

Intracranial ependymoma diagnosis

Radiographic features

The majority of [intracranial ependymomas](#) (60%) are located in the [posterior fossa](#) ([infratentorial](#)), usually arising from the [lateral recess](#) of the [fourth ventricle](#) (molecular subgroup: [Posterior fossa type A Ependymoma](#)) and midline inferior floor of the [fourth ventricle](#) near the [obex](#) (molecular subgroup: [Posterior Fossa B](#)) ^{1) 2) 3) 4)}

The remainder (40%) are located supratentorially and up to half of these are intraparenchymal.

see [Supratentorial ependymoma](#).

In contrast to [spinal cord ependymomas](#), [calcification](#) is common.

Posterior fossa ependymomas are apt to extend through the [foramen of Luschka](#) and [foramen of Magendie](#), hence the term plastic ependymoma. This is a characteristic feature and can be seen on both CT and MRI.

Ependymomas are typically heterogeneous masses with areas of [necrosis](#), [calcification](#), [cystic change](#) and [hemorrhage](#) frequently seen. This results in a heterogeneous appearance on all modalities.

Intraparenchymal lesions (usually supratentorial) are generally large and variable in appearance, ranging from completely solid, enhancing masses to cysts with a mural nodule, or more heterogeneous masses.

CT

Coarse calcification is common (50%)

Cystic areas (50%)

Solid component iso- to hypodense

Heterogeneous enhancement

Variable hemorrhage

MRI

see [Intracranial ependymoma MRI](#).

References

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