

# Oligodendroglioma Magnetic resonance imaging

The [MRI](#) appearances also vary depending on whether a histological diagnosis or a molecular definition is used.

[Oligodendrogliomas](#) NOS, or those tumors that histologically show oligodendroglial features but are 1p/19q intact show more homogeneous signal on T1 and T2 images and have sharper borders than 'true' oligodendroglioma, those with 1p/19q co-deletion. In fact, a lesion being well-circumscribed homogeneously T1 hypoattenuating with high T2 signal and T2/FLAIR mismatch without calcification is predictive of not having 1p19q codeletion <sup>1)</sup>

Calcification and hemorrhage are difficult to distinguish on MR, appearing as areas of signal loss on T2\* sequences, although the phase component of SWI may help. Peritumoral vasogenic edema is minimal in grade 2 tumors.

## T1

Typically hypointense

## T2

Typically hyperintense (except calcified areas)

## T1 C+ (Gd)

Contrast enhancement is common but it is not a reliable indicator of tumor grade, with only 50% of oligodendrogliomas enhancing to a variable degree, and usually heterogeneously

Fewer than 20% enhance with [gadolinium](#) (compared to > 70% with grade III anaplastic ODG).

## GRE/SWI

Calcium can be seen as areas of “blooming”

## DWI

Typically no diffusion restriction

DWI can be used to help differentiate oligodendrogliomas (generally lower grade) from astrocytomas (generally higher grade); astrocytomas have higher ADC values probably because of their lower cellularity and greater hyaluronan proportion <sup>2)</sup>

## MR perfusion (PWI)

Increased vascularity “chicken wire” network of vascularity results in elevated relative cerebral blood volume (rCBV)

older literature <sup>3)</sup> suggested that this was useful in predicting histological grade of tumor, however, how this relates to modern classification systems based on molecular markers is unclear

<sup>1)</sup>

Johnson DR, Diehn FE, Giannini C, Jenkins RB, Jenkins SM, Parney IF, Kaufmann TJ. Genetically Defined Oligodendroglioma Is Characterized by Indistinct Tumor Borders at MRI. *AJNR Am J Neuroradiol*. 2017 Apr;38(4):678-684. doi: 10.3174/ajnr.A5070. Epub 2017 Jan 26. PMID: 28126746; PMCID: PMC7960254.

<sup>2)</sup>

Tozer DJ, Jäger HR, Danchaivijitr N, Benton CE, Tofts PS, Rees JH, Waldman AD. Apparent diffusion coefficient histograms may predict low-grade glioma subtype. *NMR Biomed*. 2007 Feb;20(1):49-57. doi: 10.1002/nbm.1091. PMID: 16986106.

<sup>3)</sup>

Law M, Yang S, Wang H, Babb JS, Johnson G, Cha S, Knopp EA, Zagzag D. Glioma grading: sensitivity, specificity, and predictive values of perfusion MR imaging and proton MR spectroscopic imaging compared with conventional MR imaging. *AJNR Am J Neuroradiol*. 2003 Nov-Dec;24(10):1989-98. PMID: 14625221; PMCID: PMC8148904.

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