



KARNATAKA RADIOLOGY EDUCATION PROGRAM

CASE PRESENTATION

CASE OF INTRAVENTRICULAR(4th ventricle) LESION

MENTOR: DR G C PATIL

KMCRI,HUBBALLI.

PRESENTOR:DR.SHRUTHI

- NAME:Mr.X
- Age:14y/M
- Resident :hubli

- ❖ HOPI:headache , giddiness and ataxia since 4 days
 - No h/o seizure, Bilateral limb paralysis, nausea/vomiting .
 - No h/o head tilt, cranial nerve paralysis
 - No h/o altered bowel and bladder habits

❖ Medical history: No h/o DM, HTN, hypo / hyperthyroidism.

❖ no prior surgeries

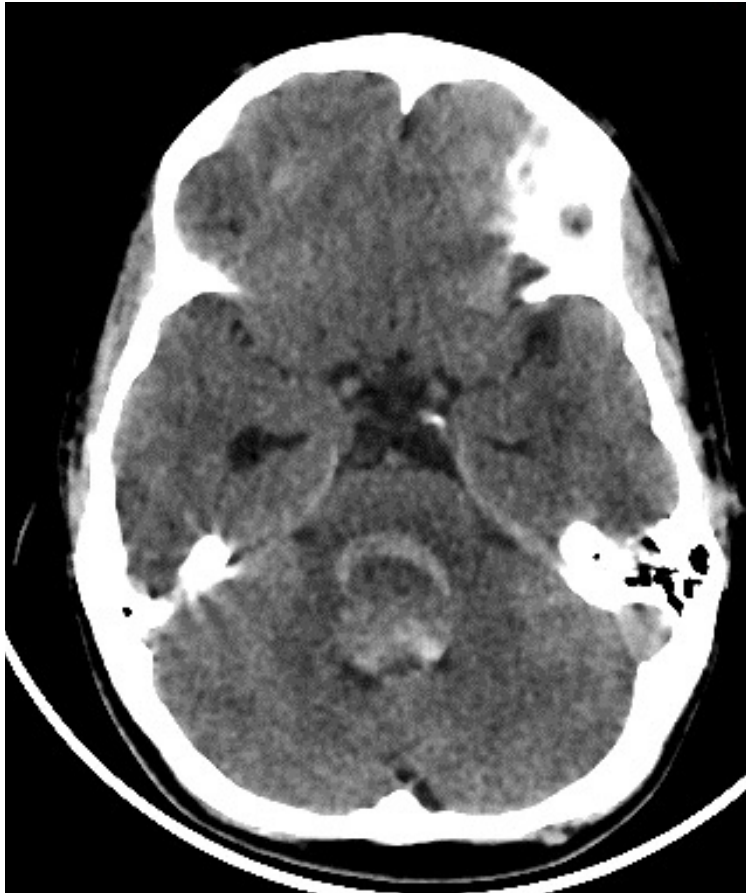
☐ Lab investigations

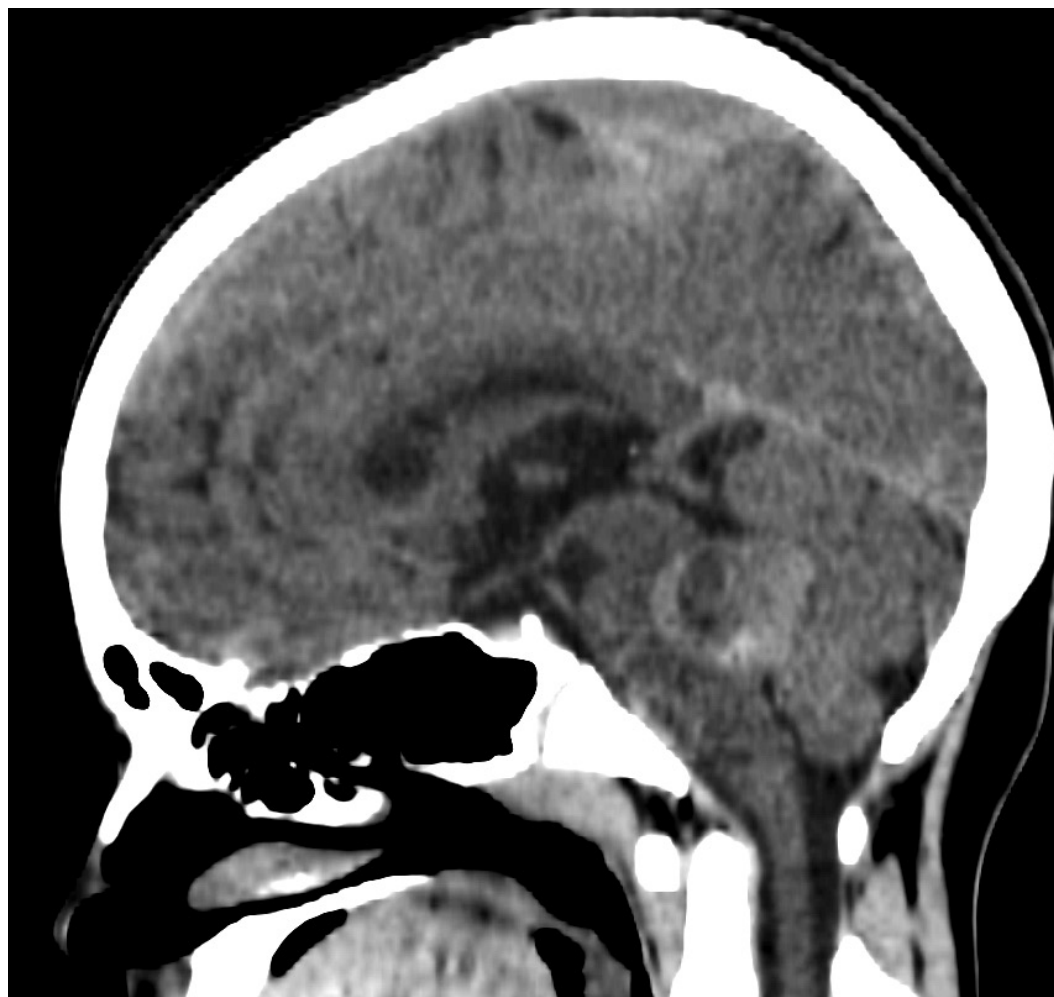
☐ vitals and

☐ examination

} normal

CT



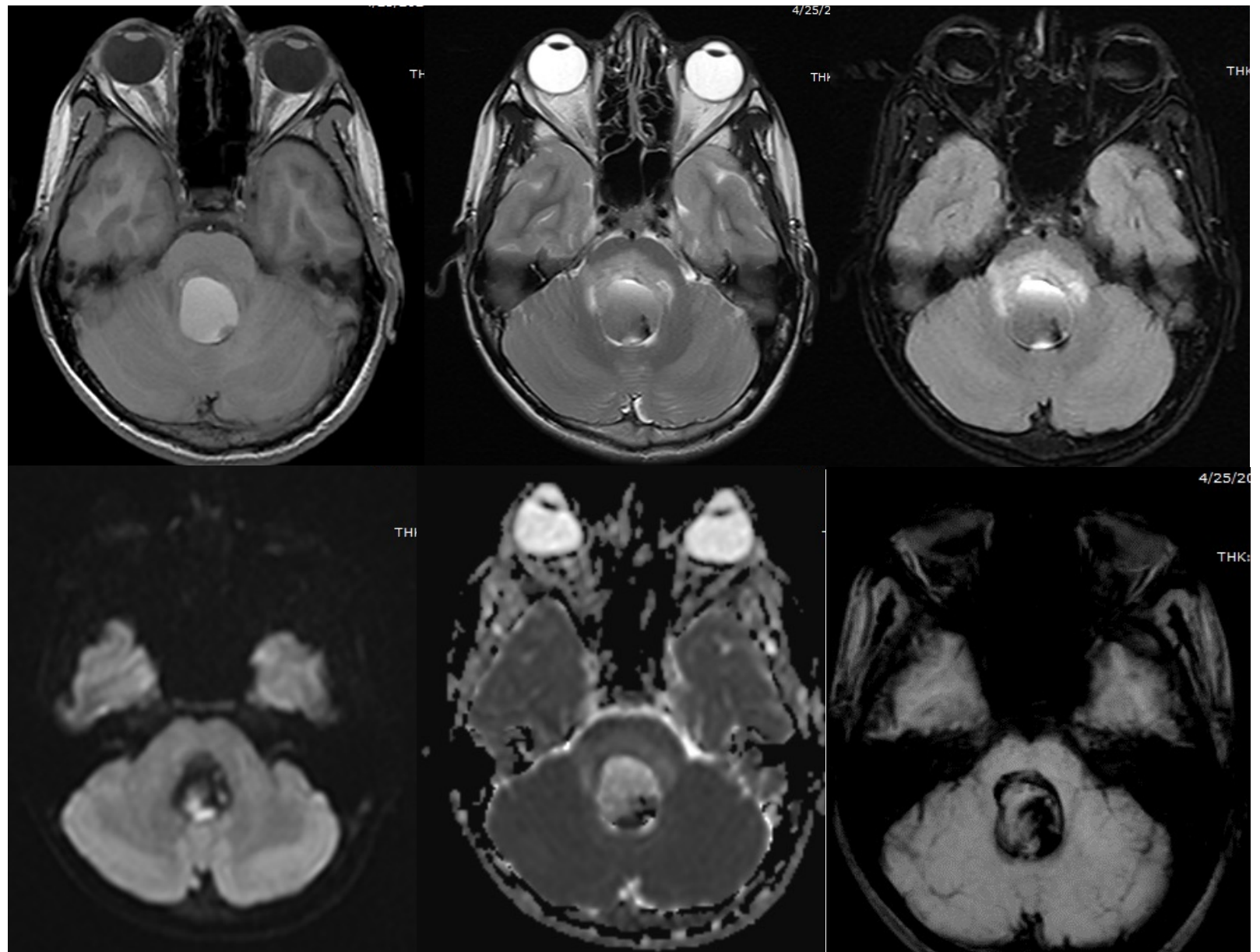


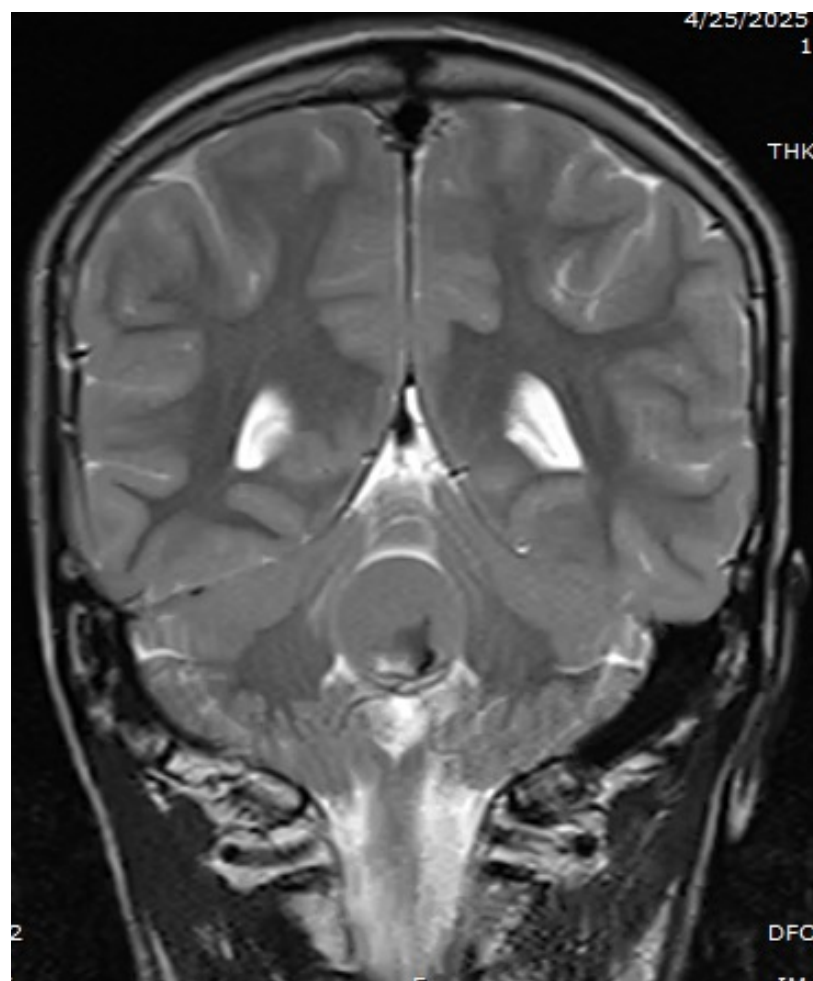
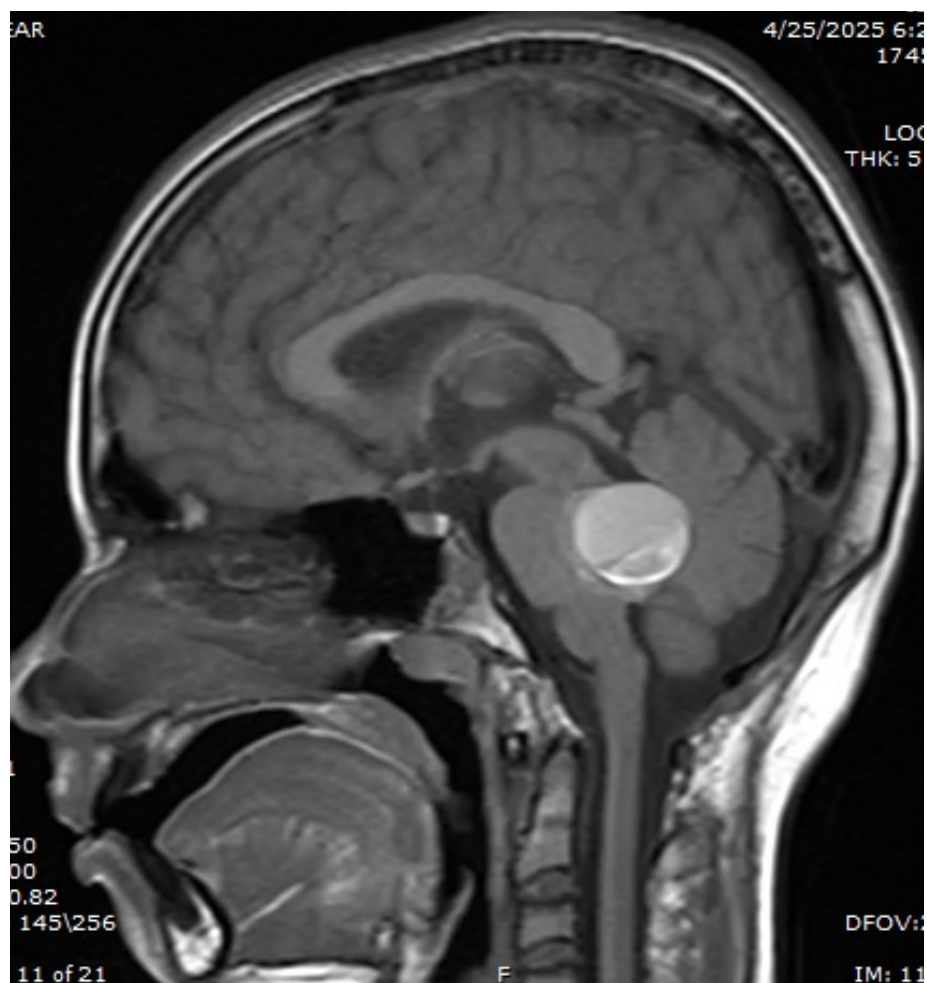
- Well defined round to oval hyperdense(HU +47 to +58) lesion measuring 2.5x2.1x2.3cm noted in 4th ventricle with few hypodensities within causing compression over adjacent pons
- No e/o calcification noted.

Likely possible DD's

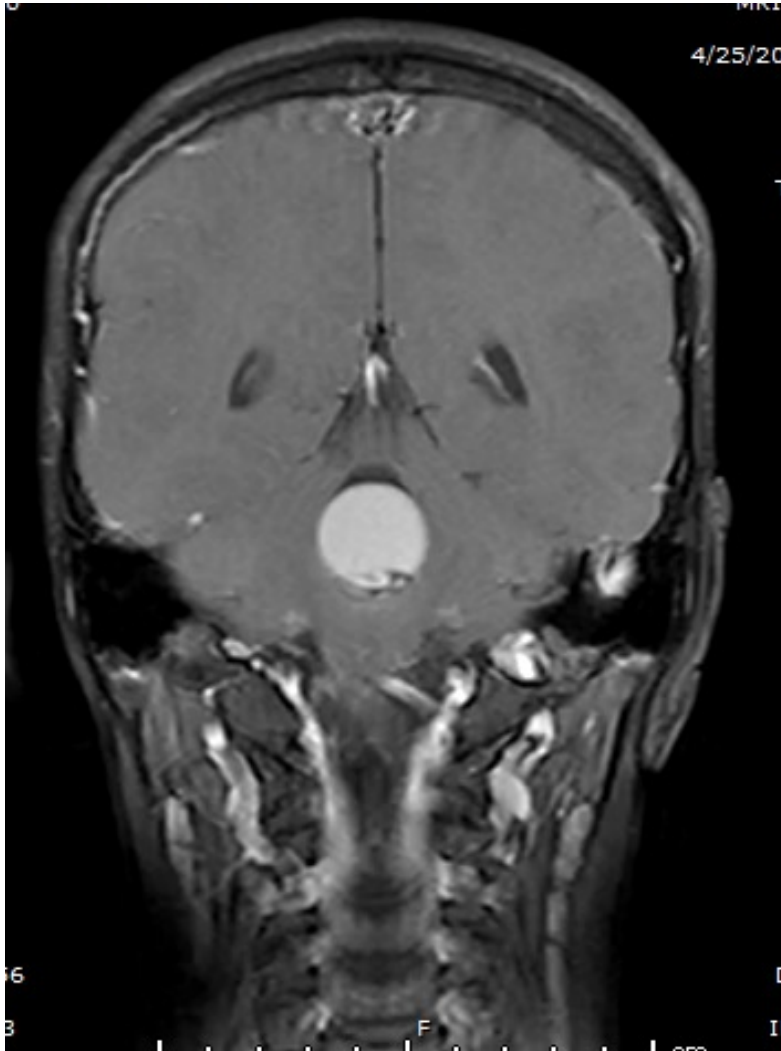
- 1)Ependyoma
- 2)Epidermoid cyst

MRI





Post contrast MRI



- Well defined oval T1 hyperintense, T2/FLAIR hypointense lesion measuring 2.5x2.2x2.2 cm (APxTRxCC) noted in the 4 th ventricle with compression of the pons. Few foci within the lesion show diffusion restriction with corresponding low ADC and blooming noted on SWI images. No contrast enhancement seen.

→ f/s/o Ependydoma

FRESH FROZEN SAMPLE REPORT

C-1690/25

Department of Pathology
Karnataka Institute of Medical Sciences Hubli-22.
HISTOPATHOLOGY REPORT

Name :



Age : 14yr Sex : M

B

Hospital I.P. No. / O.P. No. 20250136920 Ward Neuro 3x. Date of Receipt : 5/5/25

Anatomical Source of Specimen : Squash cytology

Clinical Diagnosis :

Macroscopic appearance : Specimen consists of single grey brown linear tissue bit measuring 3cm in length.

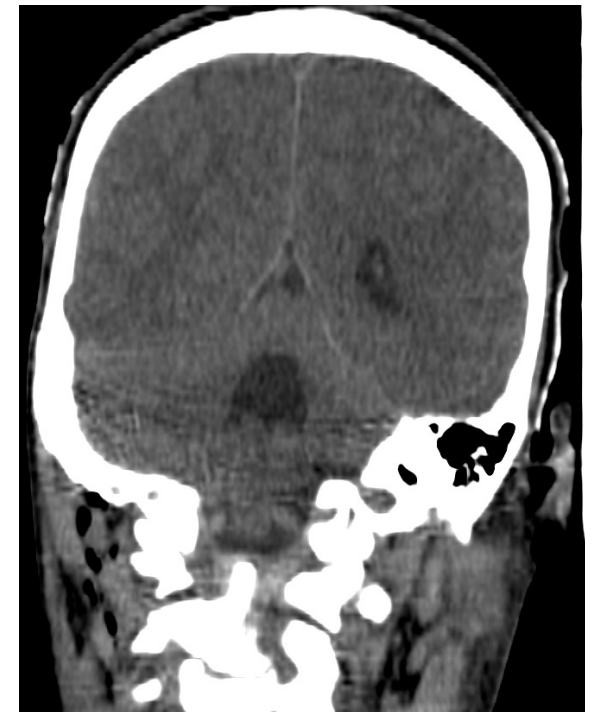
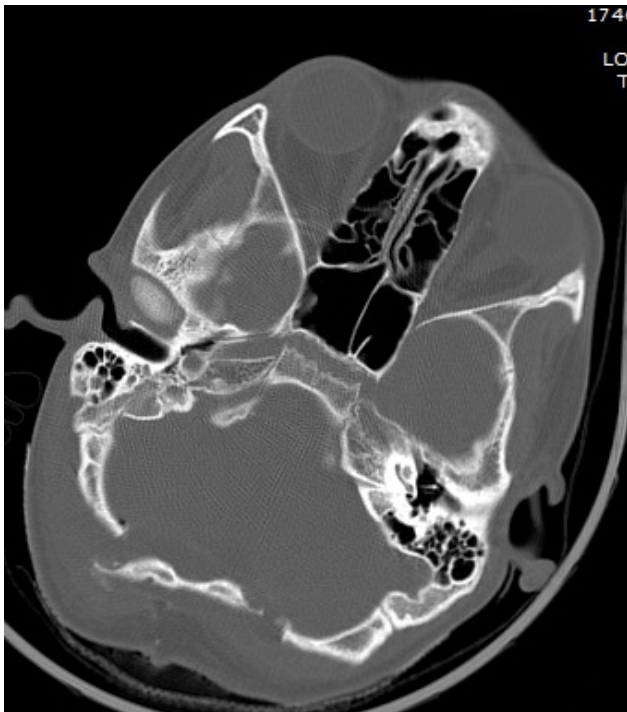
Microscopic appearance : Smear studied shows hemorrhagic background with admixed fragments consists of spindle cells. Also seen are few epithelial cells in clusters with abundant cytoplasm with oval nucleus.

Possibility of Ependymoma can be considered

Note:- Follow up for paraffin embedded section report.

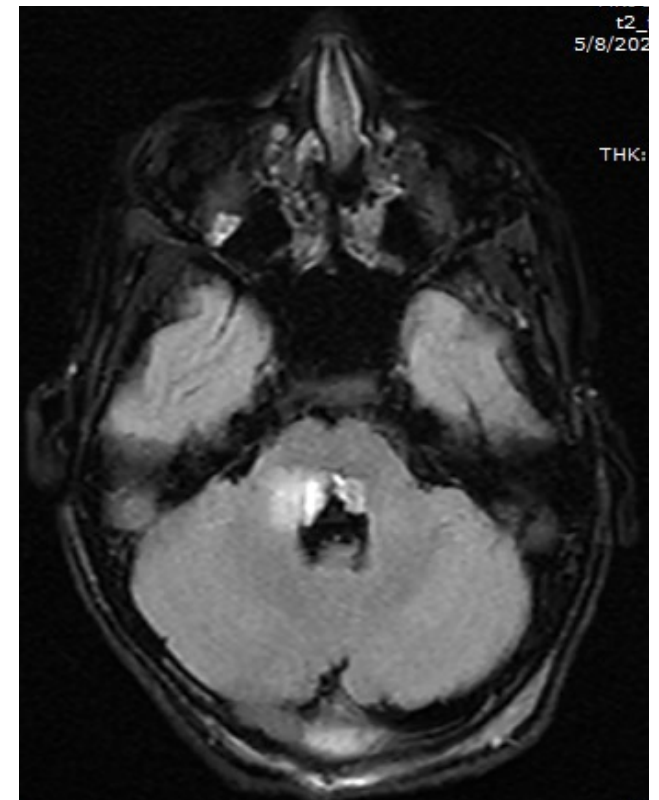
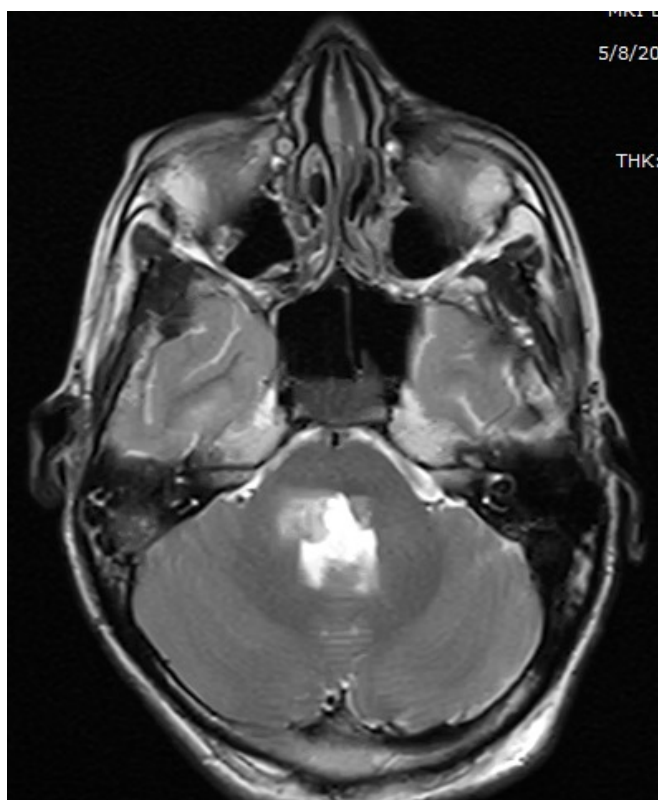
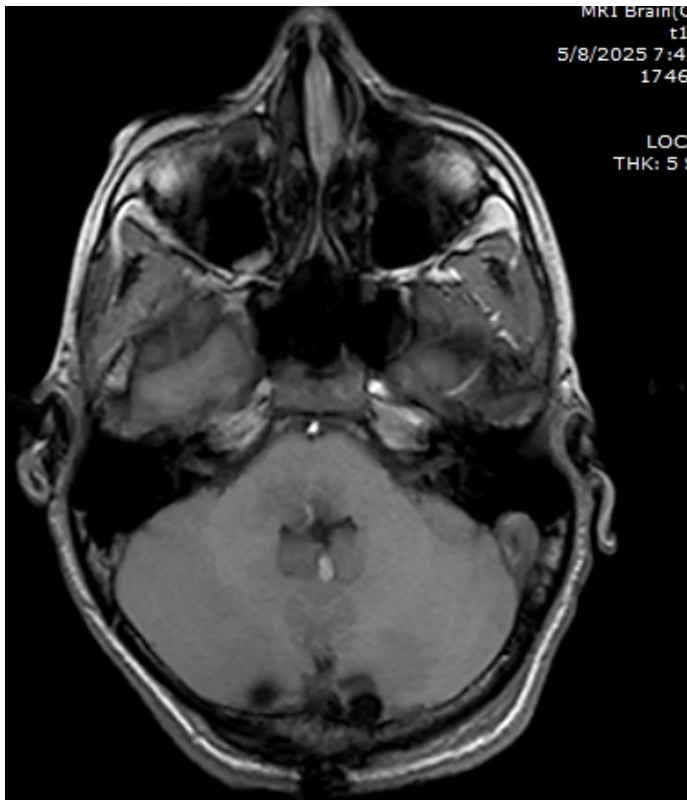

Prof. & HOD.
Dept of Pathology

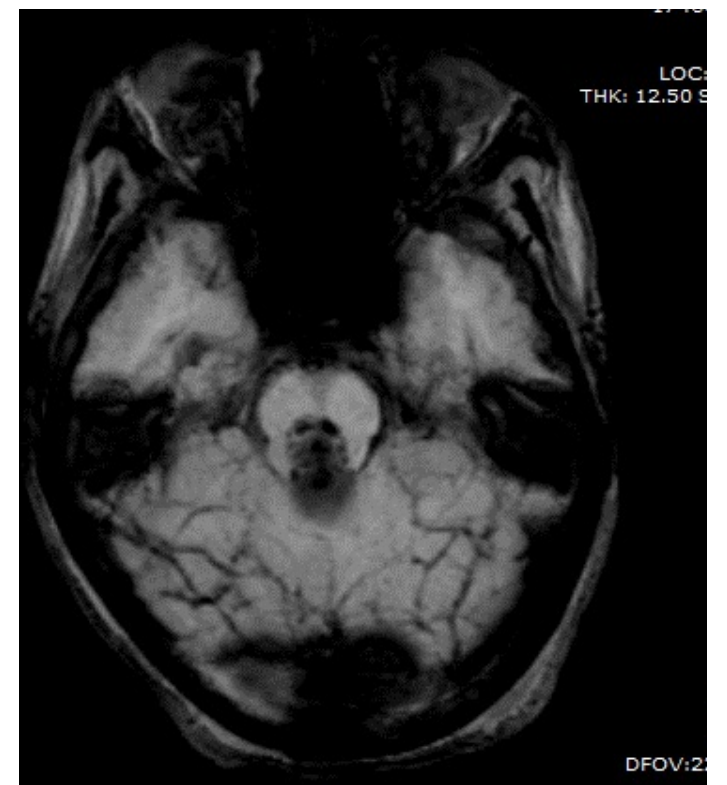
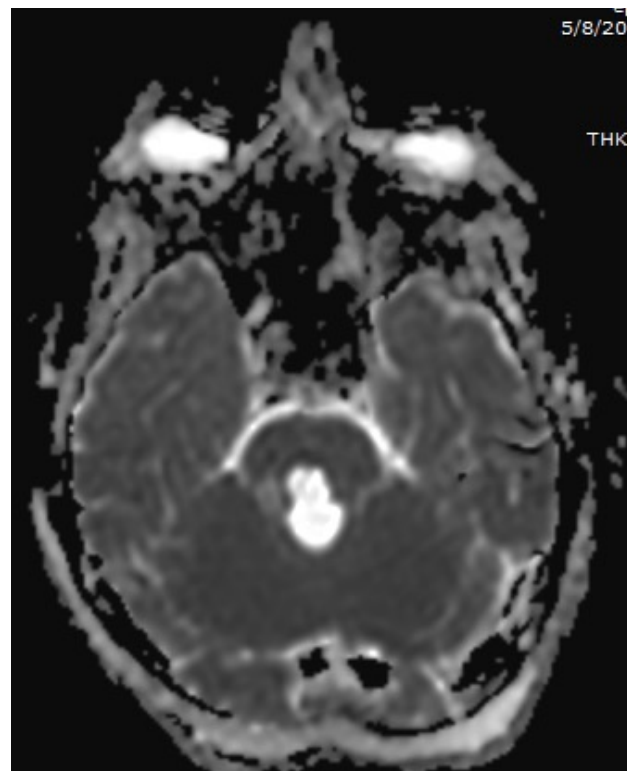
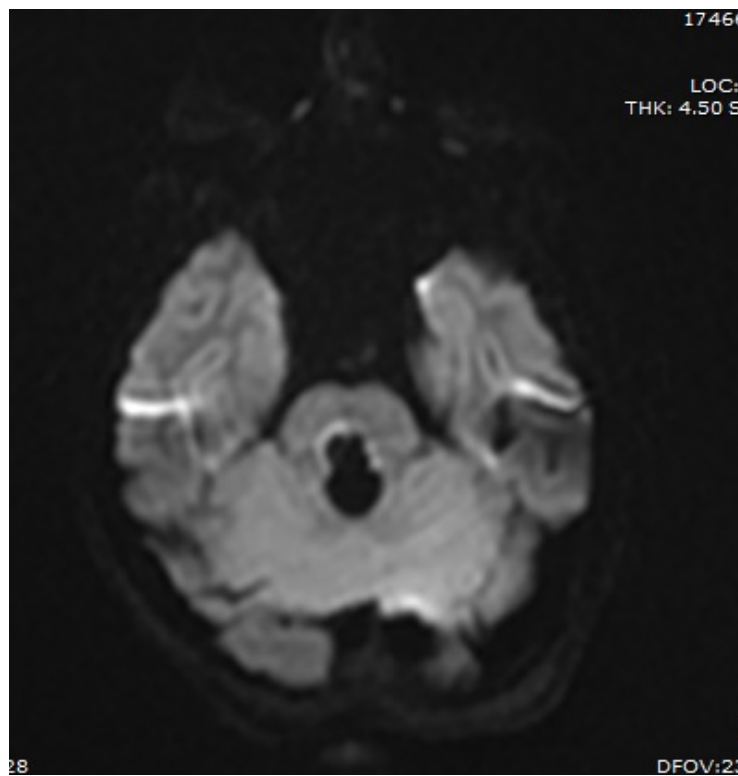
POST OT CT

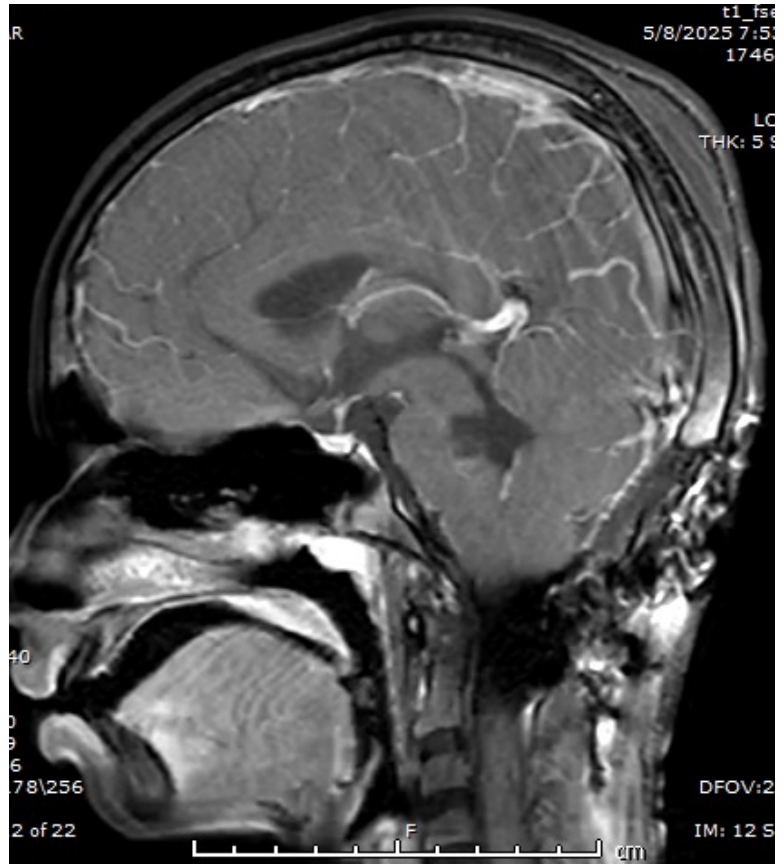
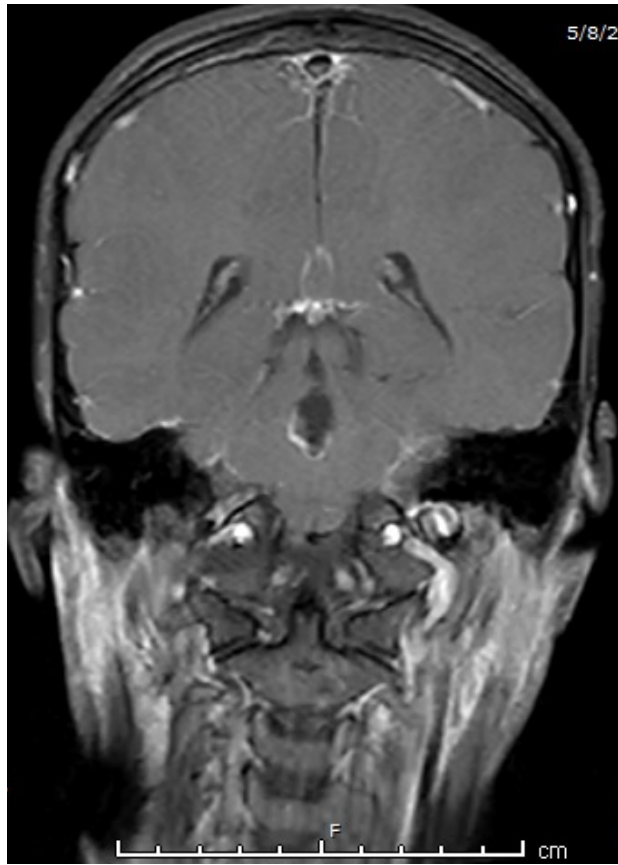
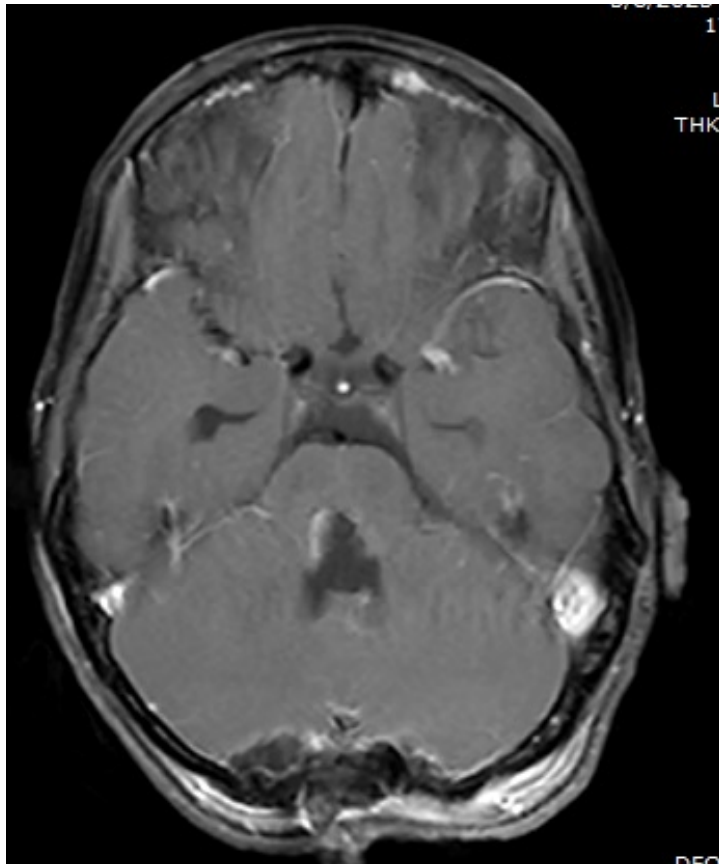


- Ill defined hyperdensities (HU+39to +45) noted with in dilated 4th ventricle with --->Post operative bleed
- Craniotomy defect noted in occipital region.
- Scalp edema noted in postero-parietal and occipital region with Skin stapler seen in occipital region.

POST OT MRI









o/c/o possible ependyoma of 4th ventricle

- Small T1/ T2 /FLAIR hyperintense area with diffusion restriction and corresponding areas of low ADC values with blooming on SWI at anterolateral aspect of 4th ventricle with no post contrast enhancement of size 9.2x5.2mm likely → RESIDUAL LESION
- T1/ T2 /FLAIR hyperintense area with diffusion restriction and corresponding areas of low ADC values with blooming on SWI at posterior aspect of 4th ventricle → likely POST OP BLEED
- Craniotomy defect noted in occipital region with overlying soft tissue edema

HISTO PATHOLOGICAL REPORTS ARE
AWAITED.....

THANK YOU