



2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM

# CASE PRESENTATION

CHAIRPERSON- DR ALFIYA TABASSUM MAAM

CO-CHAIRPERSON- DR PRADEEP GOUDAR SIR


PRESENTER – DR ADIL MASOOD

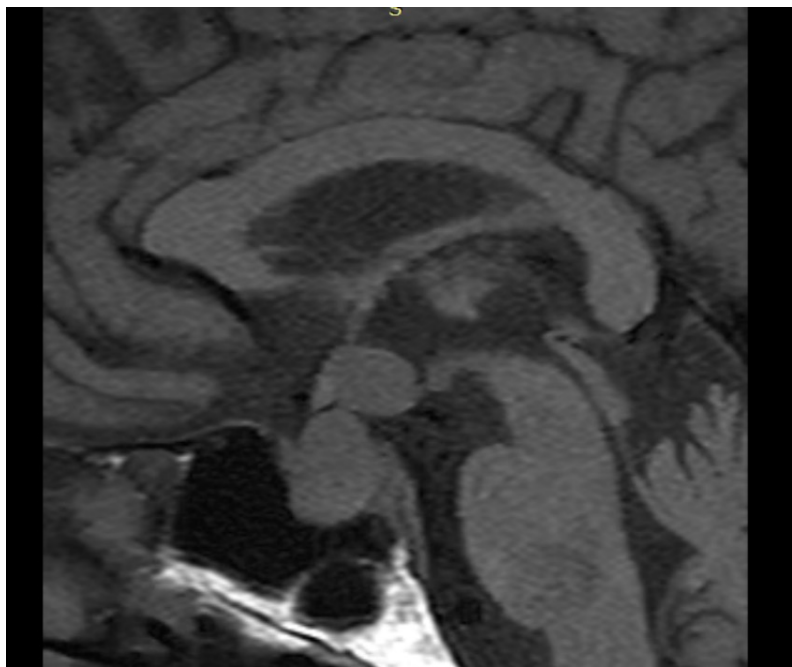
J.N. MEDICAL COLLEGE, KAHER UNIVERSITY, BELAGAVI

# HISTORY

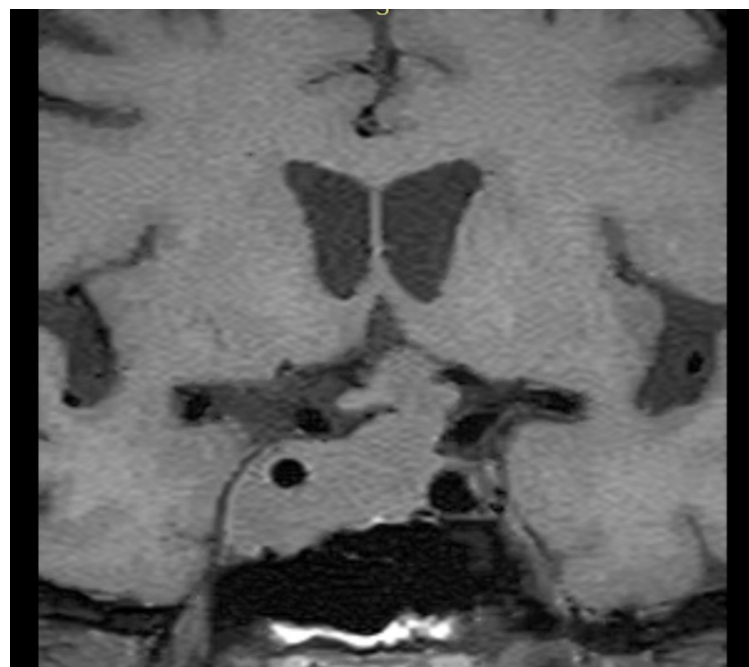
- ❑ A 65 year old male patient presented with complaints of headache on and off since last two months along with blurring of vision.
- ❑ Patient also complained of swaying while walking since 1 month
- ❑ No history of fever/ weight loss/ trauma
- ❑ Patient is hypertensive (on medication since 5 years)
- ❑ No history of DM or previously known malignancies

## INVESTIGATIONS REVEALED:

- ❑ Normal blood counts (CBC,WBC), LFT, RFT values
  - ❑ HbsAg, HIV, HCV: Negative
  - ❑ Slightly raised TSH levels (7.6)
- 

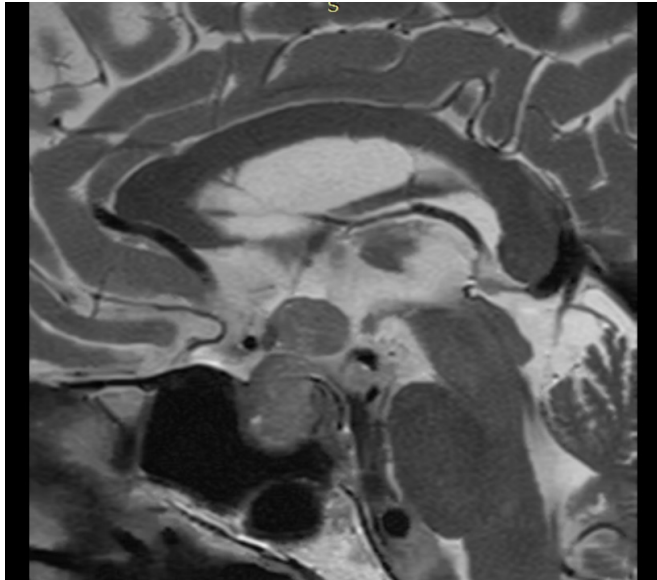


T1 SAG

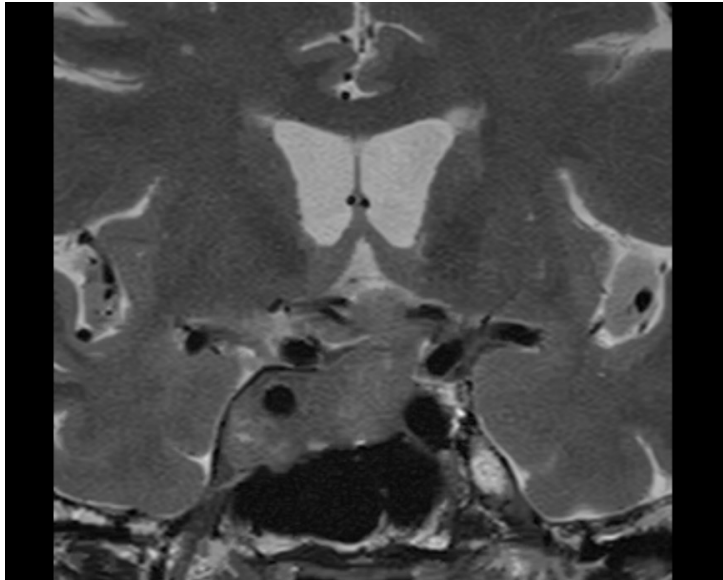


T1 CORONAL

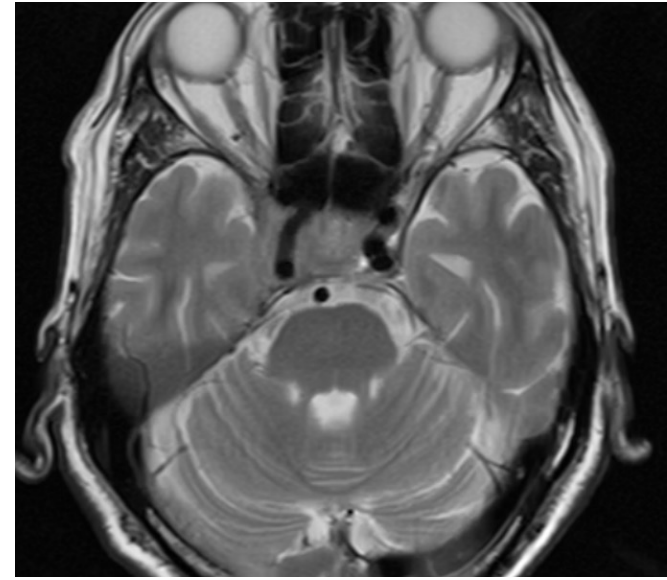




T2 SAG

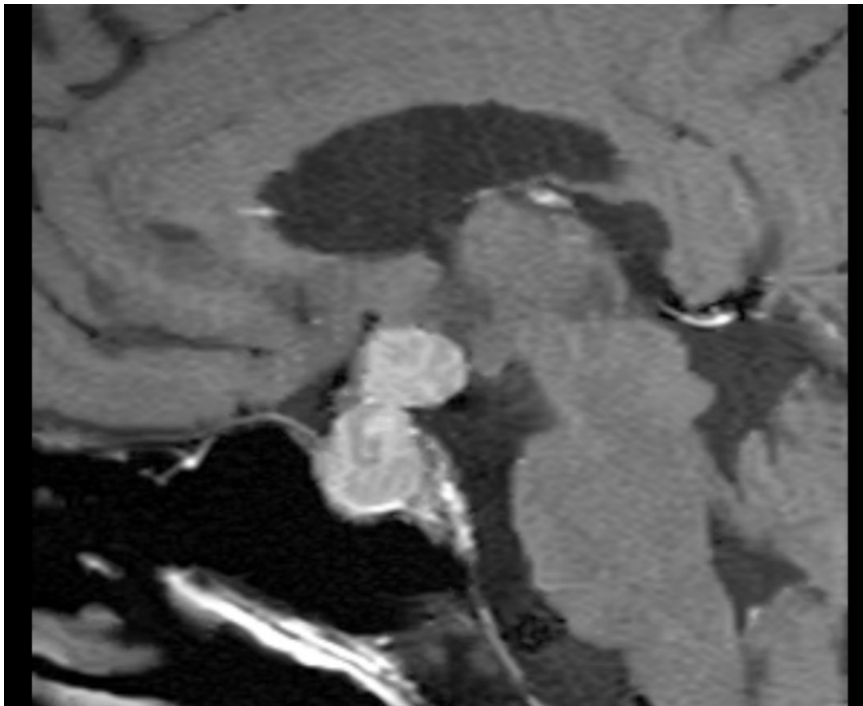


T2 CORONAL

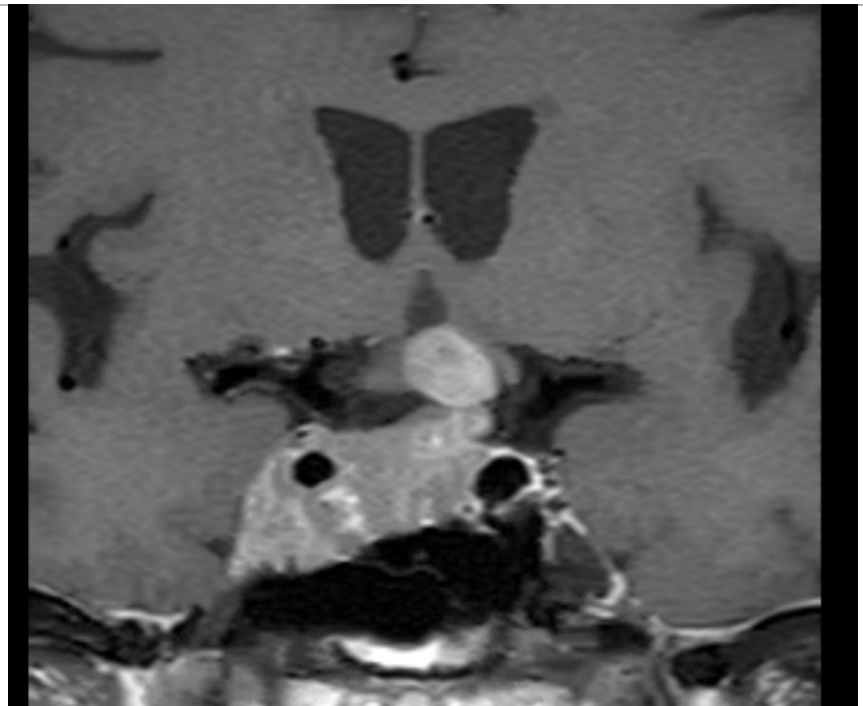


T2 AXIAL





T1+C SAG



T1+C CORONAL




# MRI Findings

- ❑ A heterogeneously enhancing T1 & T2 iso to mild hyperintense mass lesion in the sellar region with extension into suprasellar region causing expansion of sella. Pituitary gland and pituitary stalk is not separately visualized from the above mentioned lesion.
- ❑ **Anteriorly**, the lesion is seen to reach upto posterior wall sphenoid sinus.
- ❑ **Posteriorly**, the lesion is seen to reach upto the clivus
- ❑ **Superiorly**, the lesion is seen to cause compression on the optic chiasma with obliteration of chiasmatic and infundibular recess of third ventricle.

---

❑ **Right laterally**, the lesion is seen to invade the cavernous sinus and completely encase the cavernous portion of right internal carotid artery (Grade IV of tumor invasion according to KNOSP classification).

❑ **Left laterally**, the lesion is seen to abut the cavernous portion of left internal carotid artery, with extension of tumor beyond the medial border of left ICA and limited by inter-carotid line (Grade I cavernous sinus invasion according to KNOSP classification).



---

No areas of blooming noted within the lesion on SWI sequence.

No areas of diffusion restriction noted on DWI sequence.



# POSSIBLE DIFFERENTIALS:

---

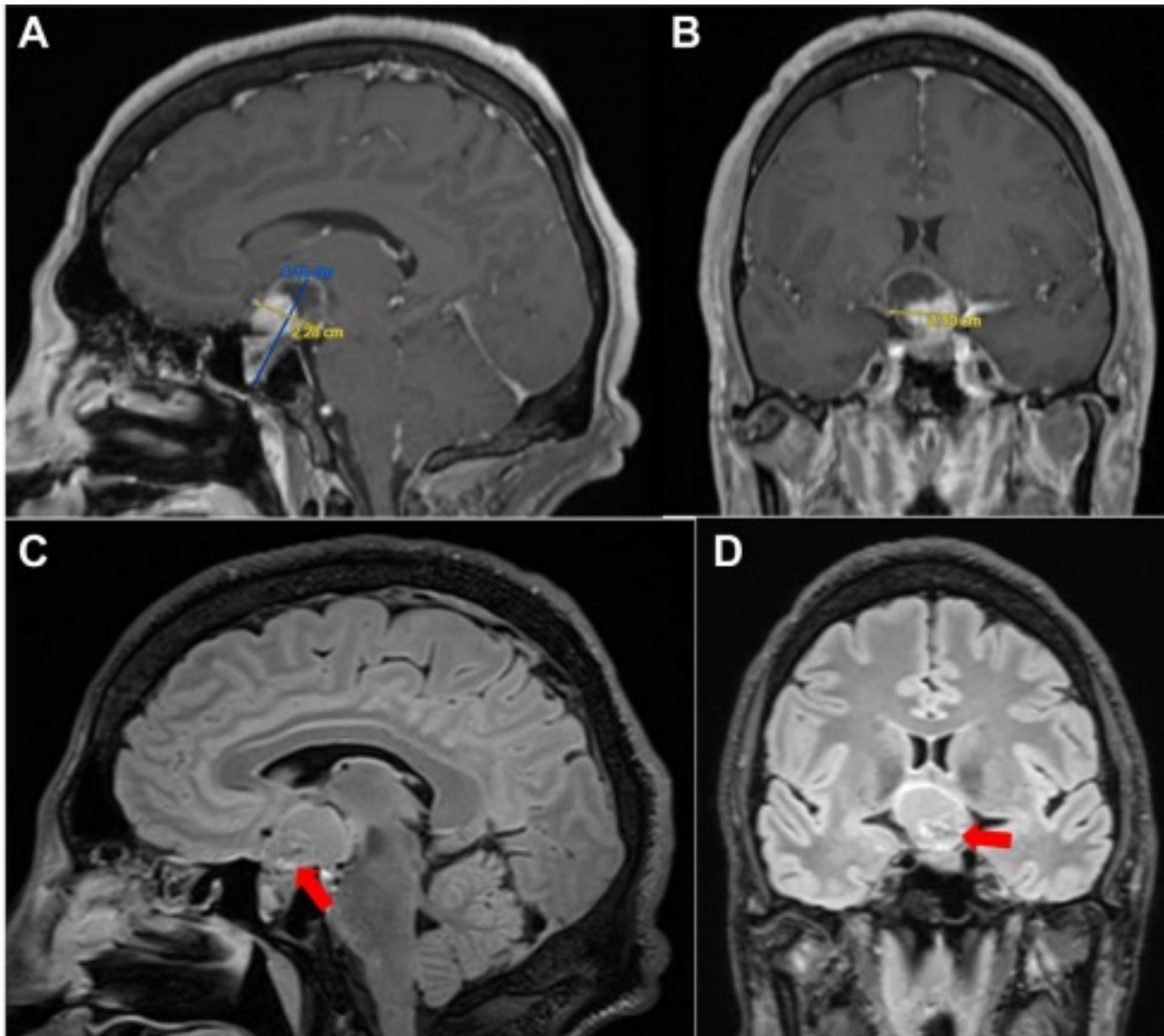
- CRANIOPHARYNGIOMA
- PITUITARY MACROADENOMA

# PITUITARY ADENOMA

POINTS IN FAVOUR	POINTS AGAINST
T1- iso to hypointense to grey matter T2 – isointense to grey matter	
Non visualization of pituitary gland and stalk separately from lesion with sella expansion	
Extension into cavernous sinus and encasement of ICA	
On contrast administration, heterogenous enhancement	
Age 4 <sup>th</sup> -7 <sup>th</sup> decade	

# CRANIOPHARYNGIOMA

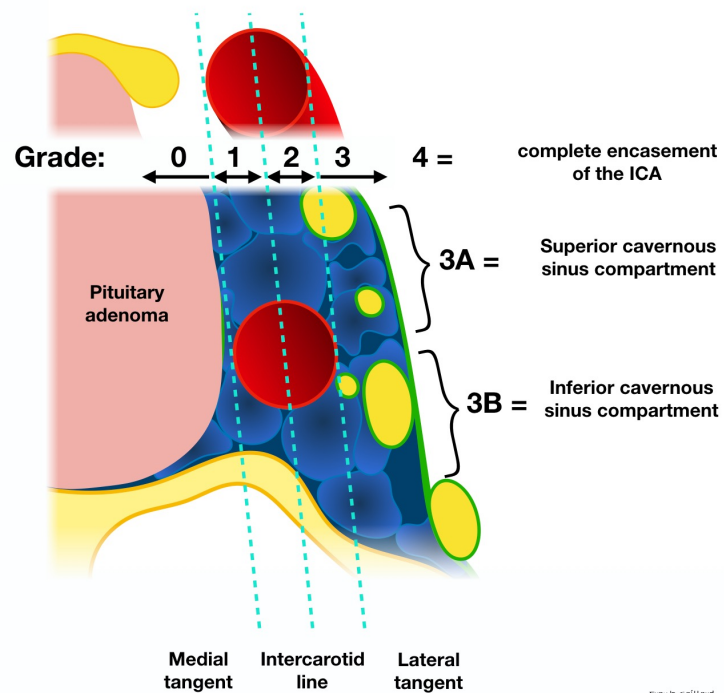
POINTS IN FAVOUR	POINTS AGAINST
Solid lesion (T1 variable – T2 hyperintense)	Age – 40-55years
Suprasellar and intrasellar-location	Lesion with cystic component (T1 hypo & T2 hyper)
No calcifications (papillary)	



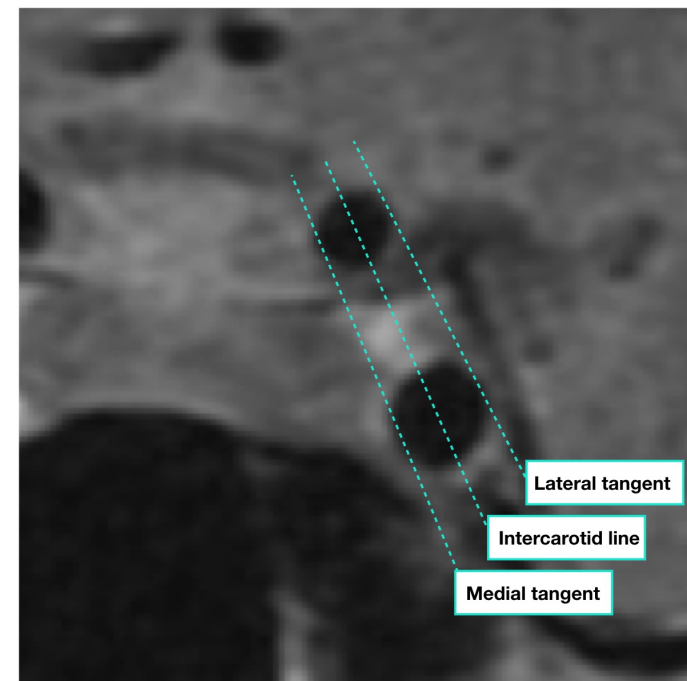
CASE OF 49YEAR MALE,  
Presented with headache and blurring  
of vision since 4 months

MRI brain with intravenous contrast,  
showed a mixed solid and cystic  
sellar/suprasellar mass postcontrast T1-  
weighted fat-suppressed images as seen  
in (A) sagittal and (B) coronal view.  
There is avid enhancement of solid  
component

## Knosp classification



## Knosp classification



# FOLLOW UP :

---

Currently Patient is on Conservative management.

# THANK YOU

---

