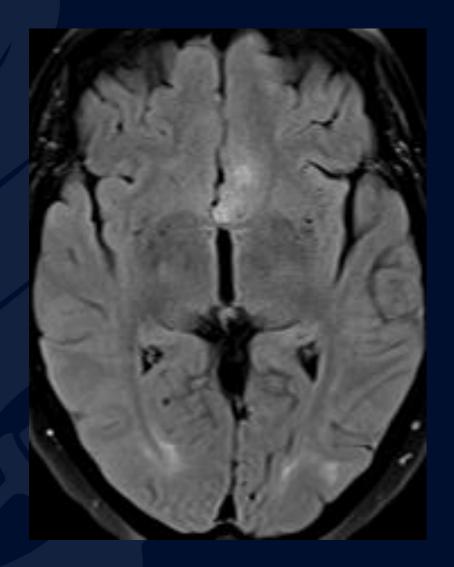
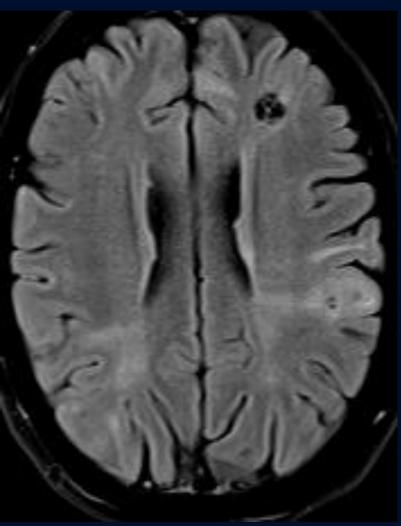
53-year-old female with a lung nodule and renal insufficiency, and other history withheld

Katherine Dobosh, BS Leo Wolansky, MD

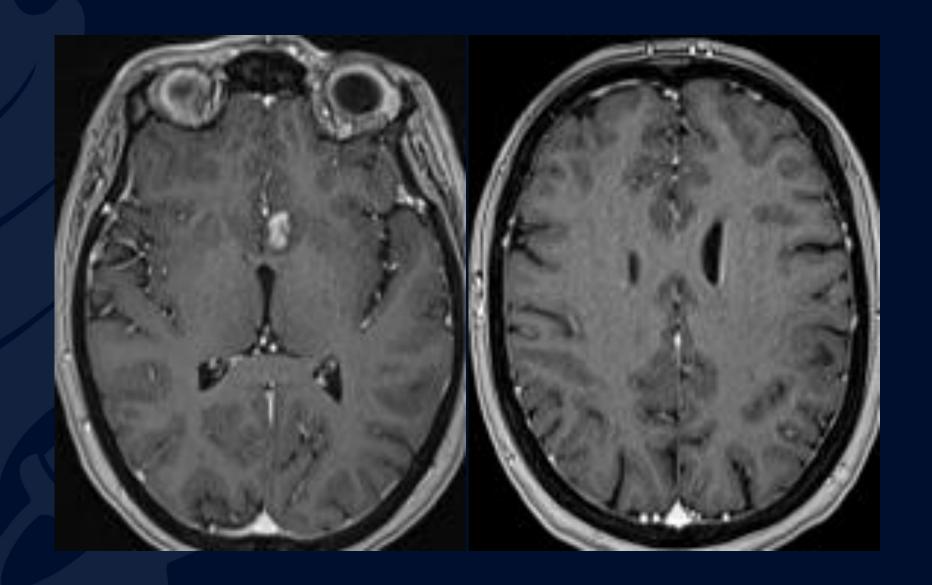






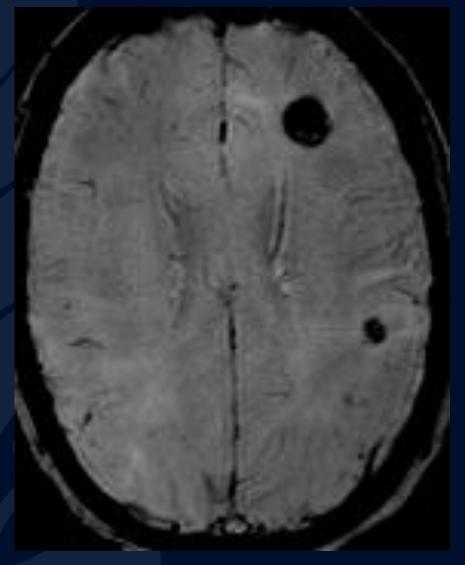
FLAIR

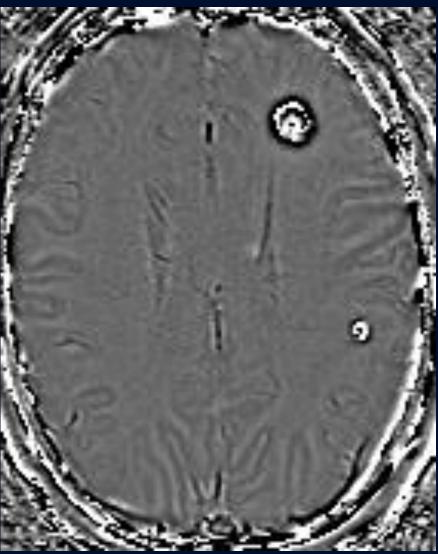




Gd T1-weighted







Susceptibility-weighted

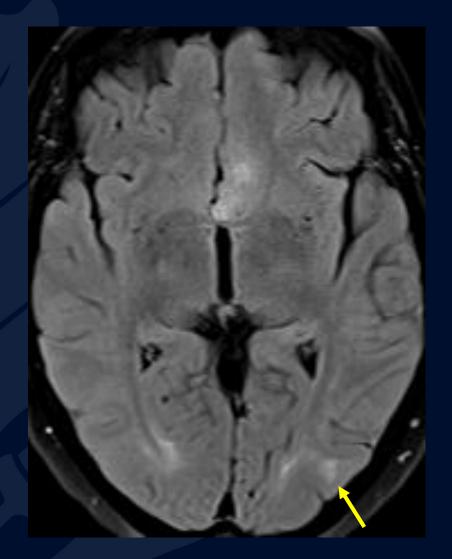
Phase image

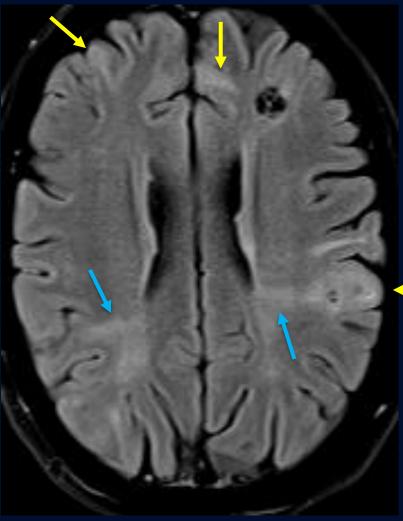








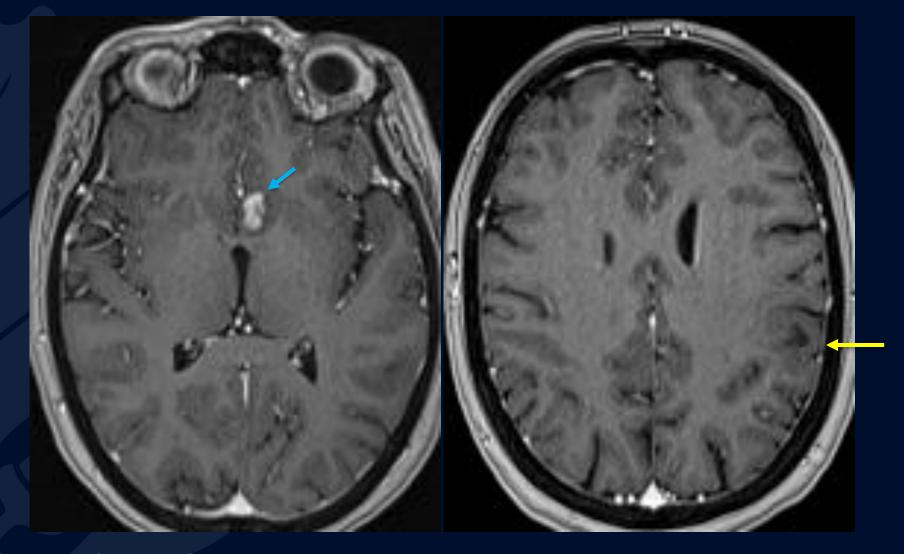




Cortical tubers (yellow arrows)

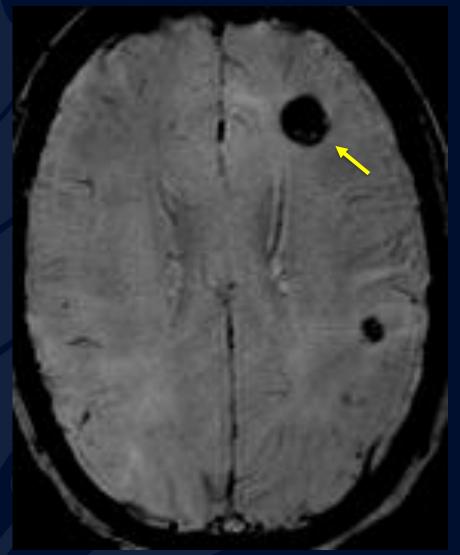
Radial migration lines (blue arrows)

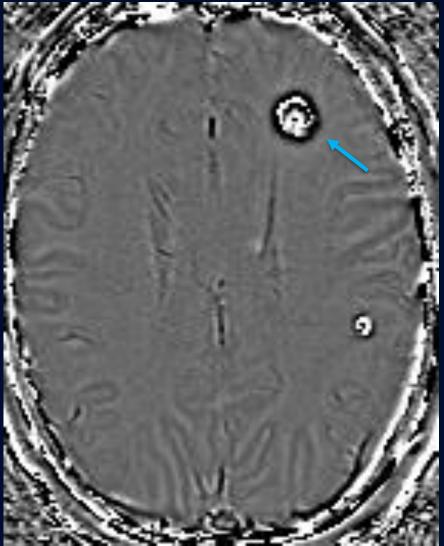




Gyral Core Cortical tuber (yellow arrow) Subependymal Giant Cell Astrocytoma (blue arrows)







Deep White Matter Lesion (yellow arrow) turns hyperintense on Phase image (blue arrow) indicating calcification



- Classic clinical triad
 - -Seizures
 - Developmental Delay
 - Adenoma Sebaceum



- Mutations in either of the two genes— TSC1 or TSC2 causes benign tumors
- Cortical tubers or subcortical tubers are present in 95-100% of cases and white matter abnormalities are present in 40%— 90% of cases



- Four common CNS abnormalities are
 - -cortical tubers
 - -subependymal nodules
 - subependymal giant cell astrocytomas (SGCAs)
 - -white matter abnormalities



- Four locations of white matter lesions
 - Near occipital horn
 - Near frontal horn
 - Corpus callosum
 - Deep white matter



References:

Umeoka, S., Koyama, T., Miki, Y., Akai, M., Tsutsui, K., & Togashi, K. (2008). Pictorial Review of Tuberous Sclerosis in Various Organs. *RadioGraphics*, *28*(7). doi: 10.1148/rg.e32

Van Tassel, P. (1997). Cystlike white matter lesions in tuberous sclerosis. *American Journal of Neuroradiology*, 18(7), 1367–1373.

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