

Asymptomatic PCs < 2 cm diameter with typical appearance (wall: \leq 2 mm thick and no irregularities or nodular enhancement): are generally considered not to grow, but the [natural history](#) is not known with certainty. The risk of growing is \approx 4% with 6 months median follow up in adults, and 11% in children with 10 months median follow-up.⁶⁶ Based on this, it seems a little hard to justify not providing initial follow-up to reassure the patient and the practitioner.

A reasonable approach might consist of a 3-month follow-up MRI after the initial scan to check for rapid growth (as might occur with a neoplasm) and then if stable, annual imaging studies for an arbitrary period (some suggest 1 year; 3 years is probably reasonable) to assure stability.

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