

TYPICAL LESIONS IN ATYPICAL LOCATION

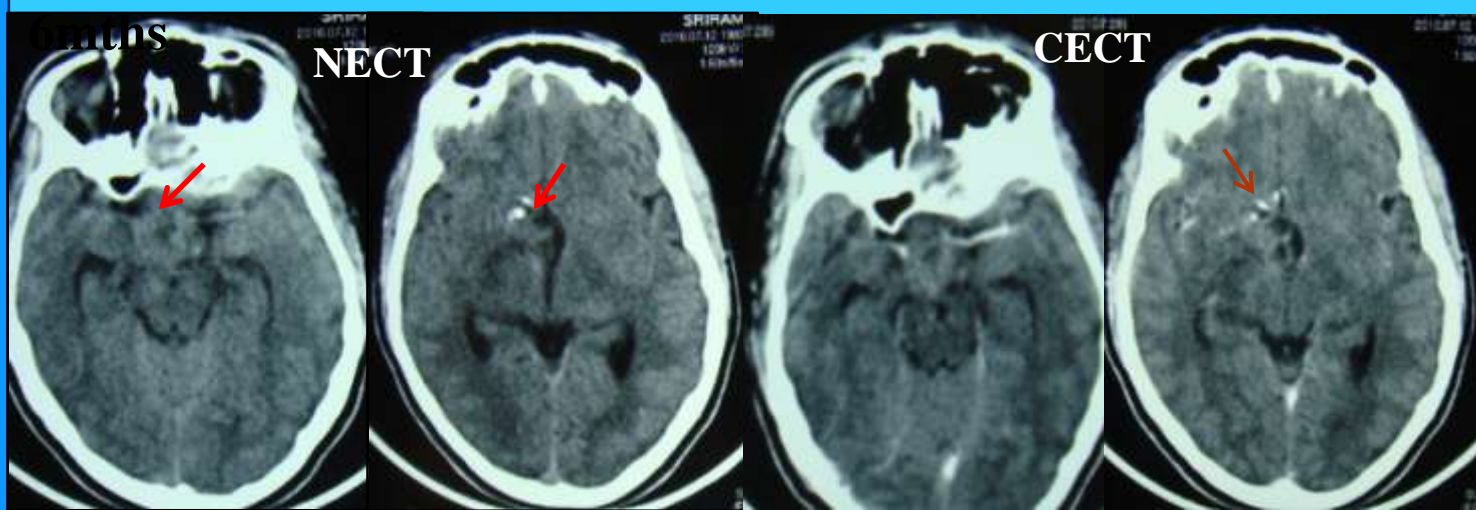
PRESENTING AUTHOR : DR. GEETHA.K

COAUTHORS : PROF.DR.K.VANITHA, PROF.N.KAILASANATHAN, PROF.R.MALATHY, DR.S.KALPANA, DR.S.SUNDARESWARAN, DR.S.BABU PETER, DR.D.RAMESH, DR.C.AMARNATH, DR.J.DEVIMEENAL, DR.MANIMEKALA.

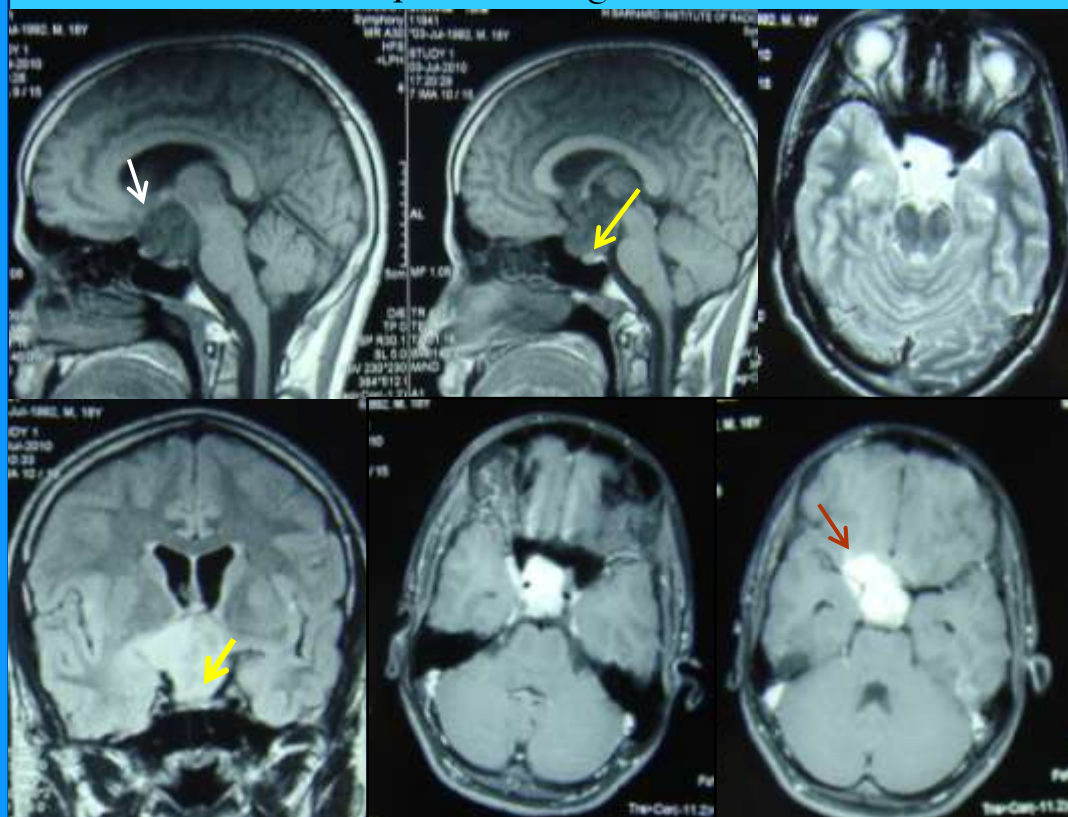


BARNARD INSTITUTE OF RADIOLOGY, MMC ,CHENNAI.

CASE 1: 18 yr male presented with HA, blurring of vision-



CT shows Heterogenously enhancing heterodense lesion with areas of calcification noted in sellar and suprasellar region.



CEMR shows T1 hypo, T2 and FLAIR hyperintense, intensely enhancing mass in suprasellar region extending to sella pushing the pituitary (yellow arrow) inferiorly.

Radiological DD

1. Craniopharyngioma
2. Hypothalamic astrocytoma.

HPE diagnosis

Grade 2 - Papillary Ependymoma.

DISCUSSION- SUPRASELLAR EPENDYMOMA

In both adults and children, ependymoma occurring in suprasellar location is considered uncommon.

Embryological remnants or heterotopic ependymal lining cells within pituitary stalk or sella - explain the unusual location of this tumour or, tumour grown desmoplastic manner thr' the suprasellar cistern into sella.

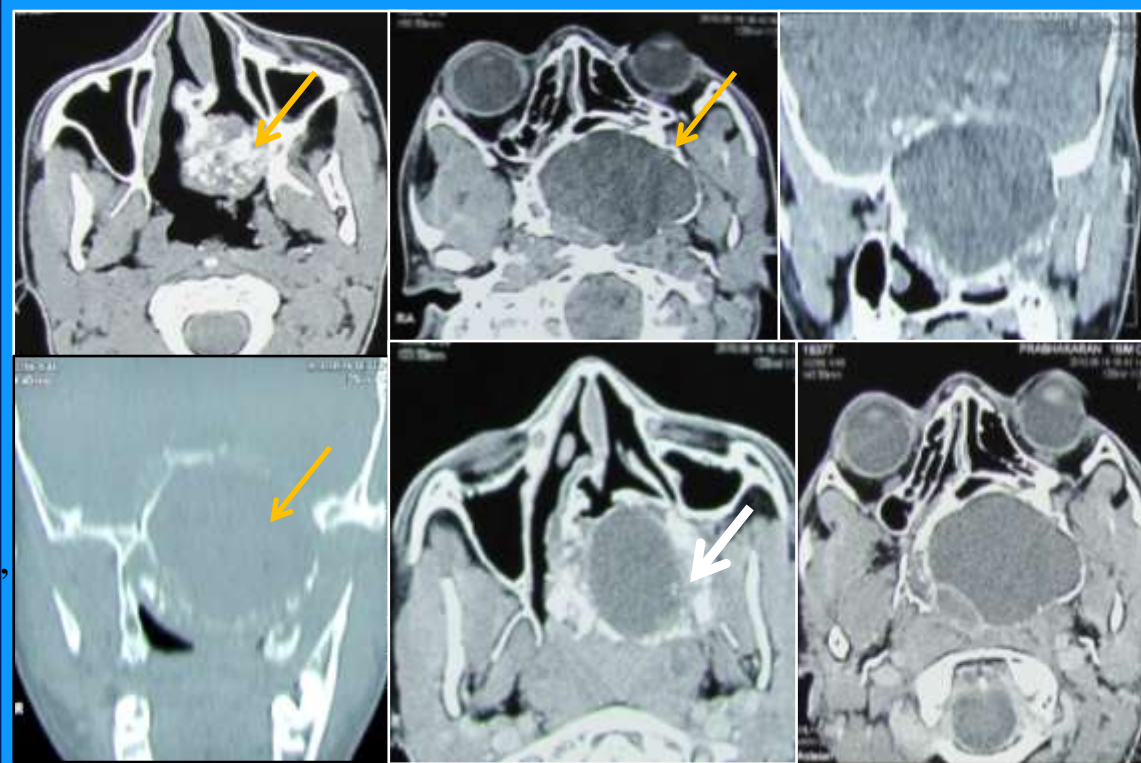
Supratentorial ependymomas are typically large, cystic, calcified masses found in children and young adults & are hyperdense on NECT and, mixed density on CECT. The grade of malignancy rises with increasing distance from the ventricular level.

CONCLUSION

These cases illustrates Ependymoma occurring in suprasellar and sellar regions & Craniopharyngioma in sphenoid sinus (ectopic site) mimicking Sphenoid Mucocele.

1. Suprasellar Ependymoma, though unusual, has to be considered as DD when suprasellar glioma-like tumour extends into the pituitary fossa.
2. Ectopic craniopharyngioma as a DD for sphenoid mucocele when a cystic lesion in sphenoid sinus with areas of calcification/ossification.

CASE 2: 18 yr Male with H/o Nasal obstruction- on/off 4 yrs, Diplopia 2 wks. Ant. Rhinoscopy- pink smooth mass in Lt. nasal cavity medial to middle turbinate



CT - poorly enhancing expansile cystic (20HU) lesion in sphenoid sinus, Peripheral bone remodelling, displacing Rt orbit medial wall laterally, Left maxillary sinus posterior wall anteriorly.



MRI Findings : T1, T2 hyperintense lesion in sphenoid sinus, extending to left maxillary sinus, nasal cavity, displacing pituitary & ICA laterally.

Radiological DD : Sphenoid Sinus Mucocele

Ectopic Craniopharyngioma

HPE Diagnosis : CRANIOPHARYNGIOMA

DISCUSSION - ECTOPIC CRANIOPHARYNGIOMA:

Rare, - Occurs in floor of anterior 3rd ventricle (MC- adults) Sphenoid bone (22-35 cases reported), Clivus.

IMAGING FEATURES : Multilobulated inhomogeneous (suprasellar) mass. Solid /mixed / cystic lesion. solid lesion Enhance, Marginal hyperdense lesion (calcific/ossification).