

# Intraventricular tumor diagnosis

- Genomic profiling and prognostic factors of leptomeningeal metastasis in EGFR-mutant NSCLC after resistant to third-generation EGFR-tyrosine kinase inhibitors
- Imaging characteristics of central neurocytomas according to Ki-67 proliferation index
- Outcome-associated factors in a molecularly defined cohort of central neurocytoma
- Pediatric midbrain tectal glioneuronal tumor with intratumoral hemorrhage: a case report and literature review
- Usefulness and pitfalls of neuroendoscopic tumor biopsy for intracranial malignant lymphoma
- Revisiting the combined approach of Yasargil for microsurgical removal of intra-extraventricular and pure intraventricular craniopharyngiomas
- Focusing on the working range of two dimensions in purely endoscopic posterior interhemispheric approach: a series of 23 cases of lateral ventricular lesions
- Acute ischemic stroke caused by compression of the artery of Percheron by arachnoid cyst

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see [Intraventricular ependymoma diagnosis](#)

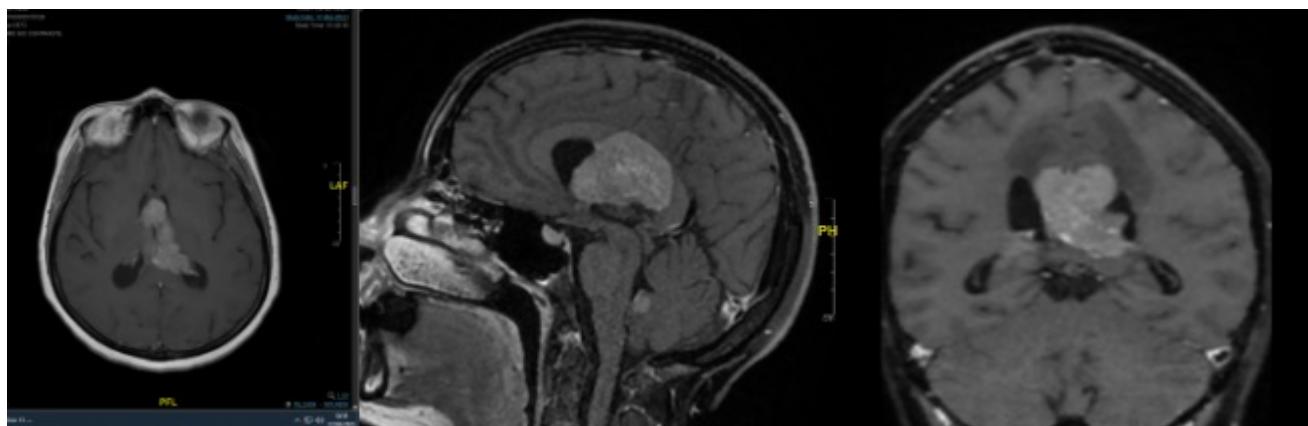
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Brain magnetic resonance imaging (MRI) with and without contrast is the [gold standard](#) for evaluating intraventricular lesions.

The MRI appearance of intraventricular [neoplasms](#) is often nonspecific, however, knowledge of patient [age](#) and tumor location facilitates the formulation of a [differential diagnosis](#).

## Intraventricular tumor magnetic resonance imaging

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Lethargy and [disorientation](#) picture. In addition, she refers to frequent forgetfulness, the impossibility to perform daily activities slowed speech .

**Intraventricular tumor** with aggressive characteristics with signs of subependymal spread/drop metastasis. To assess, among others, **Choroid plexus tumor**, **ependymoma**, metastasis...

The intraventricular lesion up to 54x34x30mm that extends through both **lateral ventricles** crossing the midline; more on the left where it makes extensive contact with the **choroid plexus**. It appears minimally **hyperintense** on T2 and minimally hypointense on T1 with diffusion restriction and very low signal on ADC associated with striking and homogeneous enhancement without intralesional bleeding or calcification. Shows signs of the infiltration of the adjacent corpus callosum with edema/increased signal in both corona radiates A 4mm enhancement focus was associated in the most medial area of the left caudate and periventricular adjacent to the posterior horn of the ipsilateral ventricle as well as a 9mm enhancement in the IV ventricle and on the left edge of the mme; impressing this affectation of subependymal dissemination, drop metastasis..... Secondary hydrocephalus with an Evans index of 0.31, but with increased diameter in the temporal and occipital horns.

see [Intraventricular Tumor Differential Diagnosis](#)

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