

Fourth ventricle ependymoma diagnosis

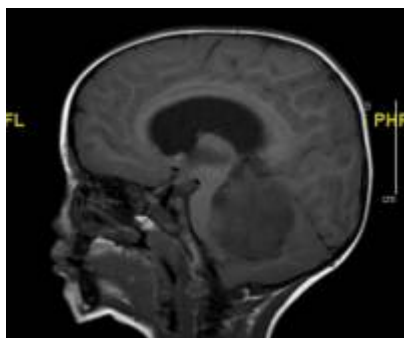
see also [Posterior fossa ependymoma MRI](#)

Contemporary diagnosis of [Fourth ventricle ependymoma](#) is presently based on neuroradiological tests. MRI scans commonly document a structure mainly within the [ventricle](#).

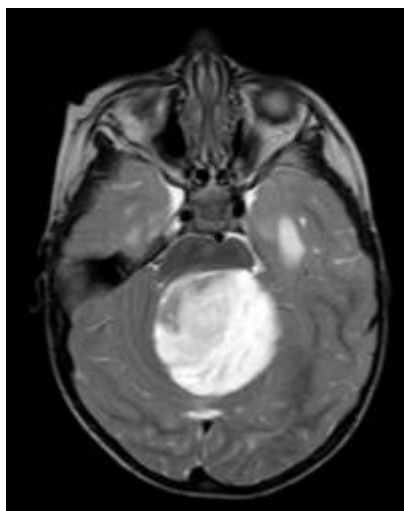
The less aggressive subependymomas are reported to show homogeneous signal intensities, while ependymomas have a more heterogeneous signal intensity (Spoto et al, 1990).

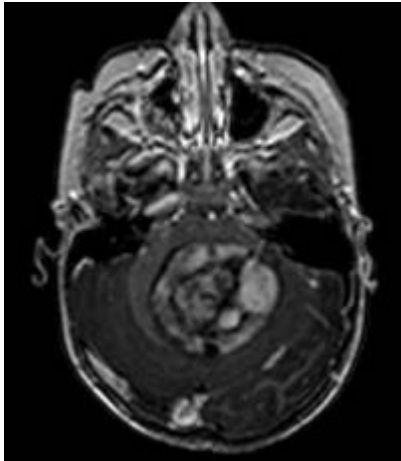
Ependymomas of the fourth ventricle are rarely diagnosed on anything other than imaging studies (e.g. MRI or CT scan) prompted by symptoms of hydrocephalus, but Kim et al (2011) reported a case with premature reversal of caloric nystagmus on one side, and “perverted nystagmus” after cold stimulation on the other side. In our opinion, this is an unusual “once-off” type event.

Solid cystic tumor of extra-axial appearance centered in the fourth ventricle that exerts a mass effect on the pons and cerebellum with minimal herniation of the cerebellar tonsils and ascending transtentorial herniation, associated with triventricular hydrocephalus with altered signal in the periventricular white matter due to edema after ependymal. low signal on T1-weighted sequences



It is a heterogeneous lesion, predominantly hyperintense on T2-weighted sequences, with an area of diffusion restriction in the anterior and right lateral region, with facilitated diffusion in the rest of the lesion, with





Heterogeneous enhancement. The solid portion of the lesion measures 41 × 44 × 48 mm. No calcifications or intralesional hemorrhage are identified. Cerebellar leptomeningeal enhancement was observed. Among the diagnostic possibilities, medulloblastoma should be considered; another possibility is an ependymoma.

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