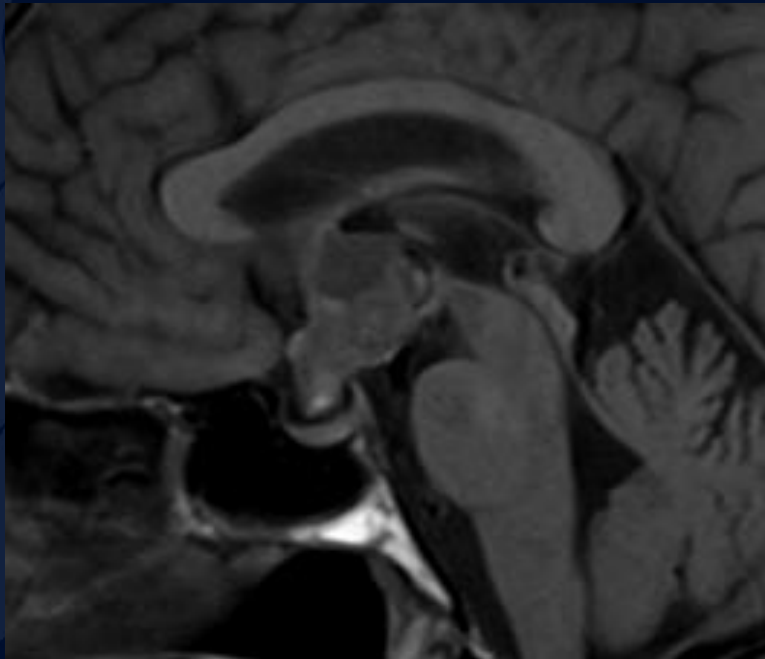
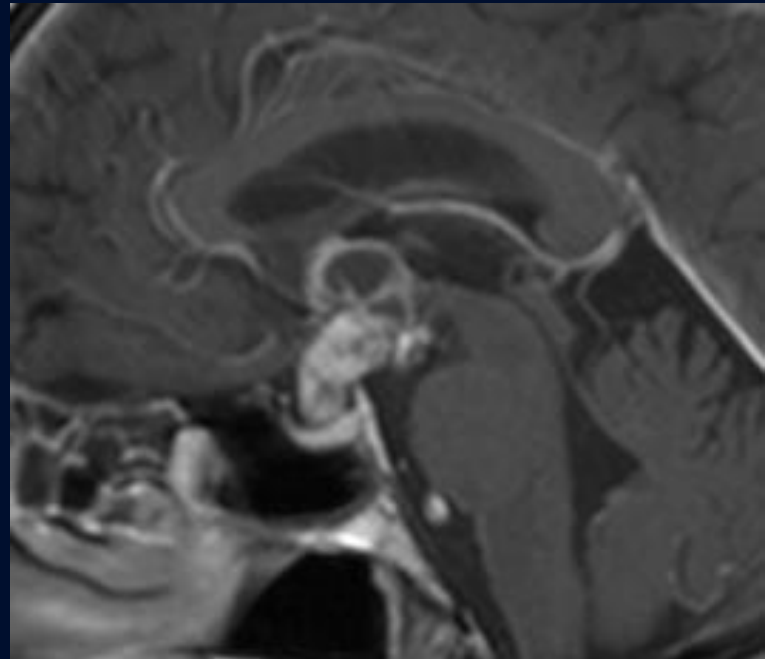


**74-year-old female who presents
with headaches and hormonal
abnormalities.**

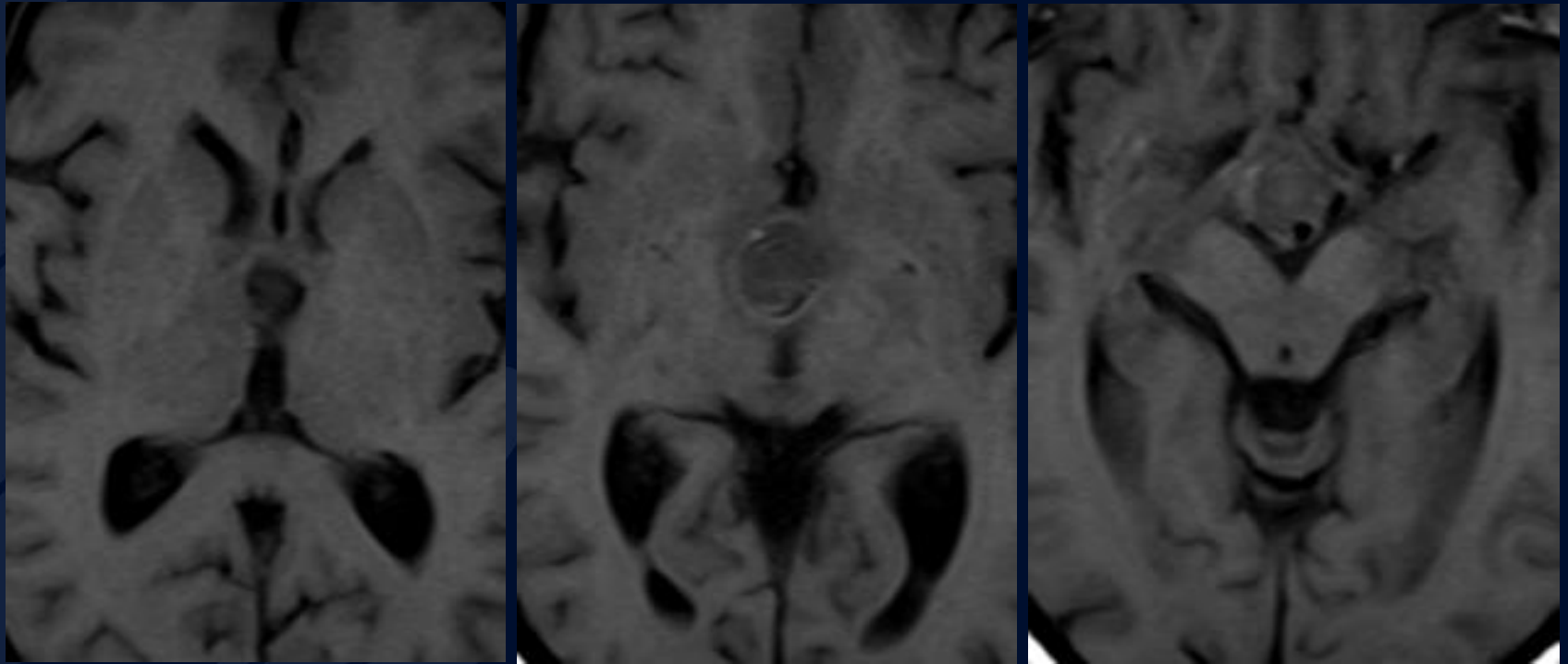
Erica Shen, MD PhD



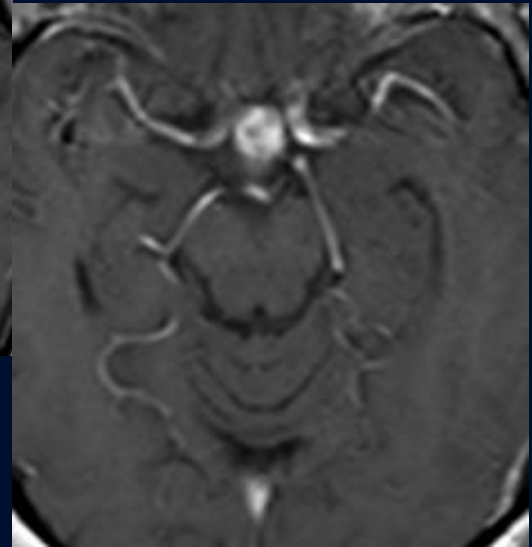
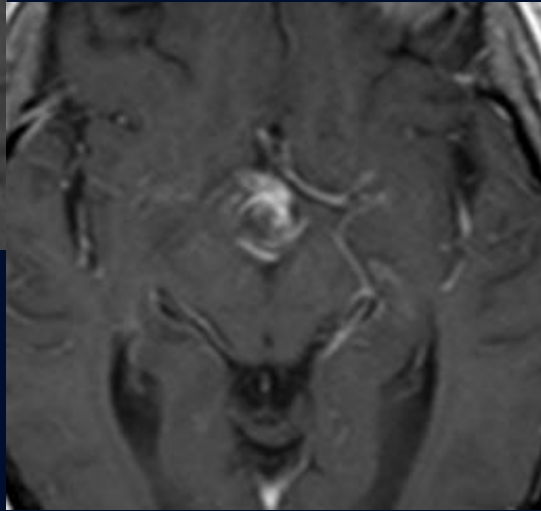
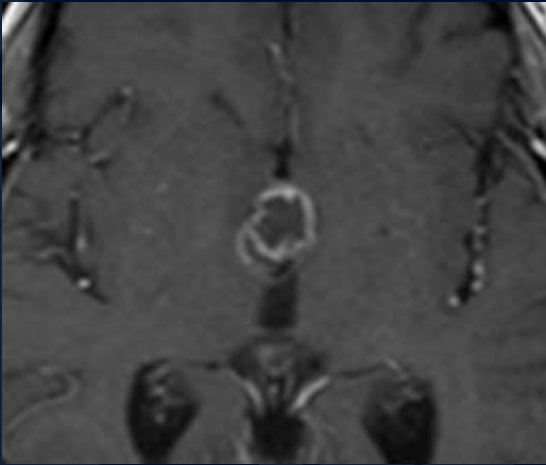
T1 Sagittal



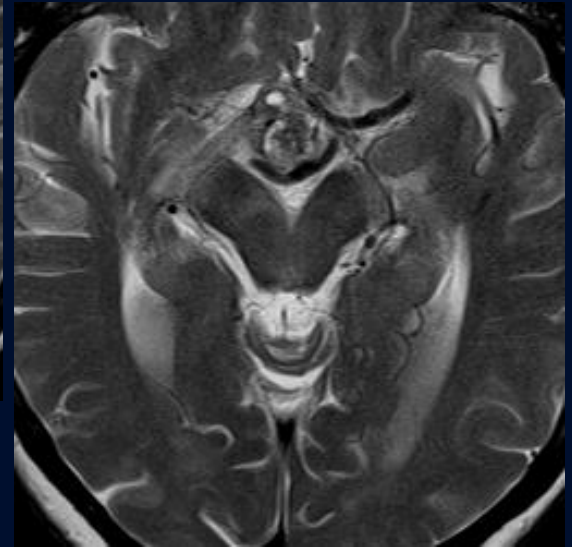
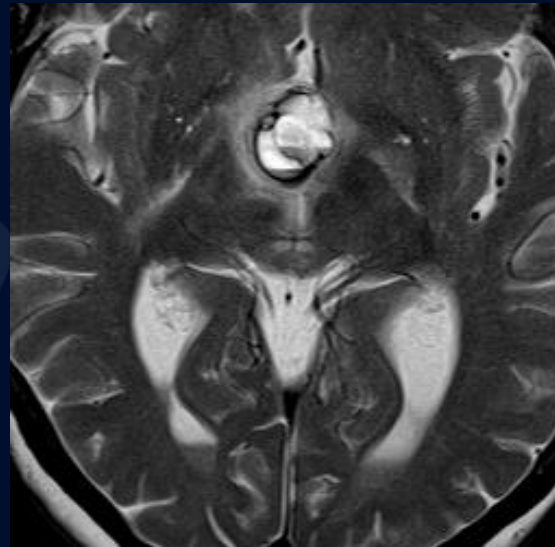
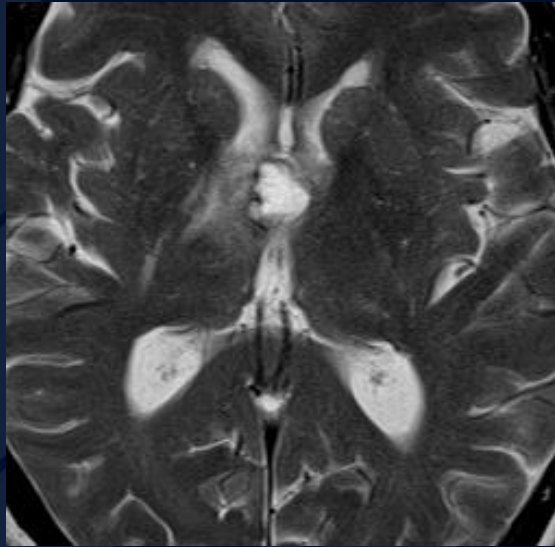
Gd-T1 Sagittal



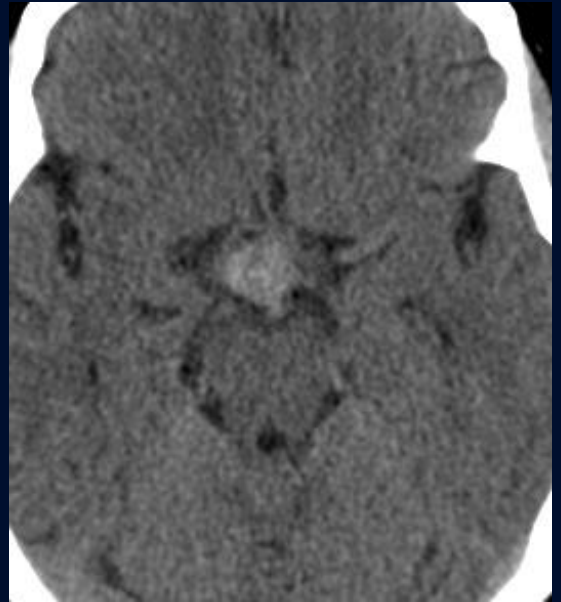
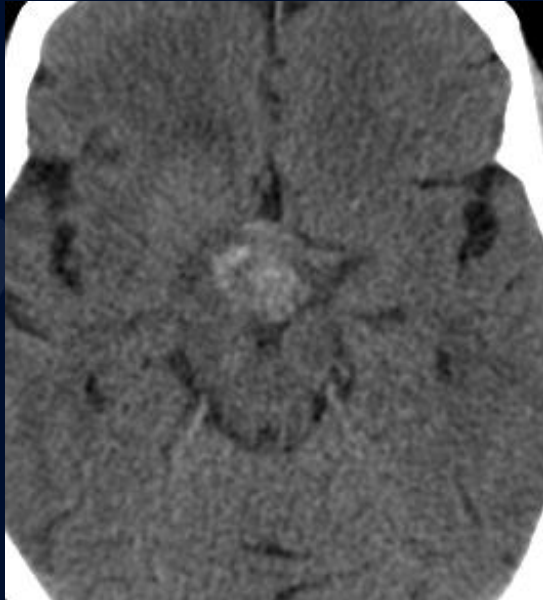
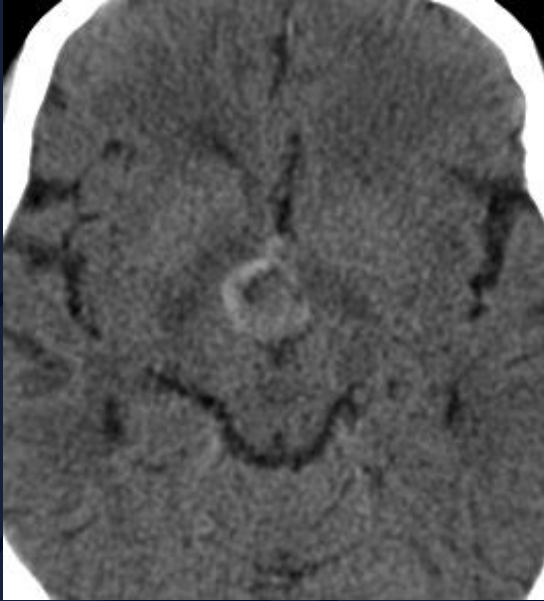
T1 Axial



Gd-T1 Axial



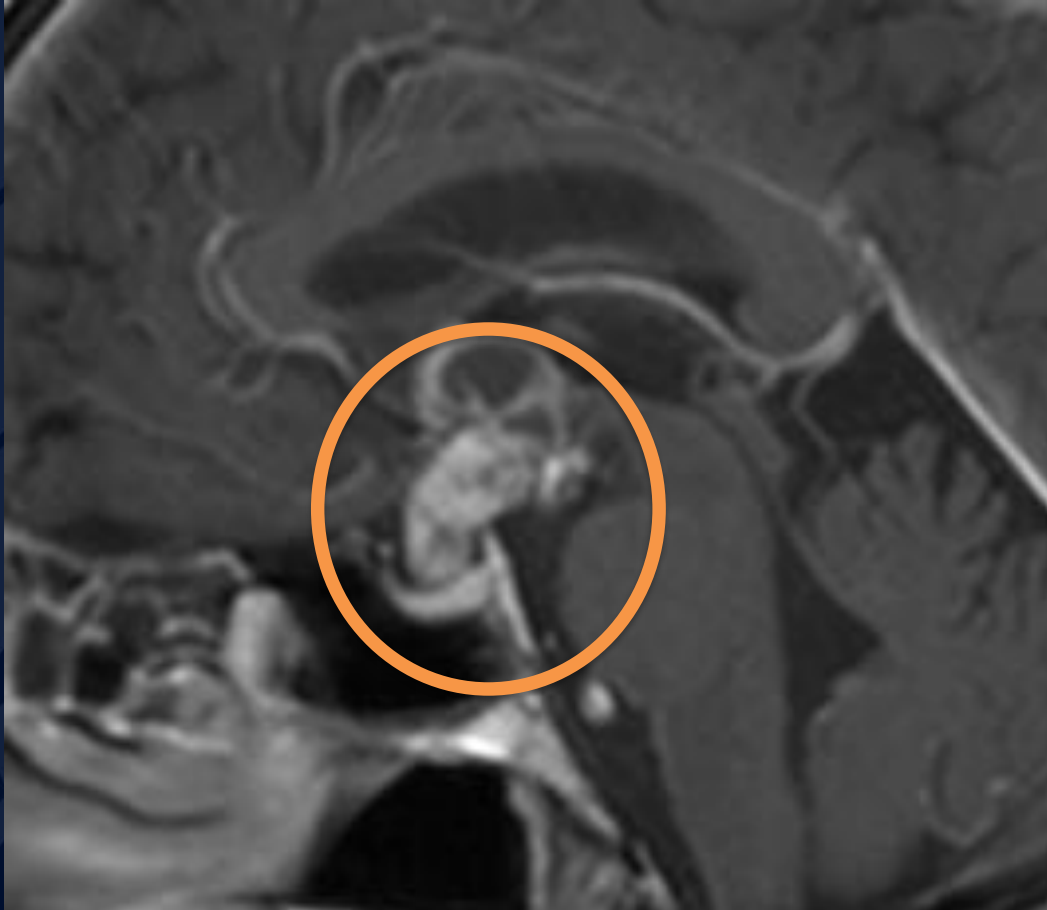
T2 Axial



CT Axial



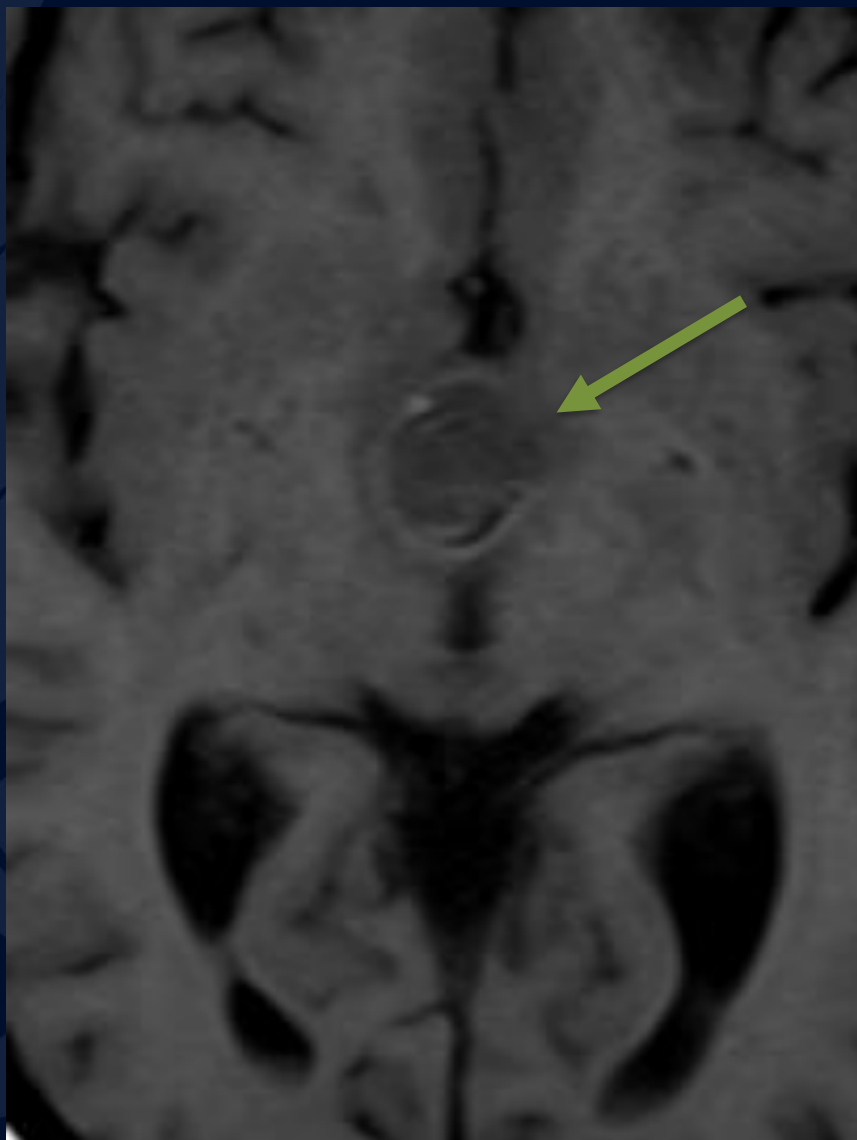
Craniopharyngioma



Gd-T1 Sagittal

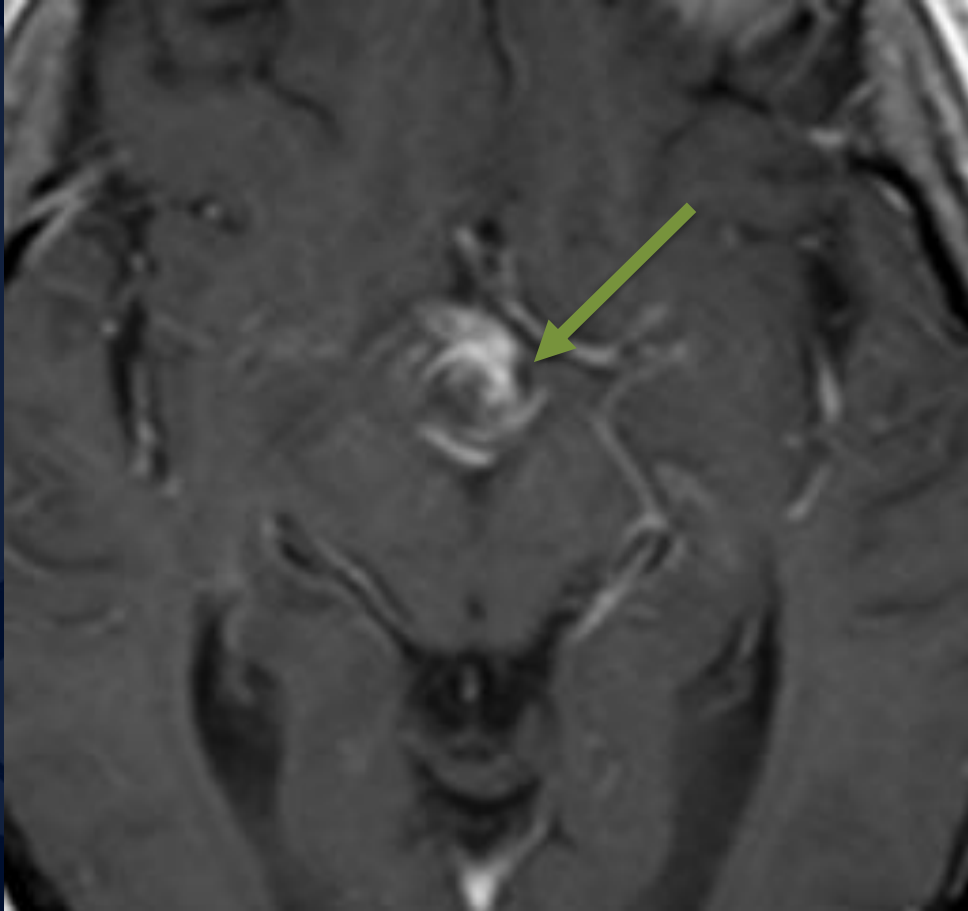
Suprasellar, multilobulated lesion exhibiting avid heterogenous contrast enhancement on T1-Gd.

The lesion is irregular with rounded contour abutting the pituitary gland.



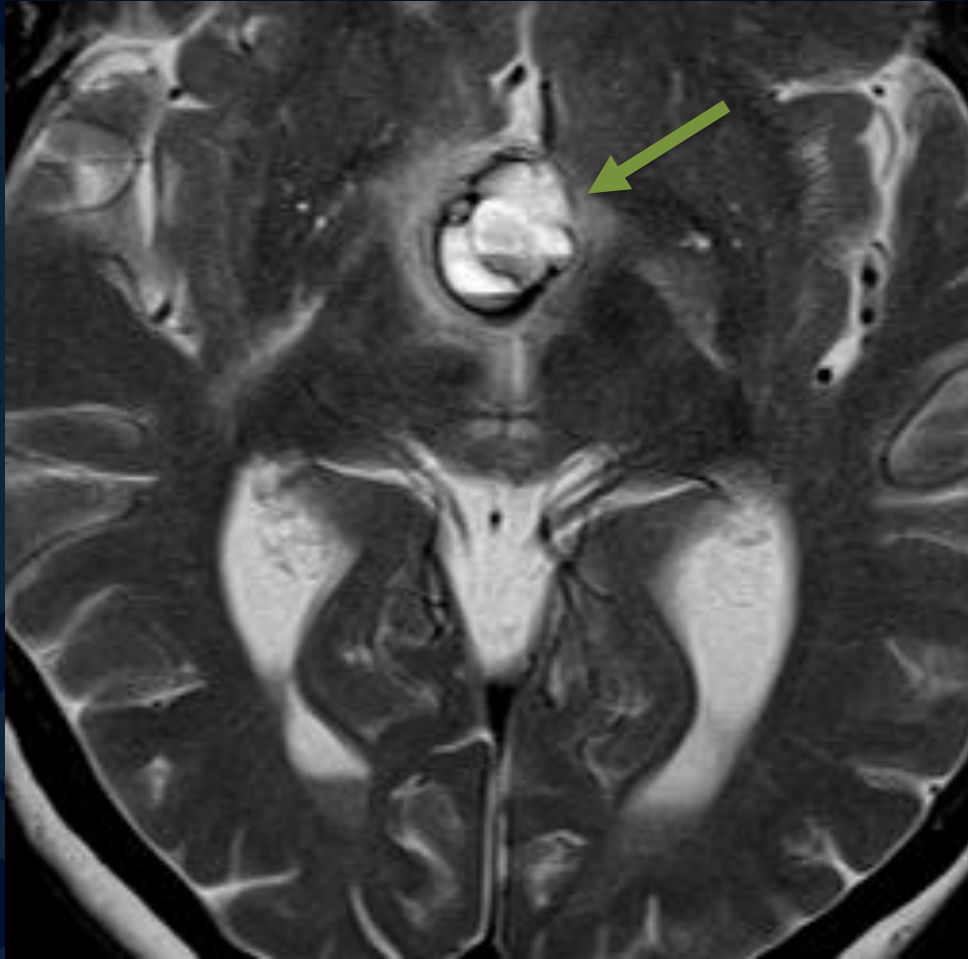
T1 Axial

The lesion is isointense to hypointense on T1.



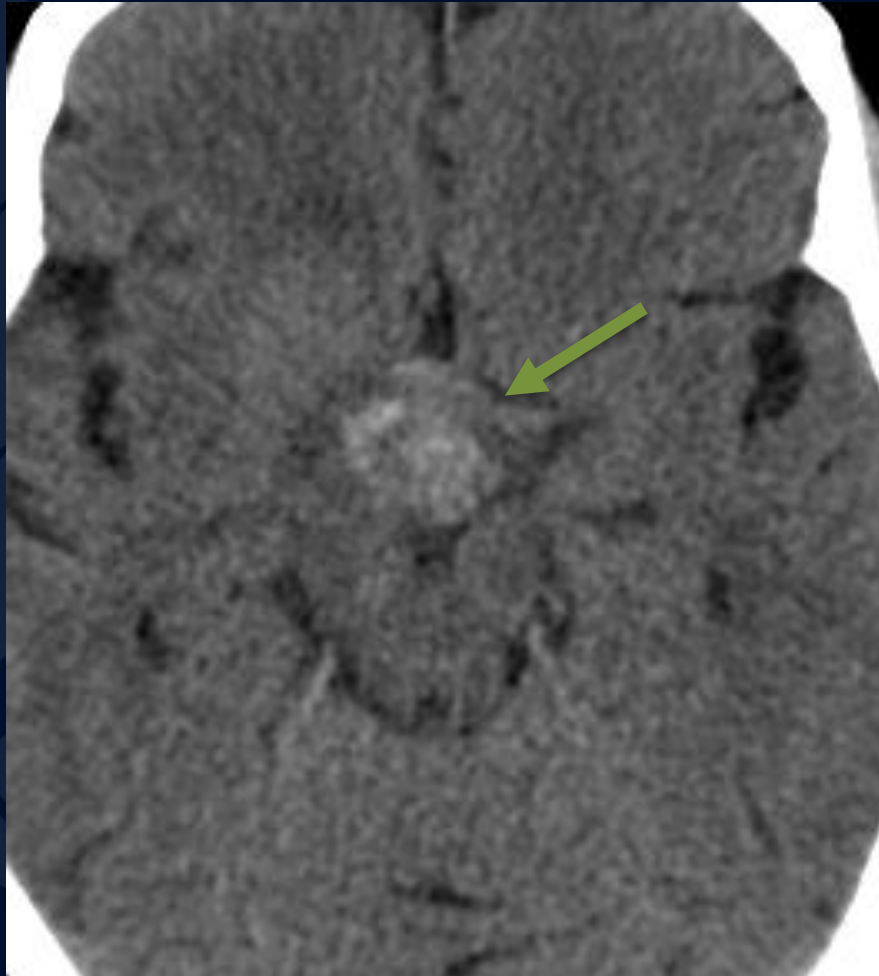
Gd-T1 Axial

The lesion exhibits avid heterogenous contrast enhancement on T1-Gd. It is irregular with rounded contour.



T2 Axial

The lesion is exhibiting heterogeneous hyperintensity on T2.



CT Axial

The lesion is heterogeneously hyperdense on CT.

Craniopharyngioma

- Benign, partially cystic, sellar region tumor.
- Derived from remnants of craniopharyngeal duct or Rathke pouch epithelium.
- Most common non-neuroepithelial intracranial neoplasm.
 - 2-5% of all adult tumors; 5.6-13% of all pediatric tumors.
- Bimodal age distribution:
 - 1st peak: 5-15 year olds;
 - 2nd peak: 45-60 year olds.
- Two types:
 - Adamantinomatous (cystic mass in childhood);
 - Papillary (solid mass in older adults);
 - Adamantinomatous type is 10x more common than papillary type, occurs in first 2 decades of a child's life.

Imaging Findings

- Multilobulated, often large (> 5 cm).
- Occasionally giant or multicompartmental.
- CT:
 - 90% cystic, 90% Ca⁺⁺, 90% enhancing in adamantinomatous type;
 - Solid, isodense, rarely calcifies in papillary type.
- MRI: signal varies with cyst contents.
 - Cysts variably hyperintense on T₁ and T₂;
 - Solid portions enhance heterogeneously;
 - Cyst walls enhance strongly;
 - Cyst contents show broad lipid peak (0.9-1.5 ppm) on MRI spectroscopy.

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