

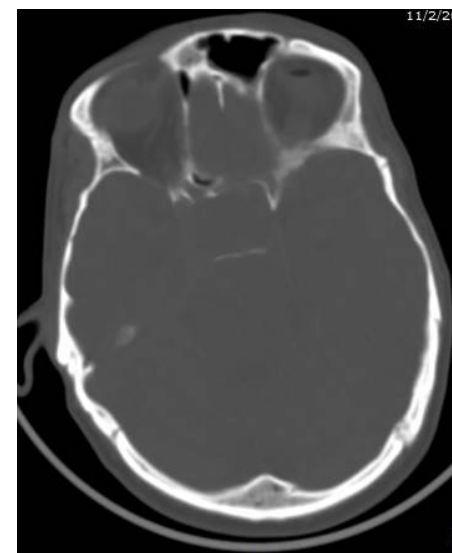
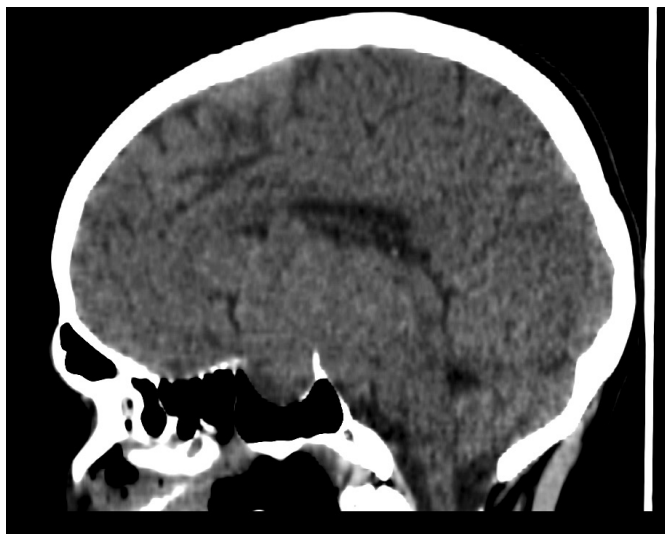
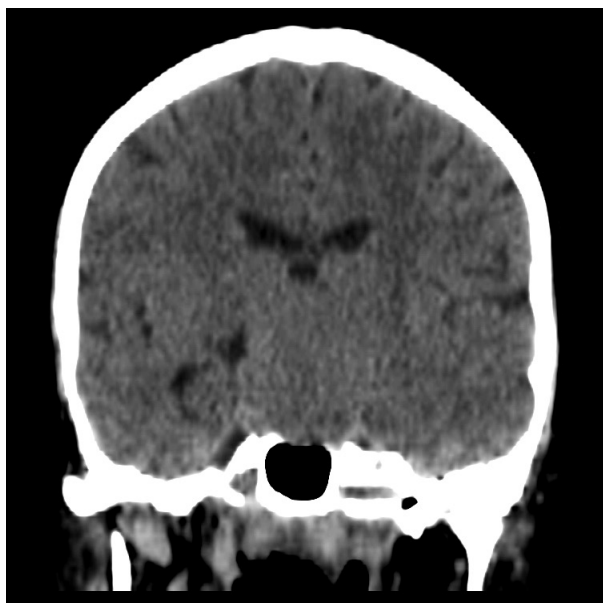


2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM

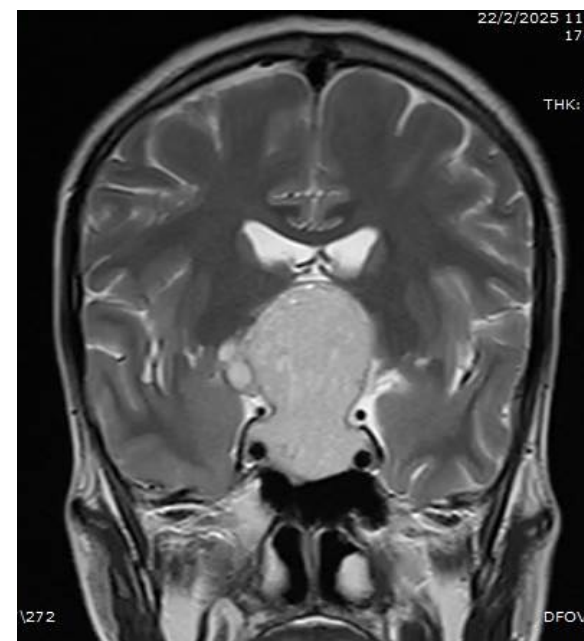
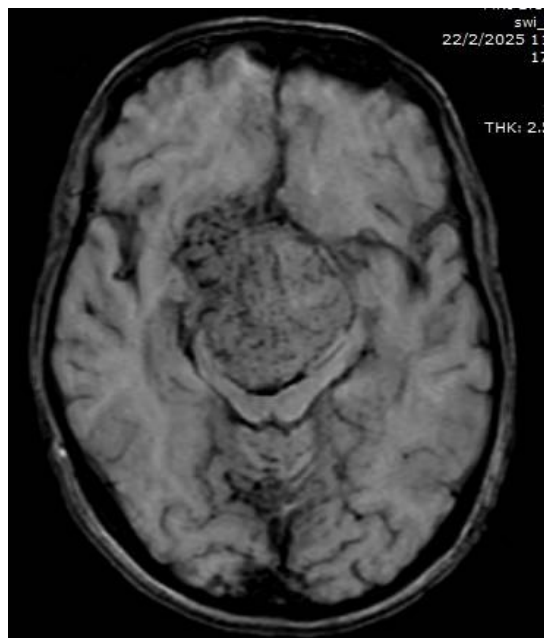
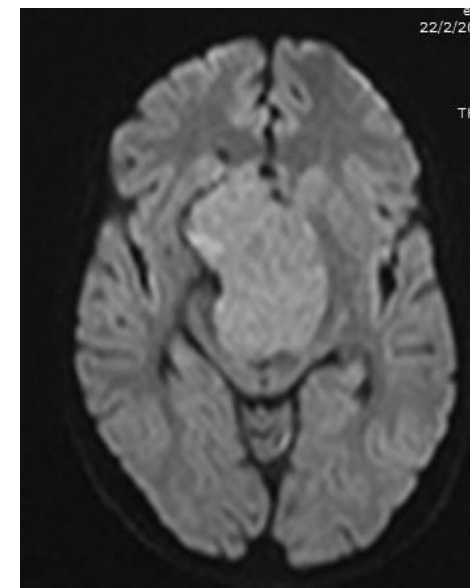
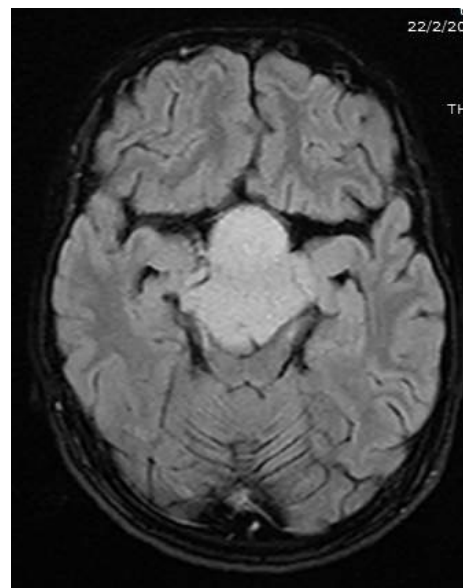
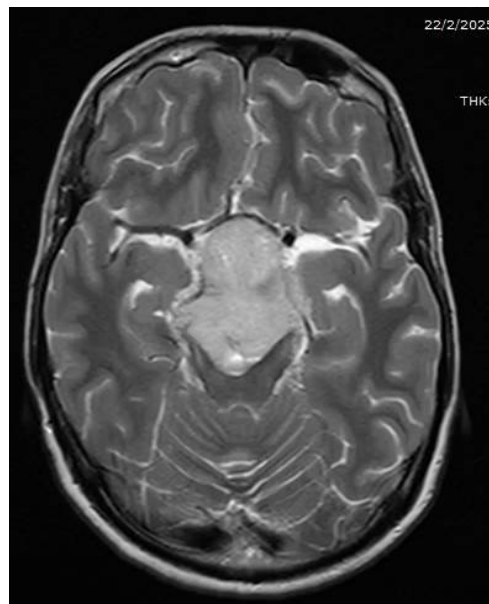
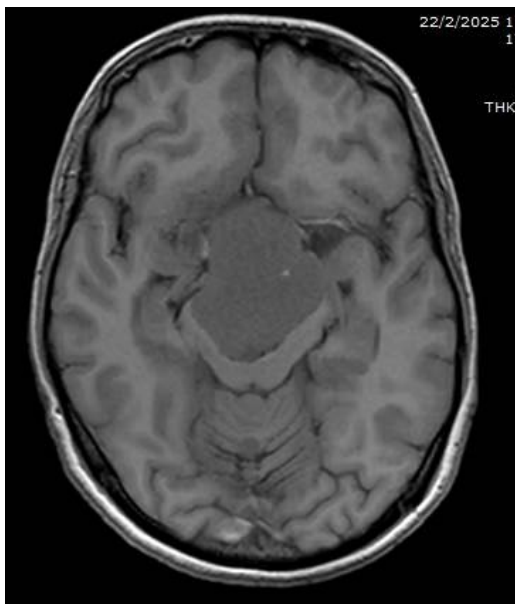
Brief history

- HOP1 -A female patient aged 35 years came with complaints of headache since 2 months
- No known comorbidities
- General physical examination and local examination are within normal limits .



CT FINDINGS

- Ill defined isodense lesion measuring 5.5 x 5.5 x 4.2cm involving sellar suprasellar and bilateral parasellar region superiorly extending upto genu and body of corpus callosum posteriorly extending to midbrain and pons the lesion is causing widening of sella, the lesion show no cystic areas or calcification .
- **IMPRESSION - F/S/O PITUITARY MASS --
(LIKELY MACROADENOMA V/S MENINGIOMA)**



MRI FINDINGS

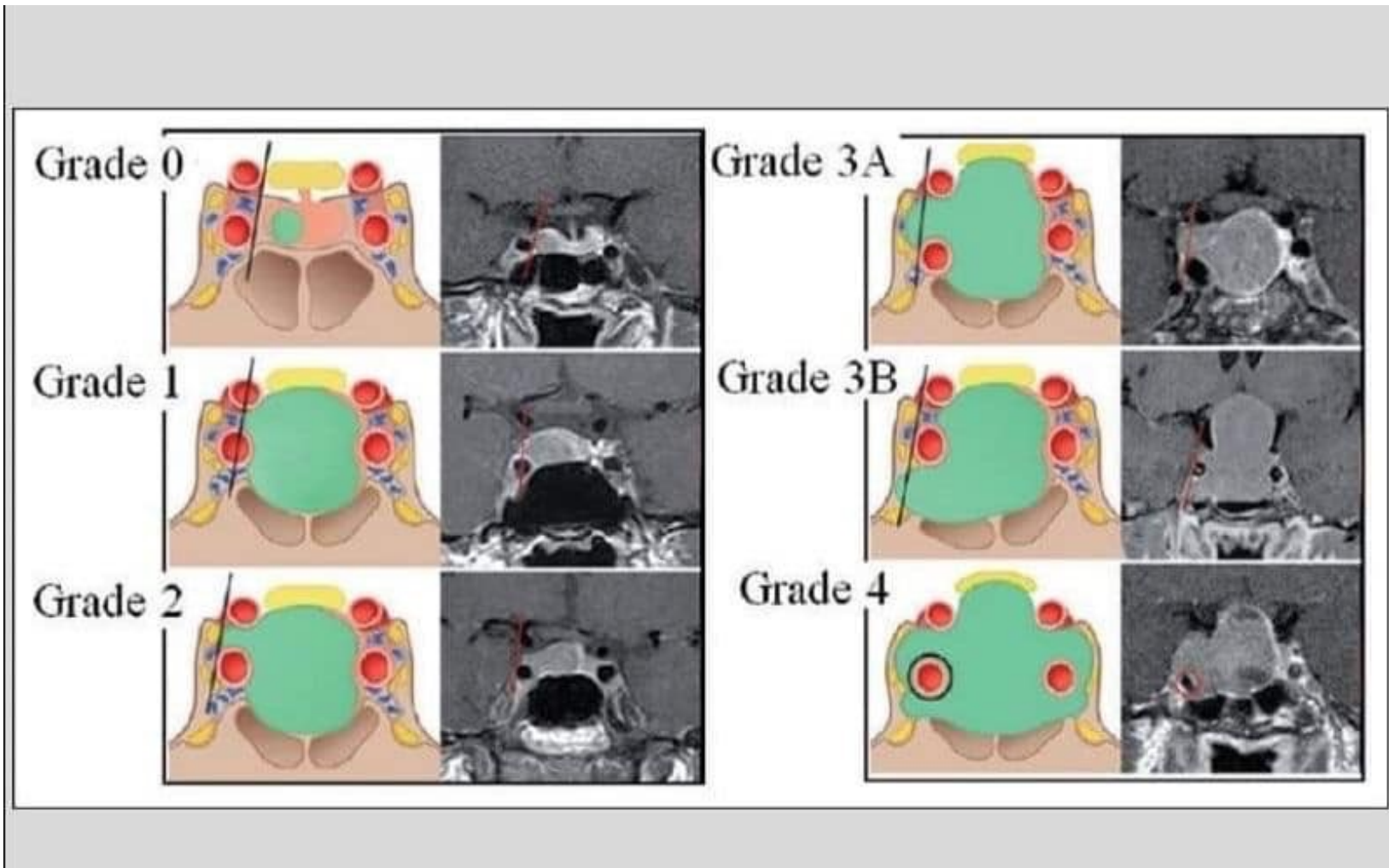
- Large well defined extra axial lobulated (Figure of 8) soft tissue lesion noted with epicenter at sella, pituitary fossa extending into suprasellar region measuring 5.9x5.8x4.2 cm (CCxAPxTR) .
- T1 isointense to hyperintense, T2/FLAIR hyperintense signal changes with few internal tiny cystic changes in T2 with diffusion restriction and avid homogenous post contrast enhancement noted.
- Superiorly the lesion is indenting optic chiasma reaching upto thalamus septum pellucidum causing expansion of sella turcica by everting dorsum sella, anteriorly extending into infundibular recess and extends 12.7 cm into sphenoid sinus. Laterally encasing bilateral ICA and cavernous sinus (R>L) Grade 4 KNOSP classification and causing prominence of bilateral frontal horn of lateral ventricles, extending into interpeduncular fossa, posteriorly into prepontine cisterns compressing midbrain and indenting basilar artery causing luminal narrowing with no e/o thrombosis

IMPRESSION - F/S/O PITUITARY MACROADENOMA WITH EXTENSION AS DESCRIBED

Histopathology

- HPR is reported as PITUITARY MACROADENOMA

KNOSP CLASSIFICATION



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