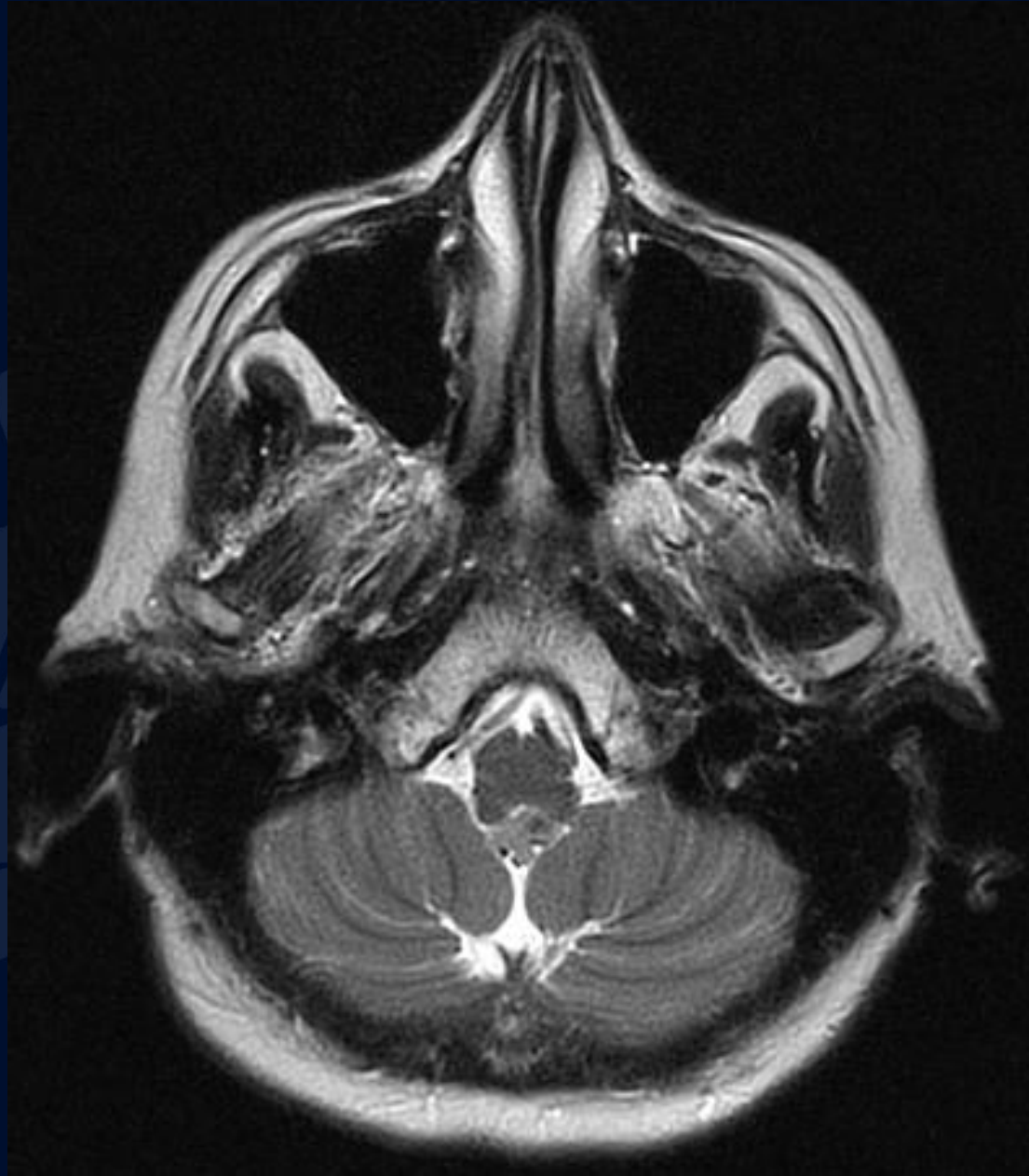


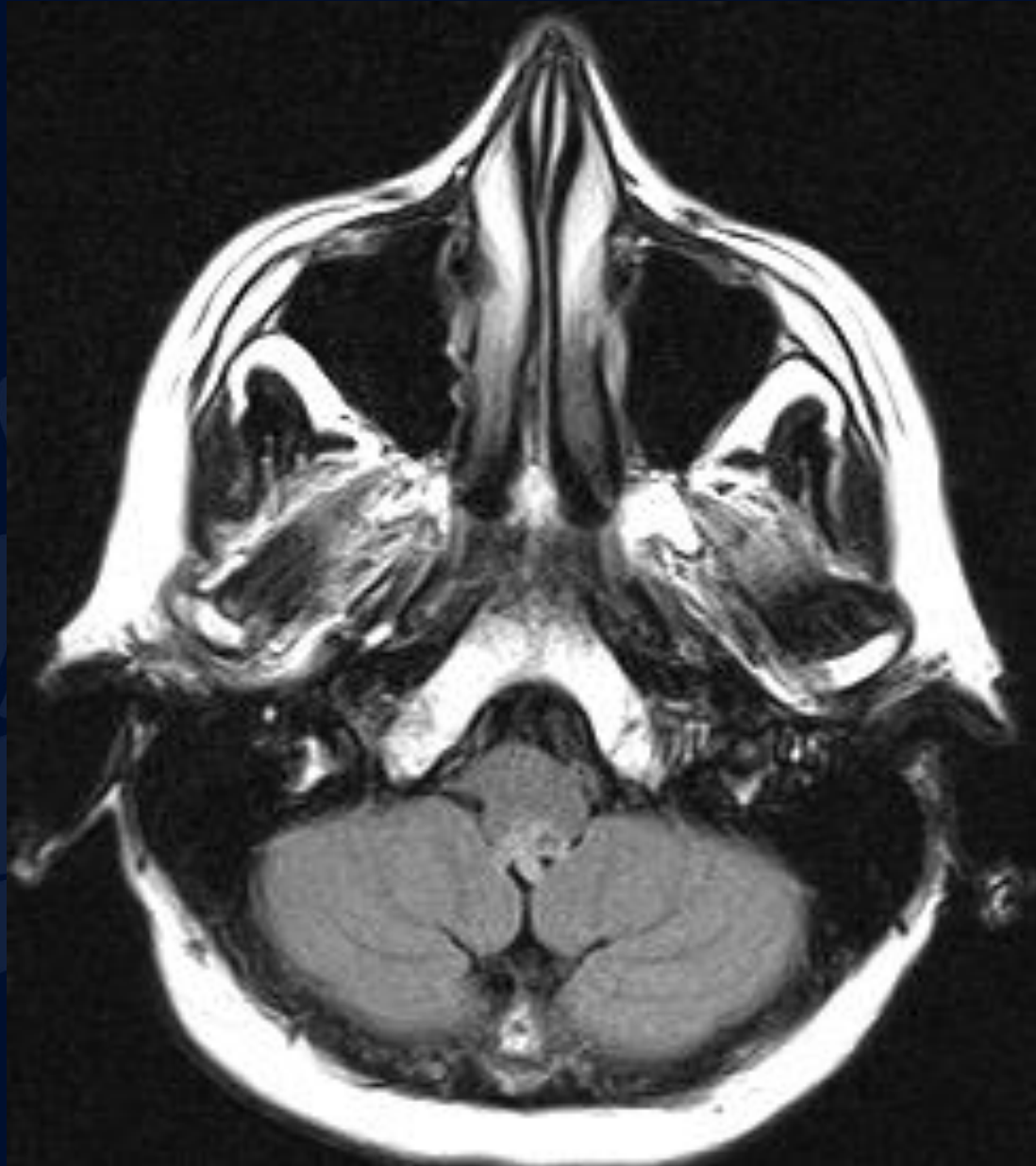
Asymptomatic patient with incidental findings on imaging

Andrew Klufas, MD MBA
Leo Wolansky, MD

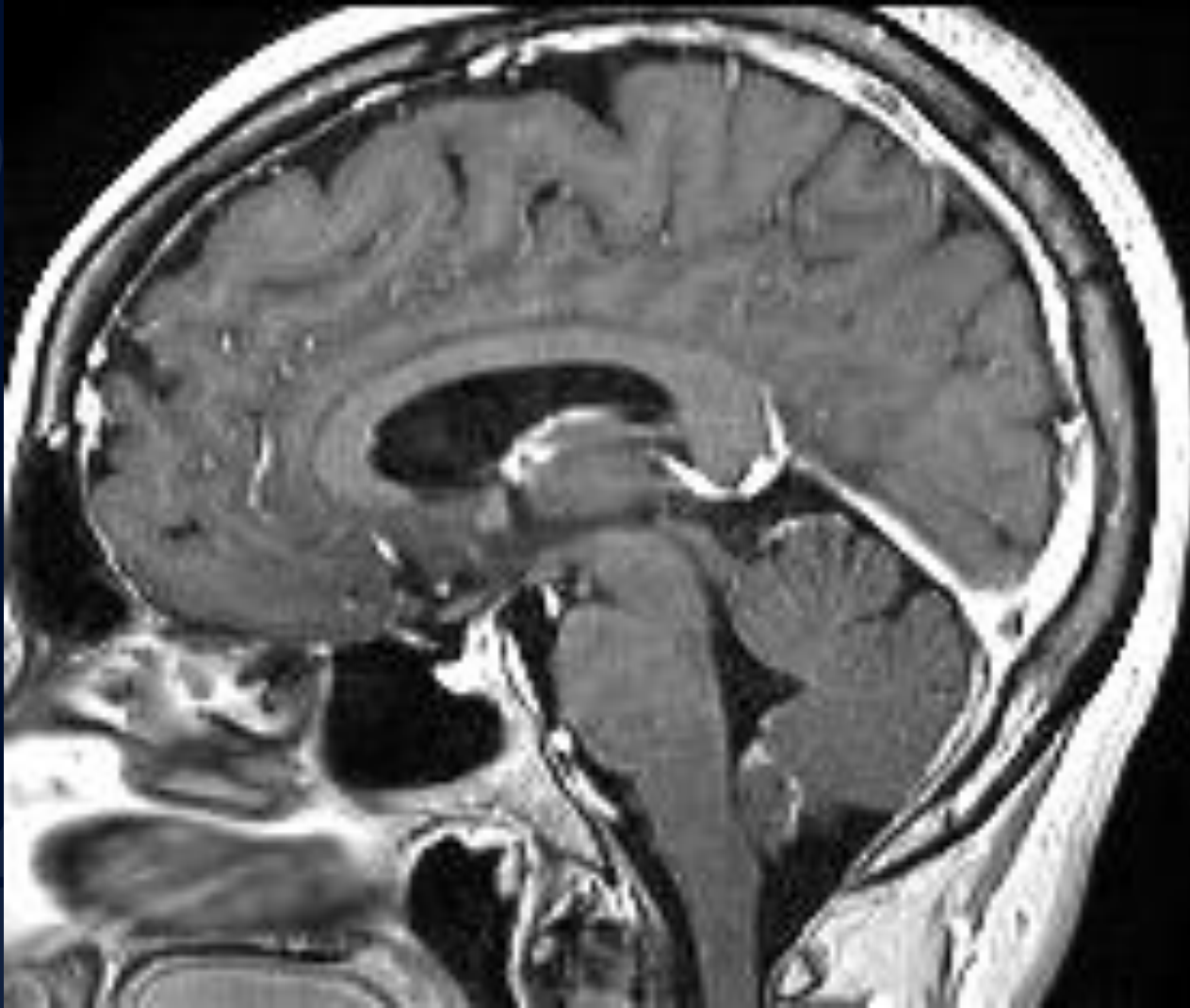
MR T2



MR T2 FLAIR



MR T1 + Gad



A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The leaf's edge is serrated.

?

A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The leaf's edge is serrated.

Subependymoma

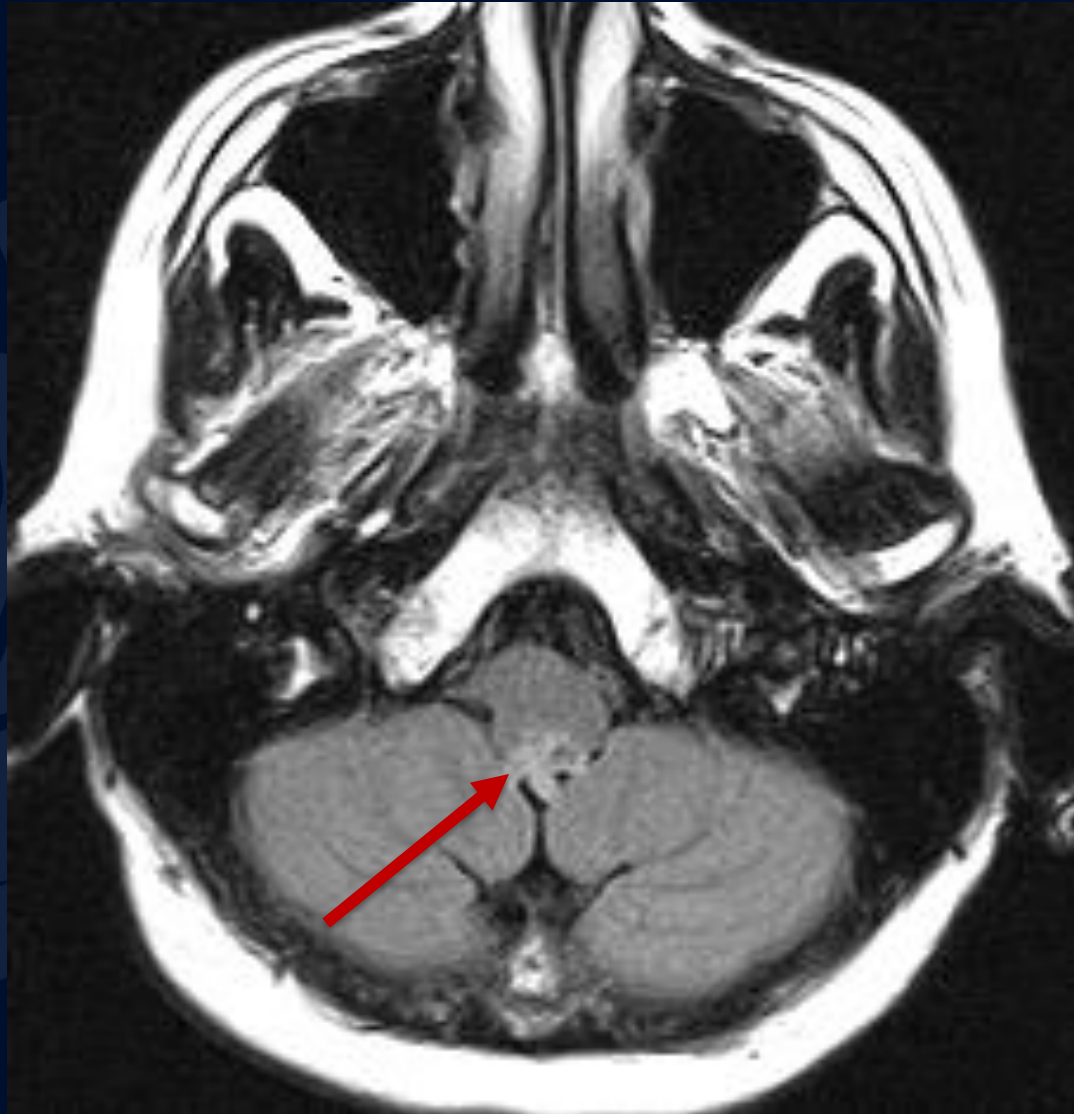
MR T2



Heterogeneous,
mildly T2
hyperintense lesion
within the inferior
aspect of the 4th
ventricle.

No surrounding
edema.

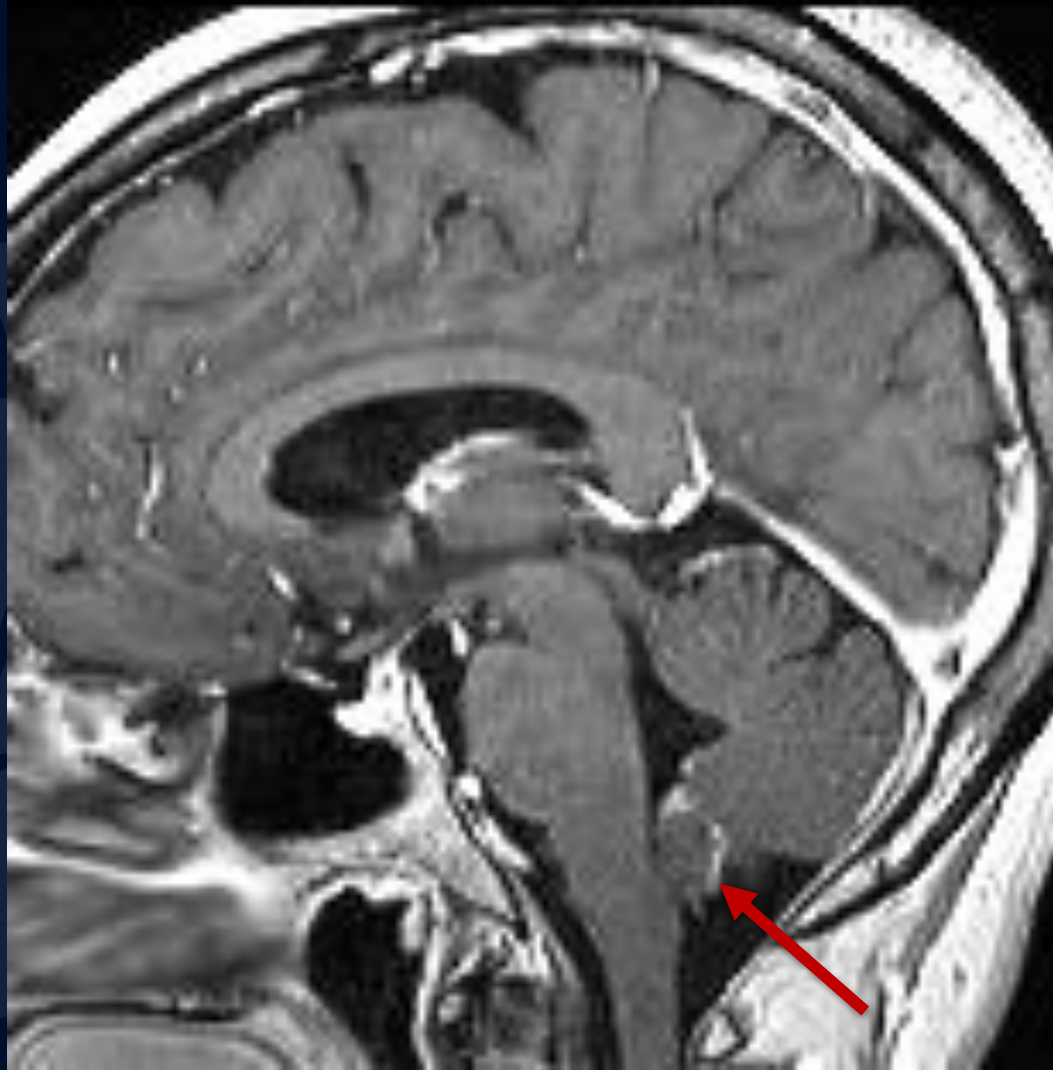
MR T2 FLAIR



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

No surrounding
edema.

MR T1 + Gad



Non-enhancing,
T1 isointense
lesion within the
inferior aspect of
the 4th 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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