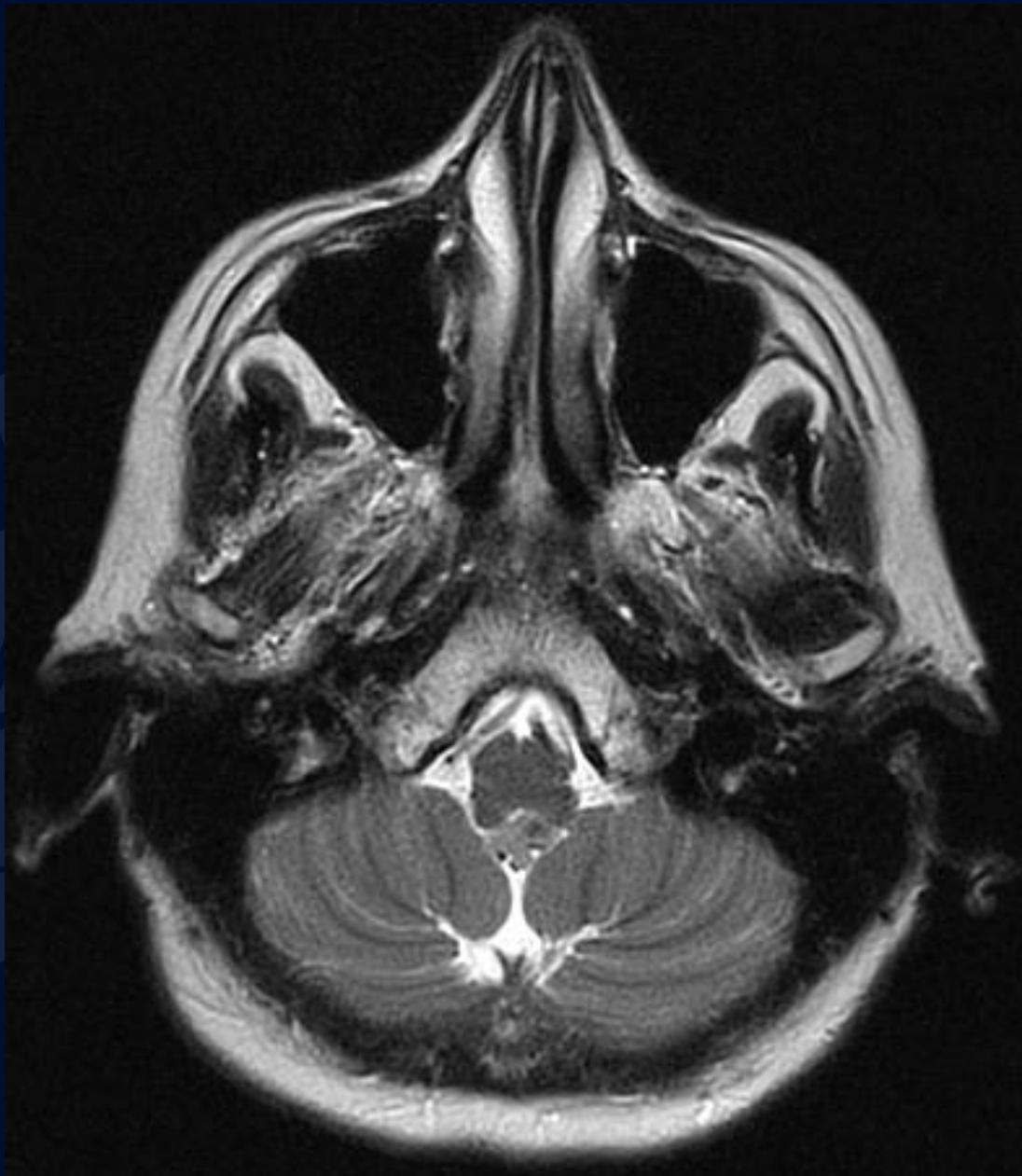


# Asymptomatic patient with incidental findings on imaging

Andrew Klufas, MD MBA

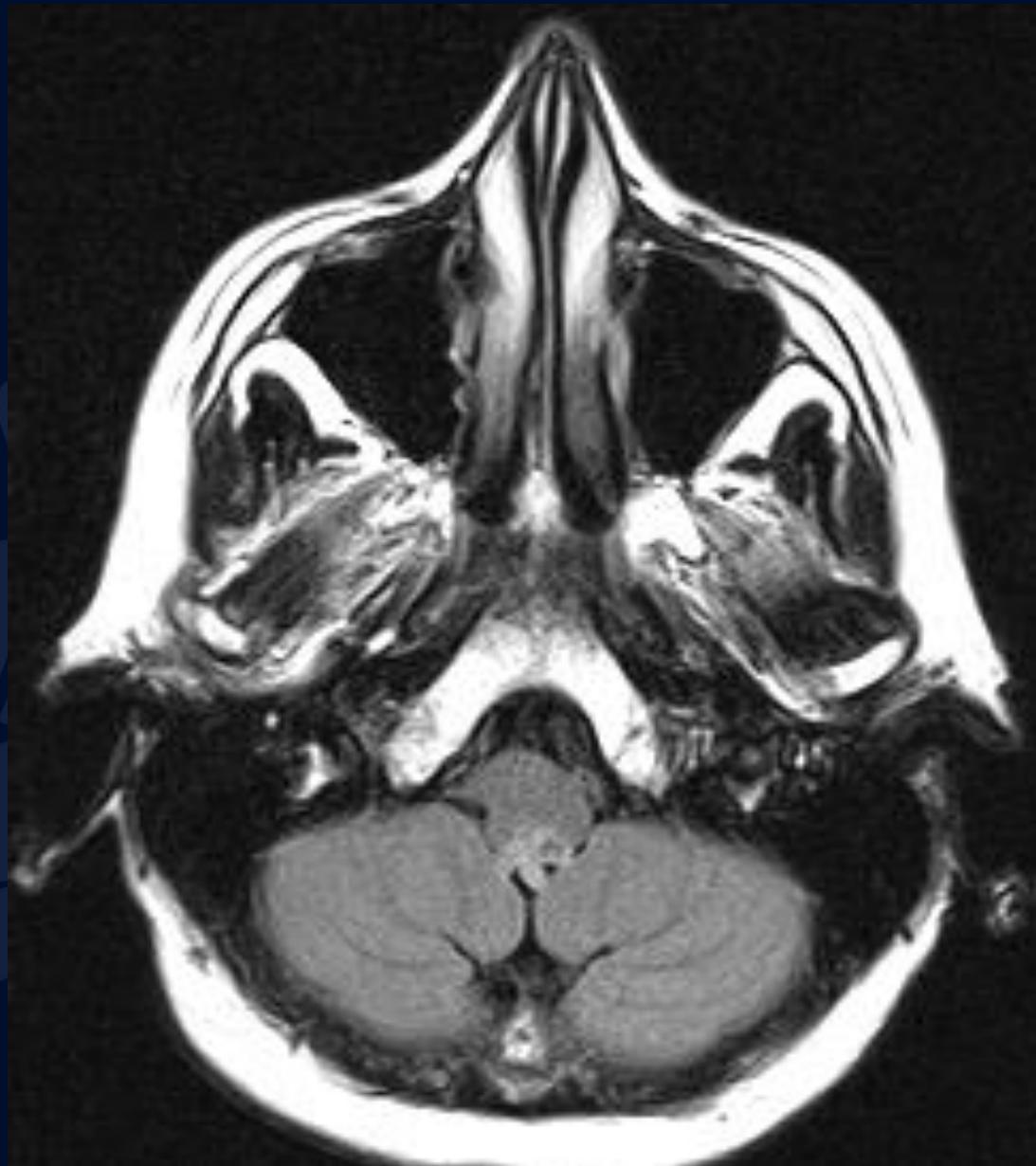
Leo Wolansky, MD

MR T2



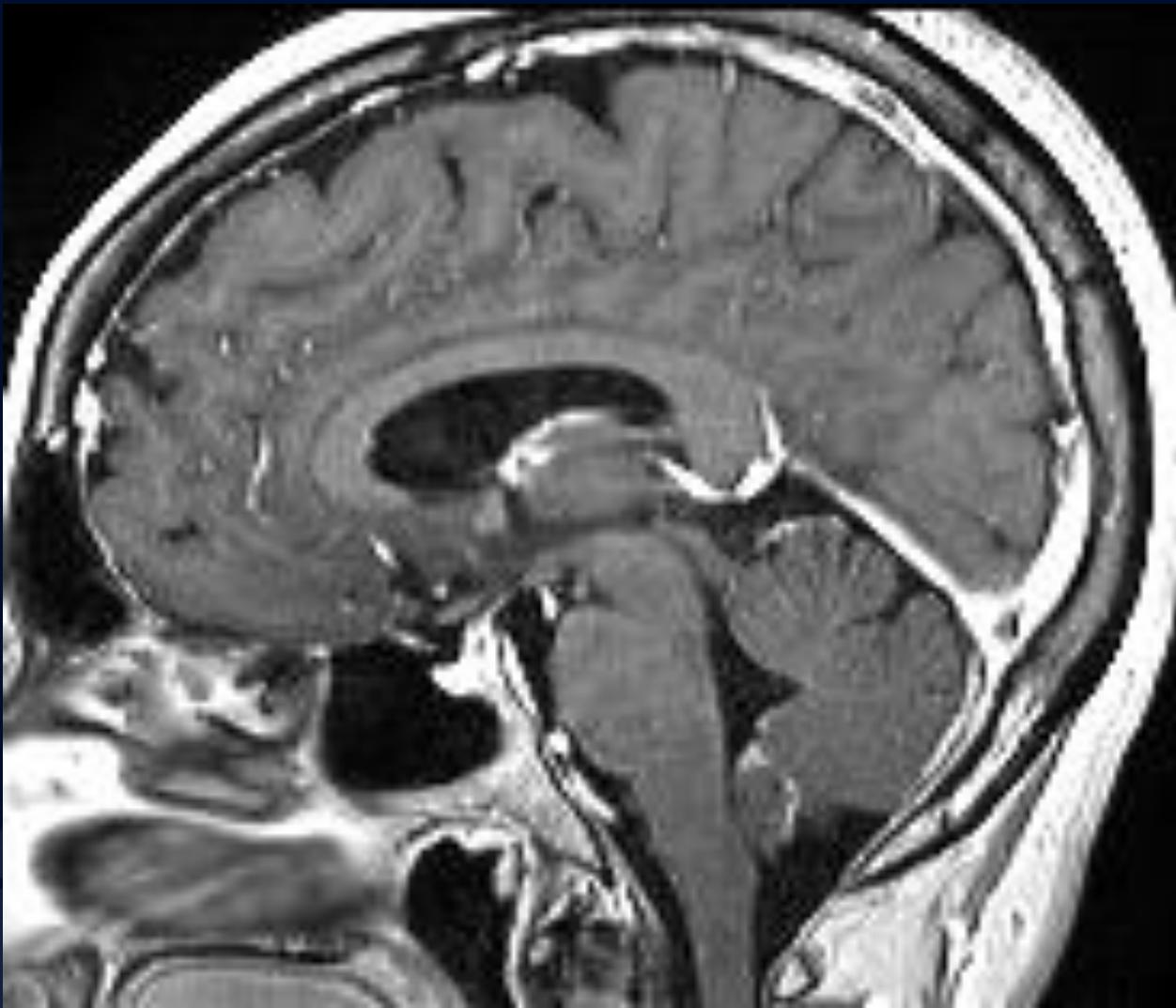
UCONN  
HEALTH  
RADIOLOGY

# MR T2 FLAIR



**UCONN  
HEALTH  
RADIOLOGY**

MR T1 + Gad

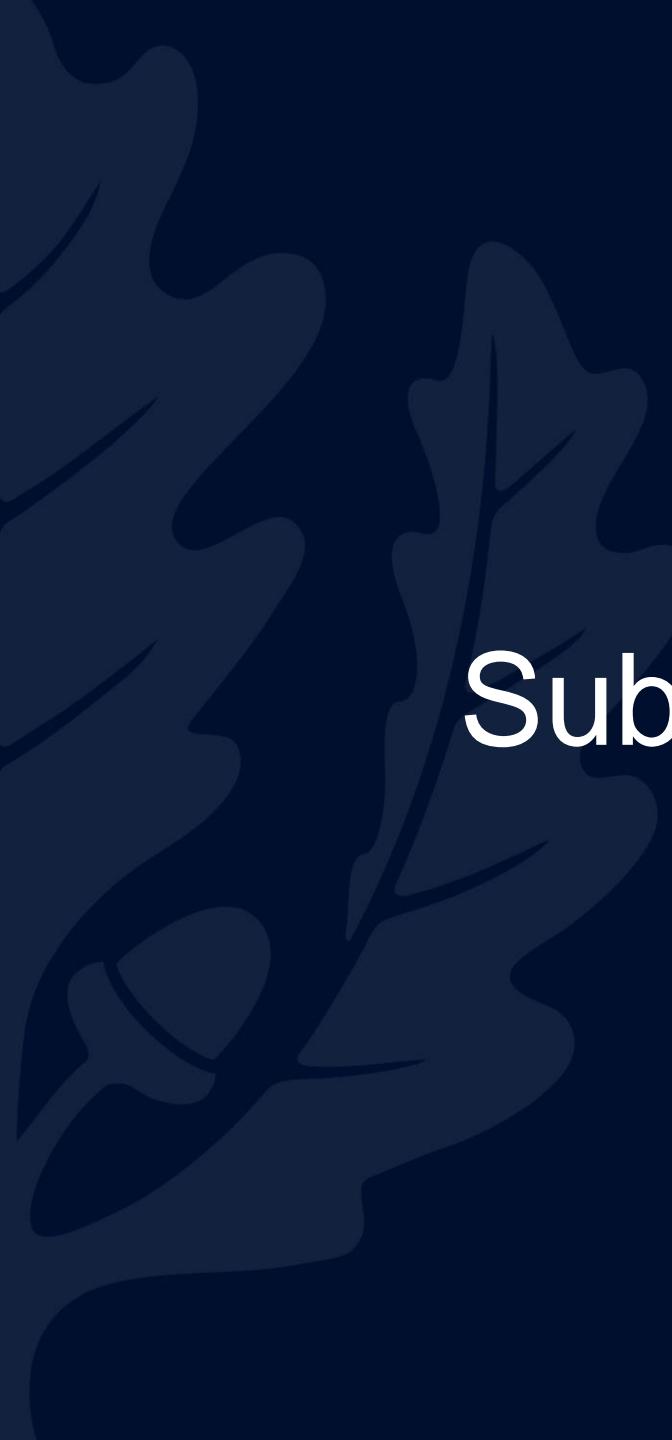


**UCONN**  
**HEALTH**  
RADIOLOGY



?

**UCONN**  
**HEALTH**  
RADIOLOGY



# Subependymoma

## MR T2

Heterogeneous,  
mildly T2  
hyperintense lesion  
within the inferior  
aspect of the 4<sup>th</sup>  
ventricle.

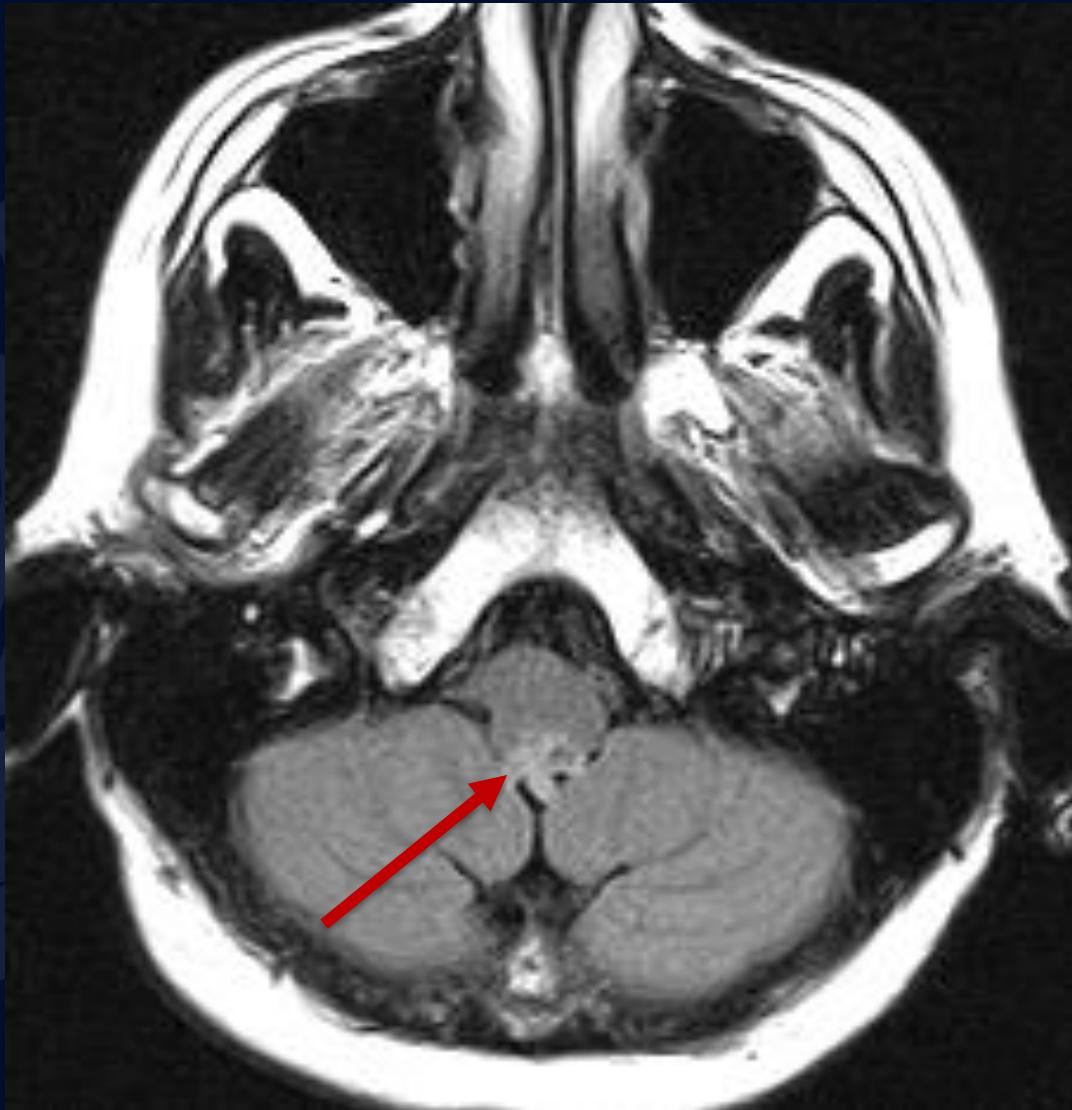
No surrounding  
edema.



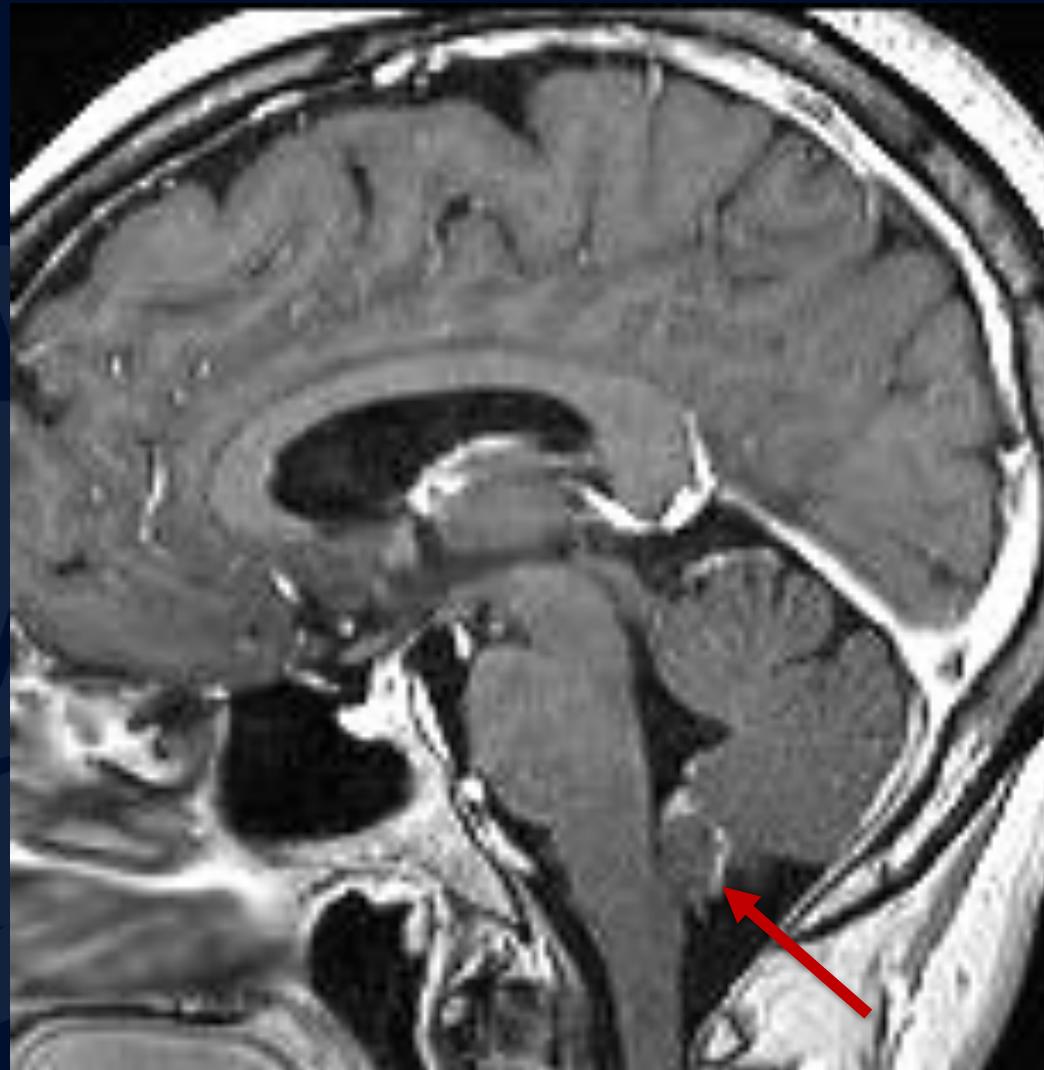
## MR T2 FLAIR

Heterogeneous,  
mildly T2 FLAIR  
hyperintense lesion  
in the inferior aspect  
of the 4<sup>th</sup> ventricle.

No surrounding  
edema.



# MR T1 + Gad



Non-enhancing,  
T1 isointense  
lesion within the  
inferior aspect of  
the 4<sup>th</sup> ventricle

# Subependymoma

## Clinical presentation

- Often asymptomatic and discovered incidentally
- Middle-aged, males > females

## Common locations

- Fourth ventricle (50-60%)
- Lateral ventricles (30-40%), most often involving frontal horns
- Third ventricle and central spinal canal (<5-10%)

## Imaging Features

- CT
  - Iso to hypodense, non-enhancing intraventricular mass
  - May have cystic or calcifications
- MRI
  - T1 iso to hypointense as compared to white matter
  - Larger lesions may be heterogeneous
  - T2 hyperintense

# References

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