



2025

**KARNATAKA RADIOLOGY EDUCATION PROGRAM**





# HEMANGIOPERICYTOMA

BY

DR PALLAVI G (SENIOR RESIDENT)

DEPT OF RADIODIAGNOSIS.

SUBBAIAH MEDICAL COLLEGE, SHIMOGA.



# History

- ▶ 28Y/M presented with h/o swelling over the forehead since 2years
- C/o Generalized headache
- No h/o fever or pain
- No h/o trauma
- No other comorbidities



Well-defined lytic lesion  
involving left frontal bone  
with lobulated margins

Narrow zone of transition  
and adjacent soft tissue  
thickening without any  
sclerotic  
component/periosteal  
reaction.





## ► POSSIBLE DIFFERENTIALS ON XRAY:

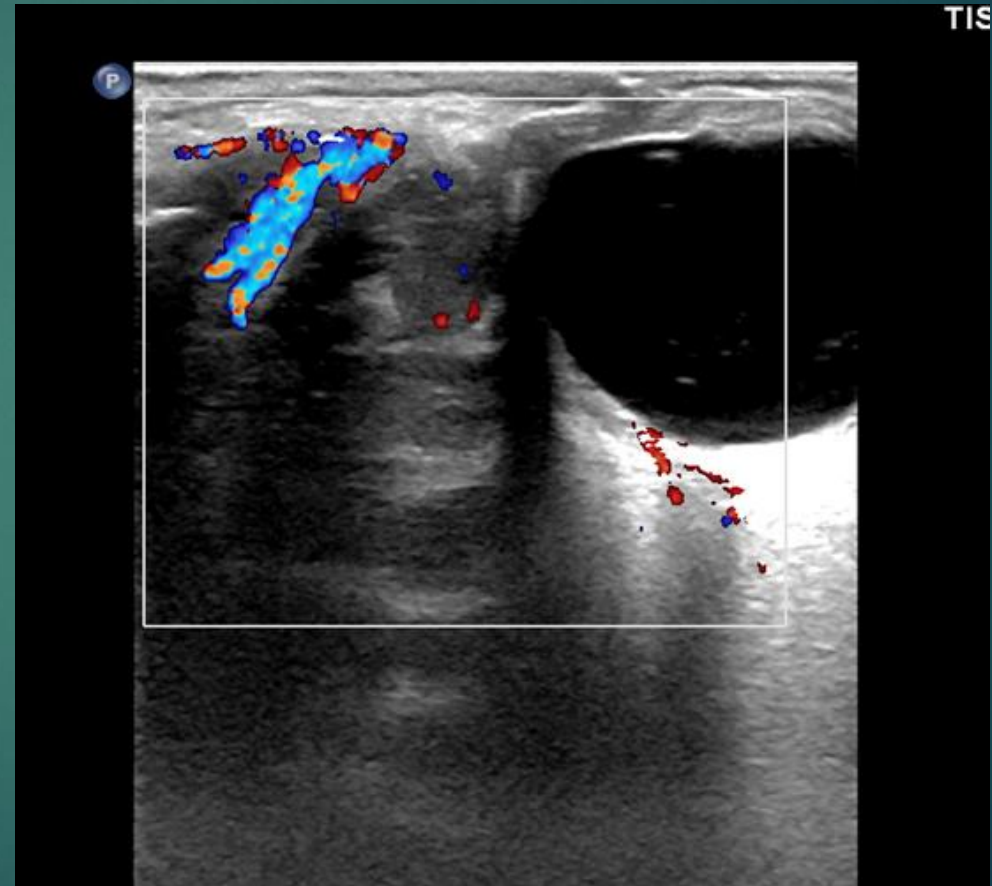
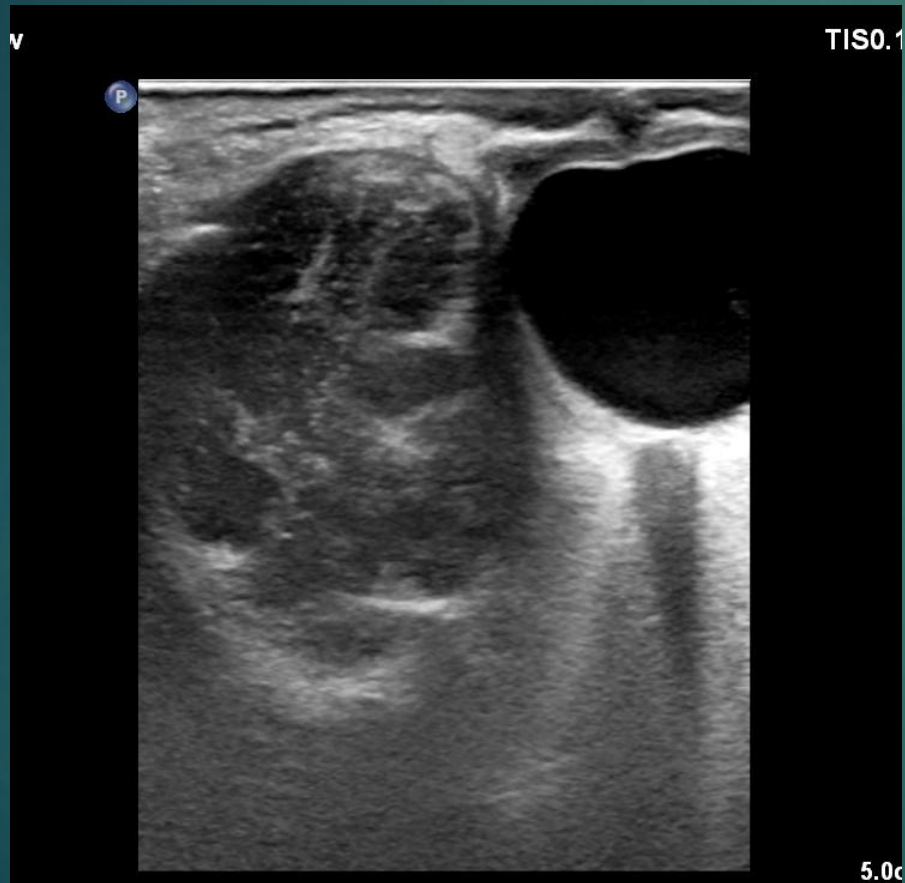
- LCH(**possible**)
- Potts puffy tumour (**wide zone of transition** )
- PARENCHYMAL/EXTRAAXIAL LESION WITH BONY EROSION

## OLDER AGE

- PAGET'S
- PLASMACYTOMA
- METASTASIS

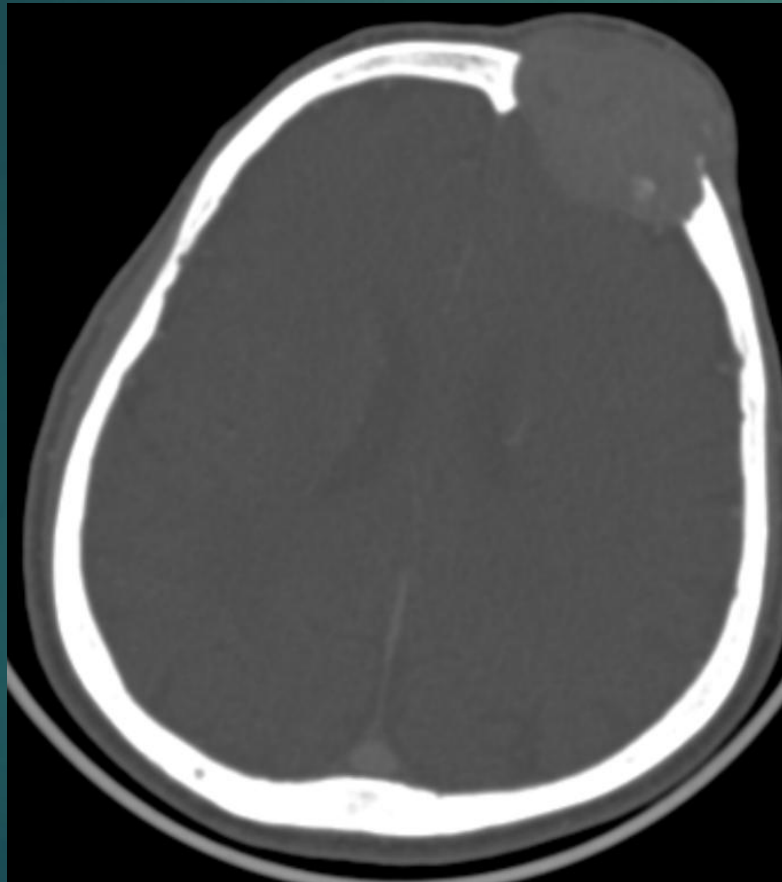


**On USG:** Well-defined heterogenous lesion in left frontal region closely abutting superior aspect of left orbit extending till extraconal compartment, compressing left frontal lobe parenchyma. On color doppler shows evidence of vascularity



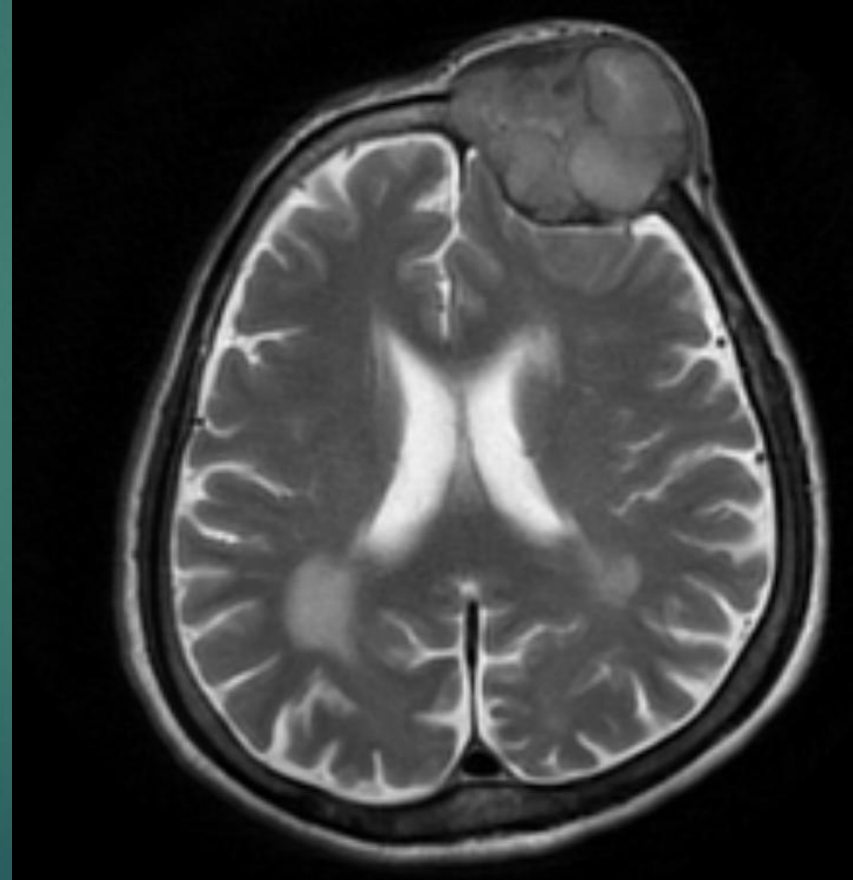
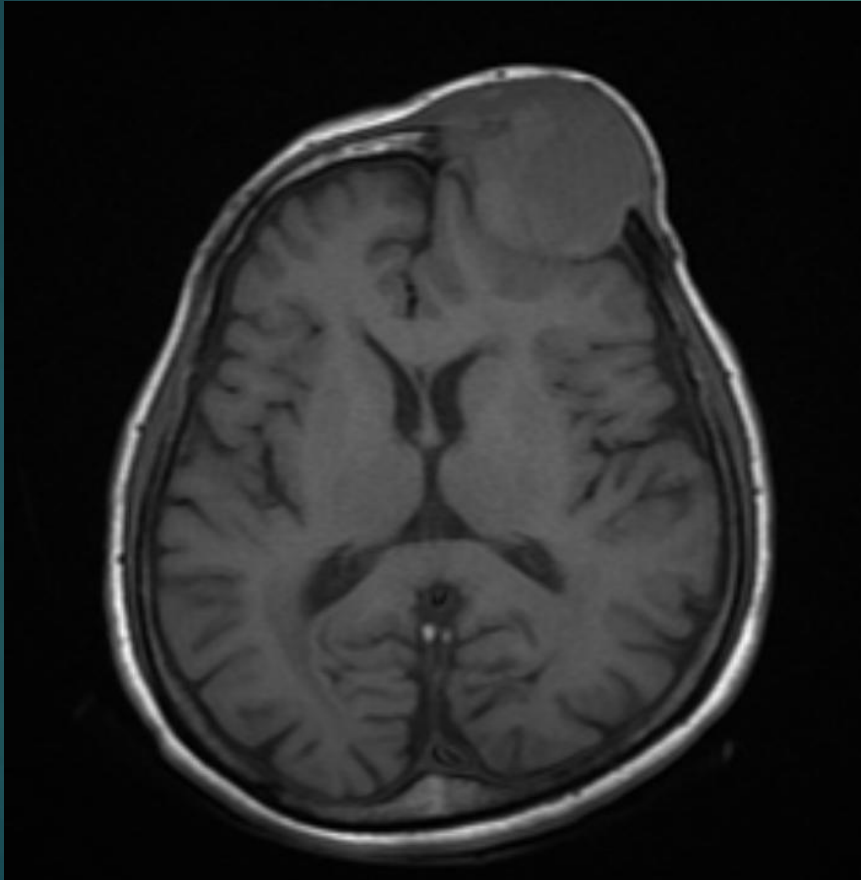


On CECT Brain- Intensely enhancing, extra axial ;lesion noted along left frontal lobe, anteriorly extending into subgaleal surface and causing erosion of frontal bone And posteriorly compressing left frontal lobe parenchyma



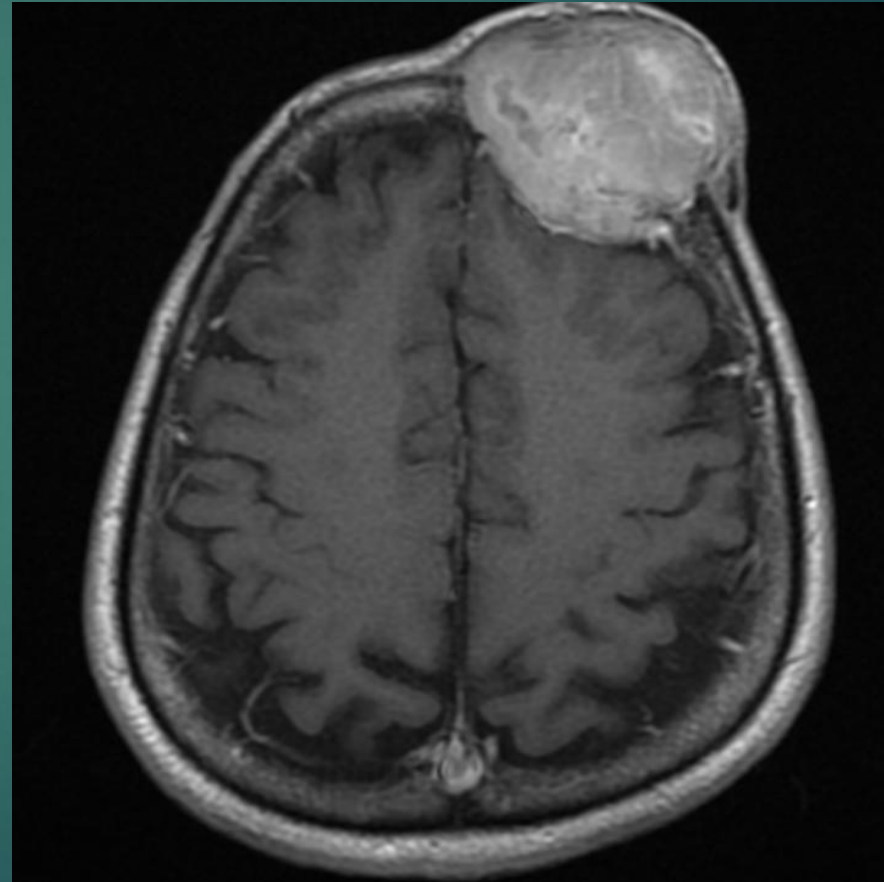


**MRI FINDINGS :** Axial T1 image shows lobulated well-defined isointense extra axial mass lesion in along left frontal region, Lesion involving left frontal bone with subgaleal extension anteriorly.  
T2W- heterogenous mass projecting postero-inferiorly abutting left frontal lobe without parenchymal extension or edema Inferiorly extending into extra conal compartment causing mass effect on left globe.





On CEMRI : Lobulated extra axial soft tissue intensity mass with narrow dural attachment . Extending into roof of left orbit, indentation over left superior rectus without obvious intra-conal extension. Contrast study shows intense homogeneous enhancement of the lesion with positive dural tail.





Thank you