

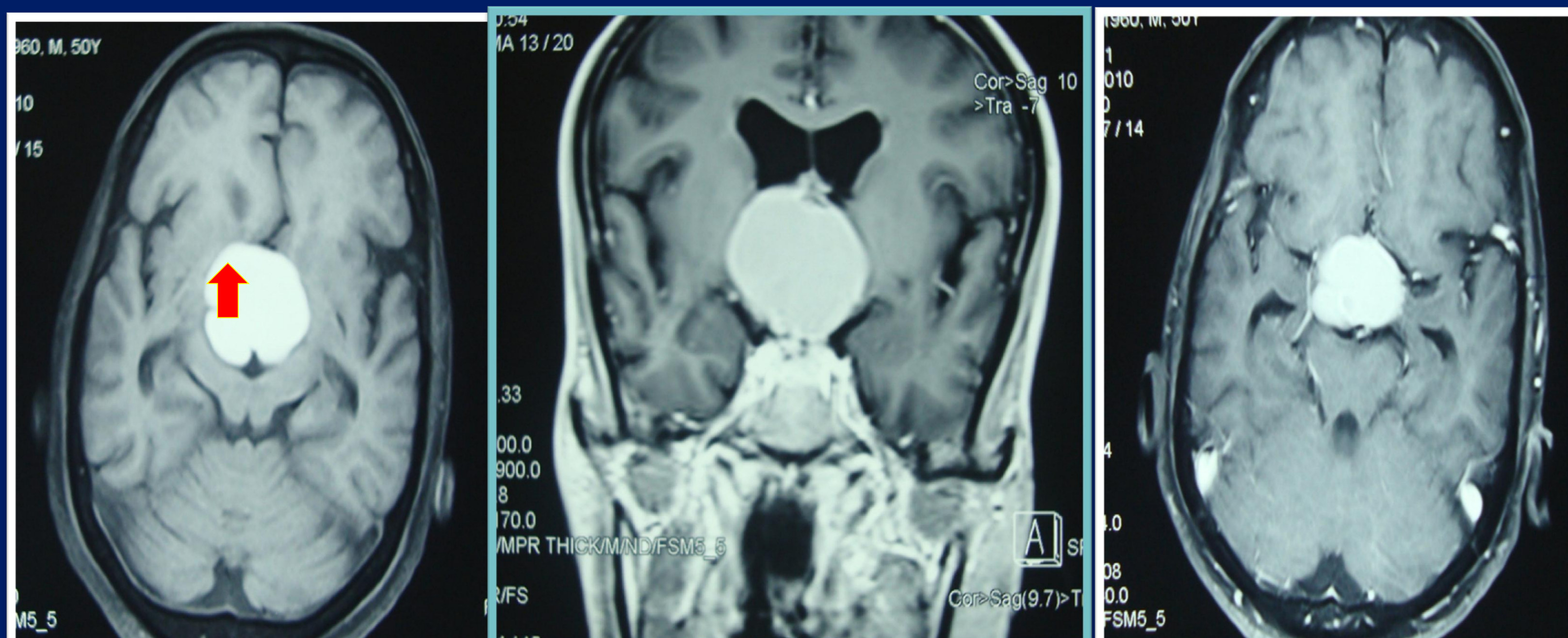


NON TUMORAL SELLAR LESIONS

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Companion Case1 - Rathke cleft cyst (Mixed Variety)

C/o Headache, Visual disturbances.

Imaging: T1WI – Hyperintense smooth well defined suprasellar lesion.

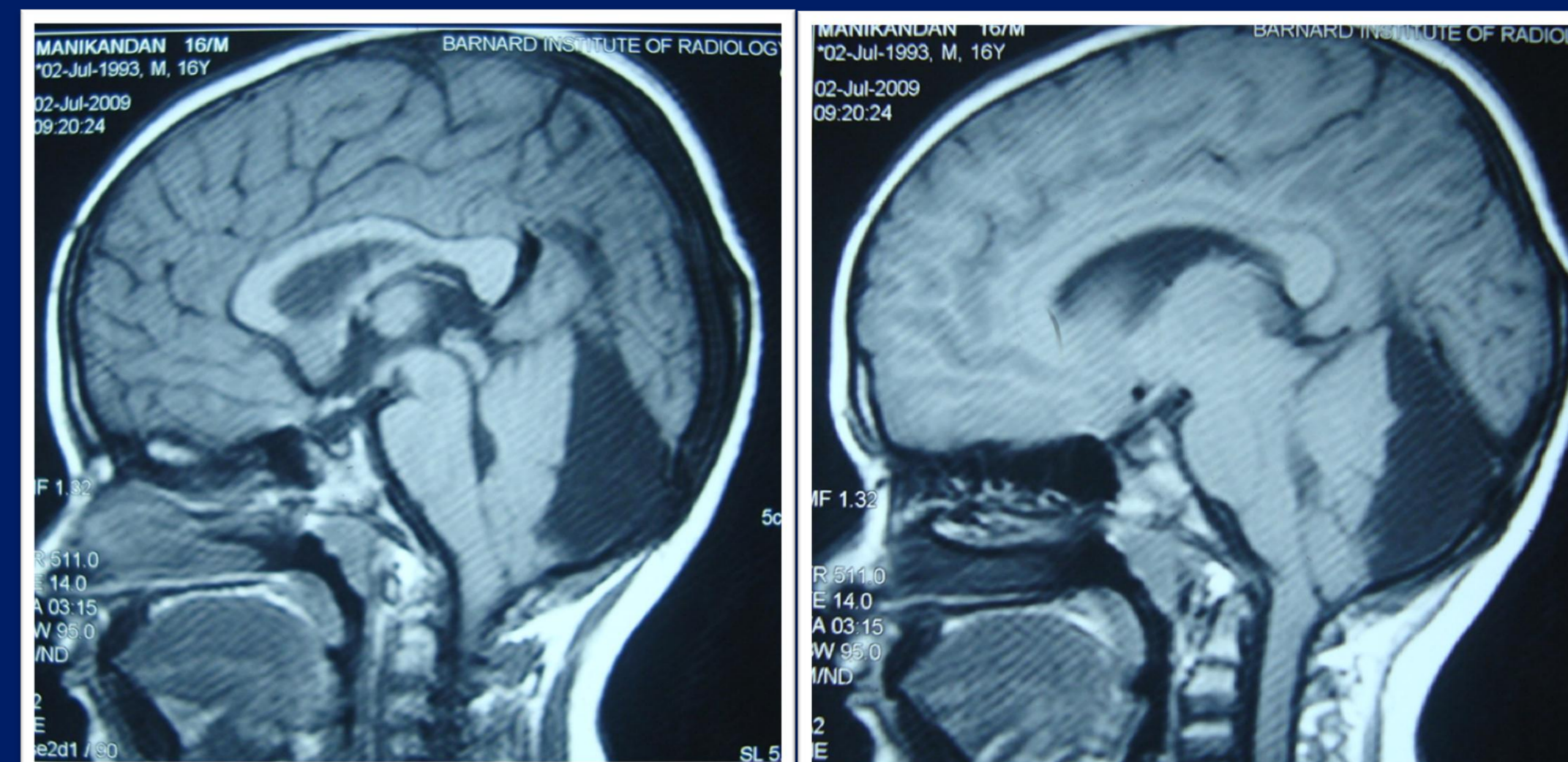
Posterior Ledge sign Positive (↑).

STIR – hyperintense lesion.

No internal enhancement on contrast.

Embryology:

Arises from embryonic remnant of Rathke's pouch.



Companion Case 2 – PSIS / PPE

H/o Growth disturbance

Imaging

Truncated pituitary stalk (↑)

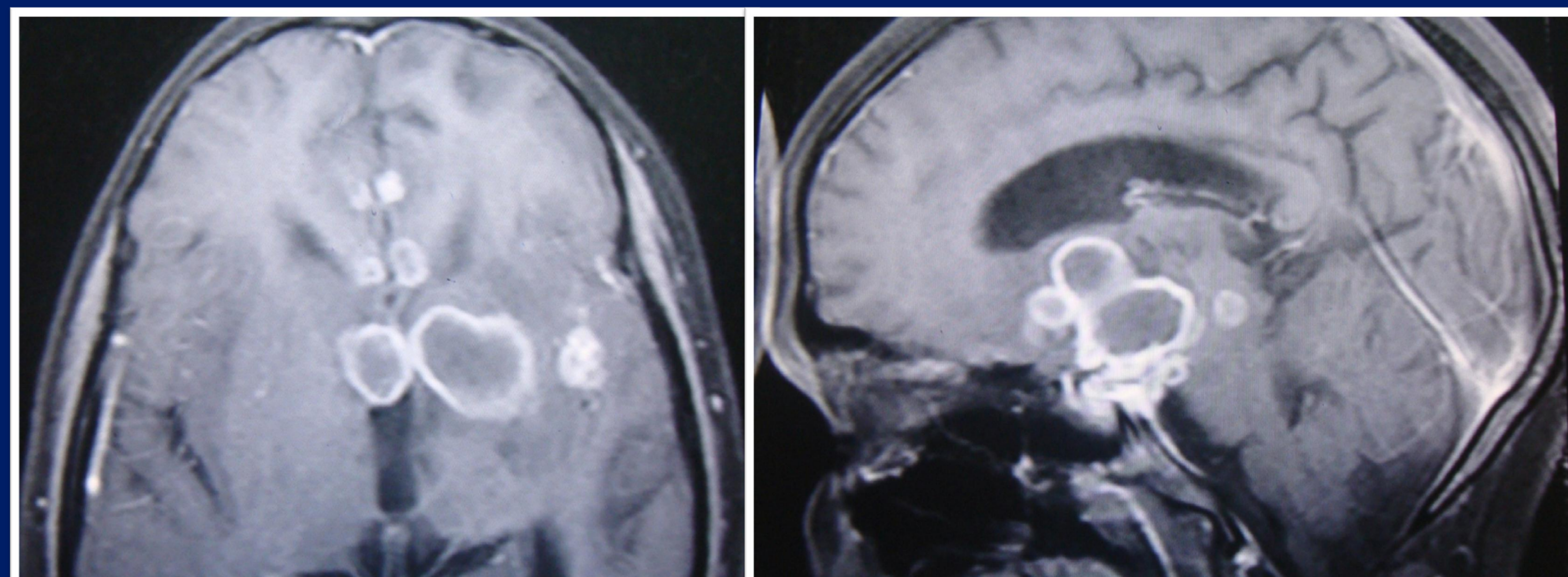
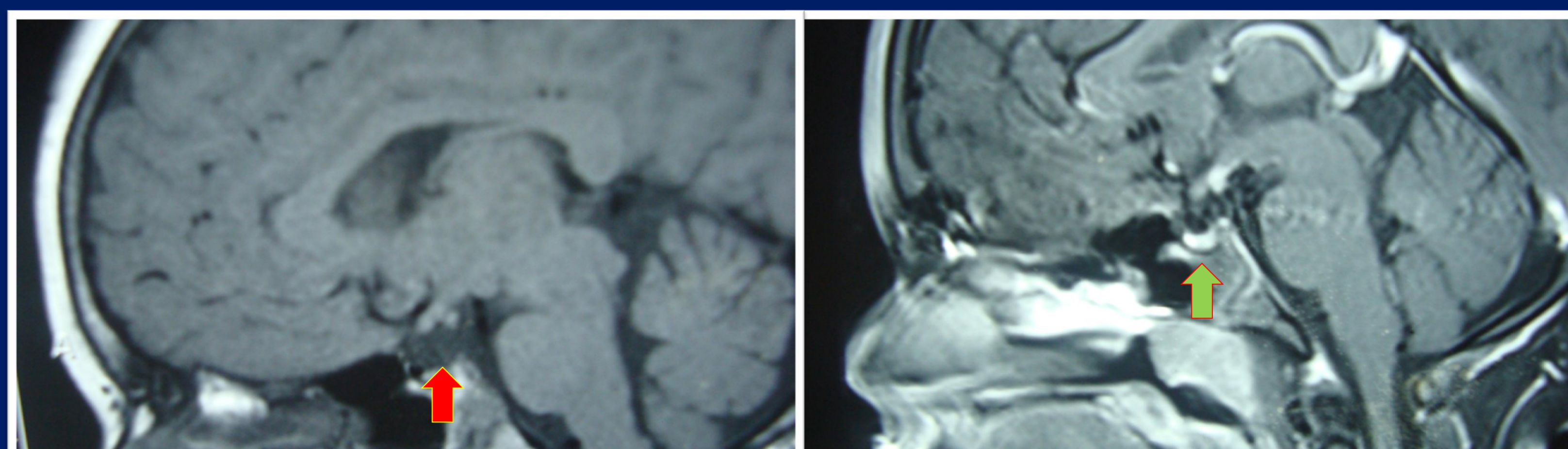
Ectopic posterior bright spot (Median eminence of tuber cinereum) (↑)

Posterior Pituitary Ectopia(PPE)/ Pituitary stalk interruption syndrome(PSIS)

Embryology - Defective neuronal migration during embryogenesis.

Hypoplastic anterior lobe , Stalk truncation, Corpus callosal dysmorphia, Olfactory bulb anomaly.

Thin section MR essential for diagnosis.



Companion Case 3 – Granulomatous sellar lesion(TB)

C/o Headache, Visual disturbance, Seizures.

Imaging – Cluster of Iso intense rim enhancing lesion

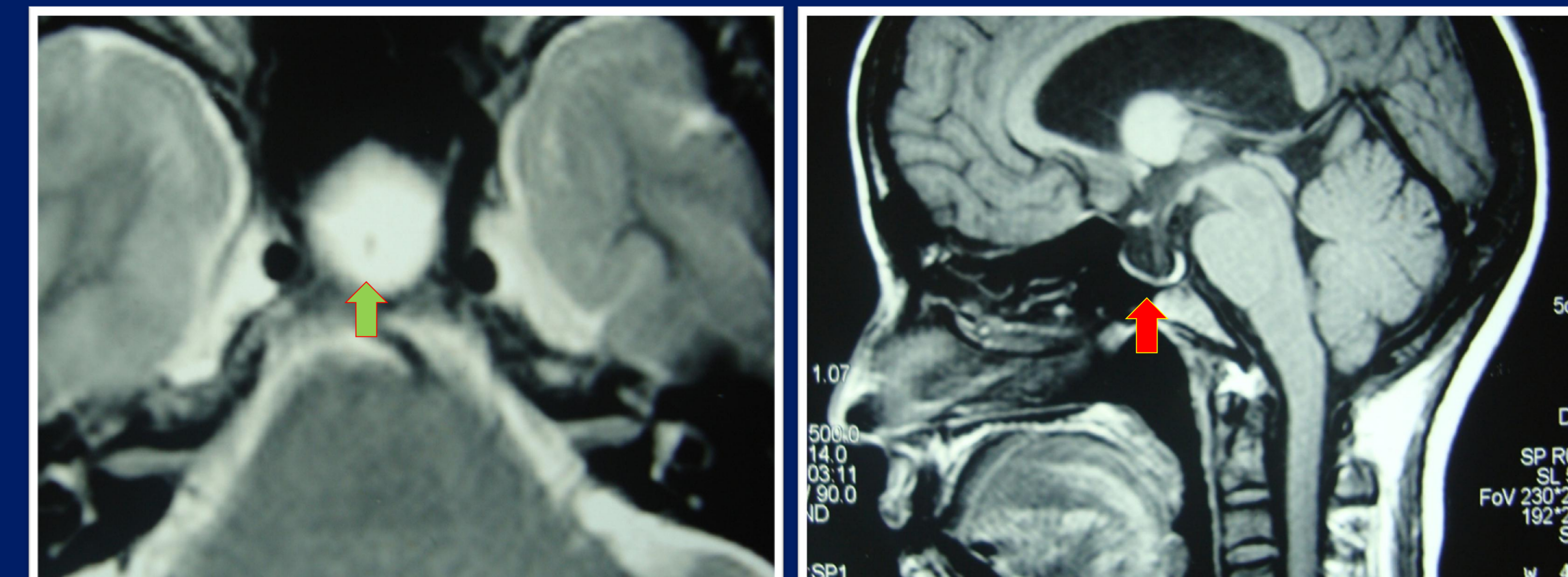
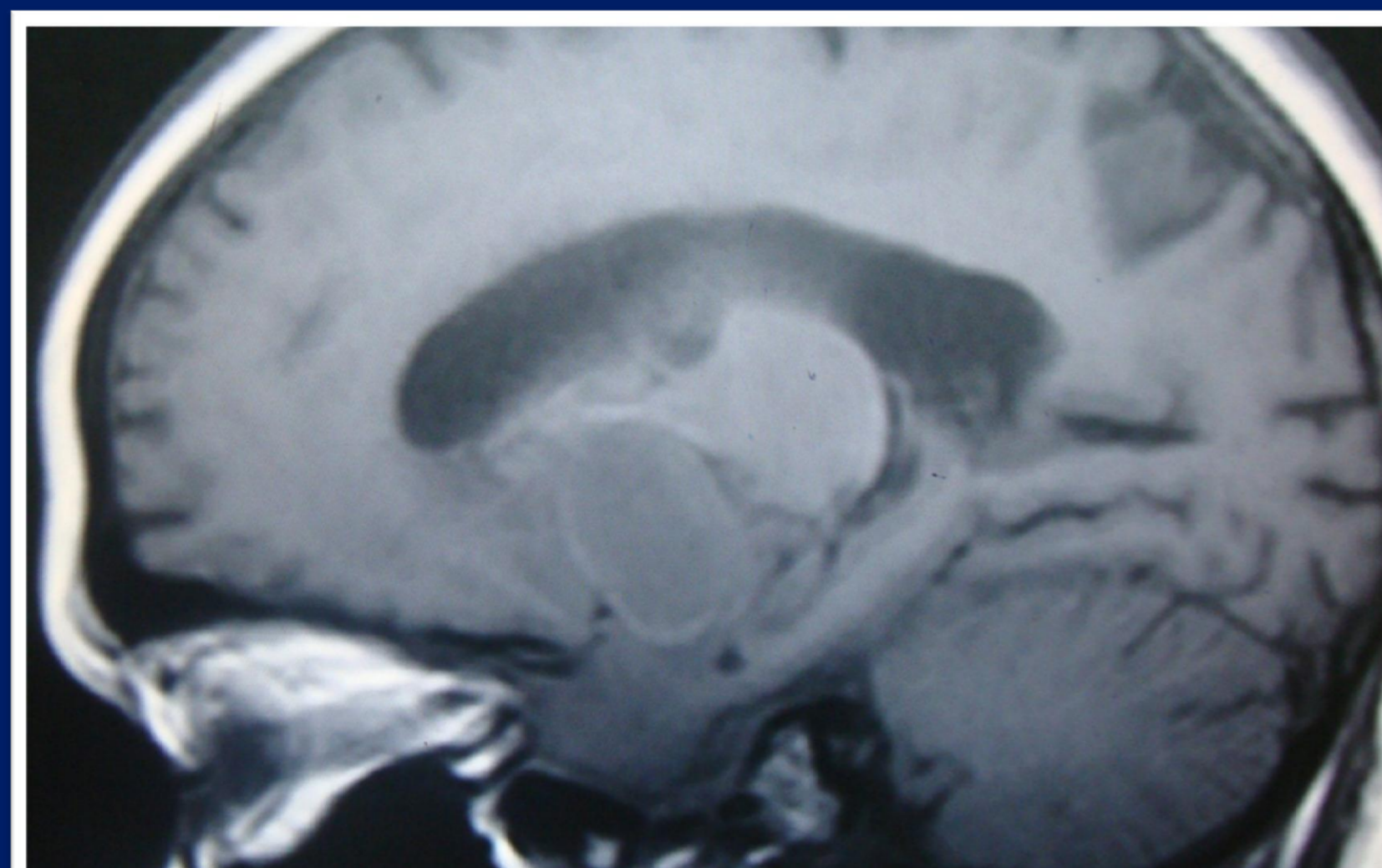
Tuberculous sellar lesion:

Localised parenchymal infection.

Types:

Non caseating granuloma

Caseating granuloma-hypointense with rim enhancement(necrotic centre)



Companion Case 4 – Empty Sella

C/o Headache, Visual disturbance.

Imaging – Partially empty sella filled with CSF intensity fluid (↑)

Absence of posterior bright spot(compressed pituitary).

Sella filled with CSF intensity fluid in T2WI.

Infundibular Stalk tilted(*) to the right (↑)

Markedly deepened sella (↑)

Colloid cyst

Empty Sella

Deficient diaphragmatic sella

Intrasellar herniation of arachnoid lined csf filled intrusion from suprasellar cistern /Stalk follows normal course(c/f other sellar lesions).

(*) Stalk tilt – due to asymmetric herniation

Imaging Sequence:

Tesla
 Matrix
 Thin section
 Small FOV 18 cm
 1mm interslice gap

Conclusion:

It is always the "BIG Four" that comes to our mind in lesions concerning the sella – Macroadenoma , Meningioma,CRANIOPHARYNGIOMA,Astrocytoma; but a spectrum of mimics can occur in the sella ;all these being non tumoral lesions .

References:

1. Grainger & Allison's diagnostic Radiology 5th edition
2. CT & MRI of Whole Body – John R Haaga 5th edition
3. Diagnostic Neuroradiology Anne G. Osborn 1st edition