



KARNATAKA RADIOLOGY EDUCATION PROGRAM

CASE PRESENTATION

CASE OF SELLAR LESION

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PRESENTOR: DR. SHRUTHI

- Age:15y/M
- Resident :RAICHUR

❖HOPI:headache since 4 months

- h/o seizure, Bilateral limb paralysis, ,nausea/vomiting since 2 months
- h/o blurring of vision since 1 month
- No h/o ataxia,head tilt,cranial nerve paralysis

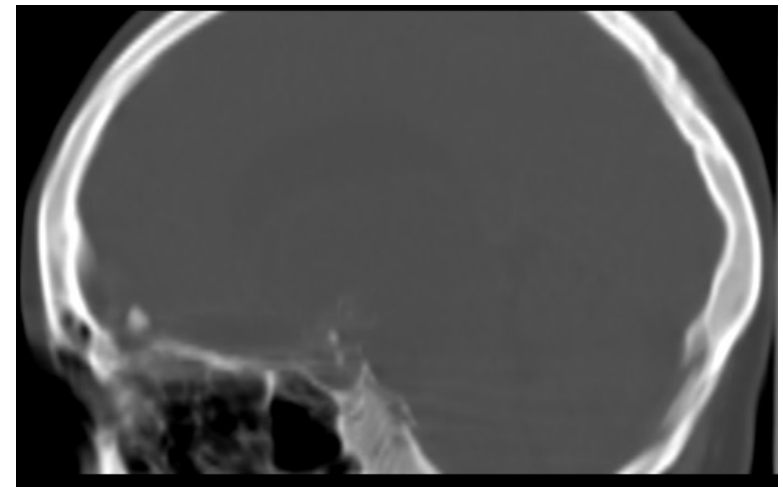
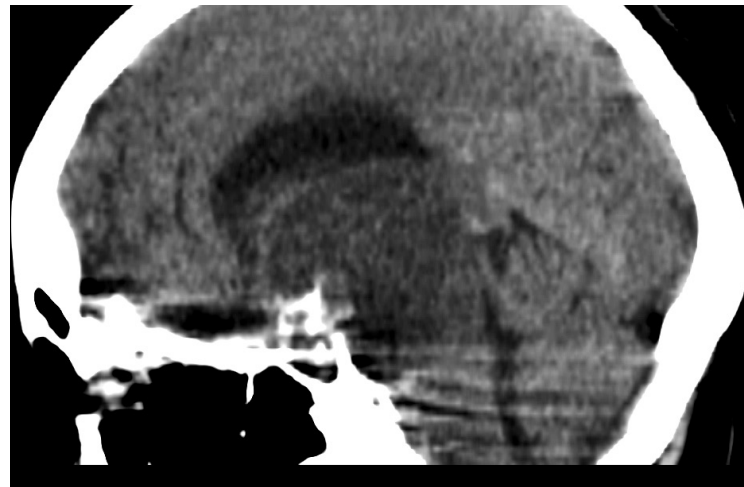
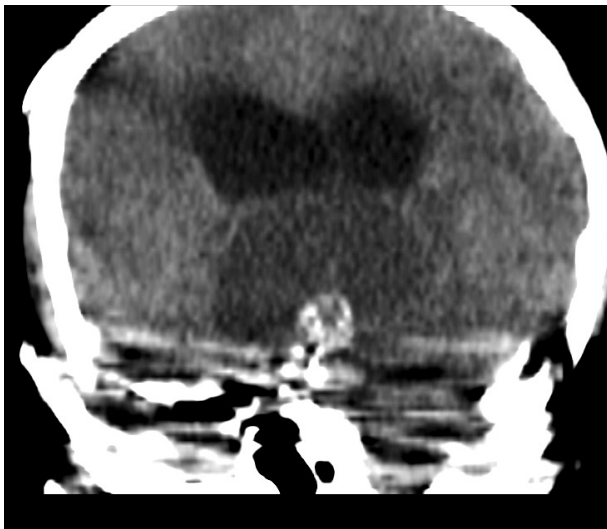
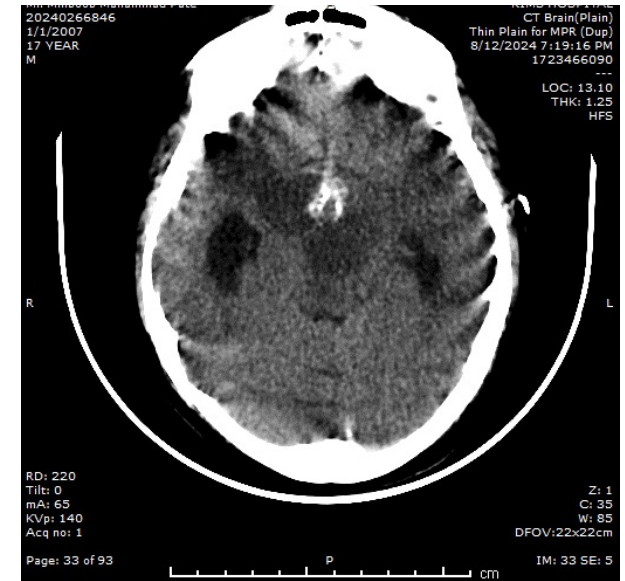
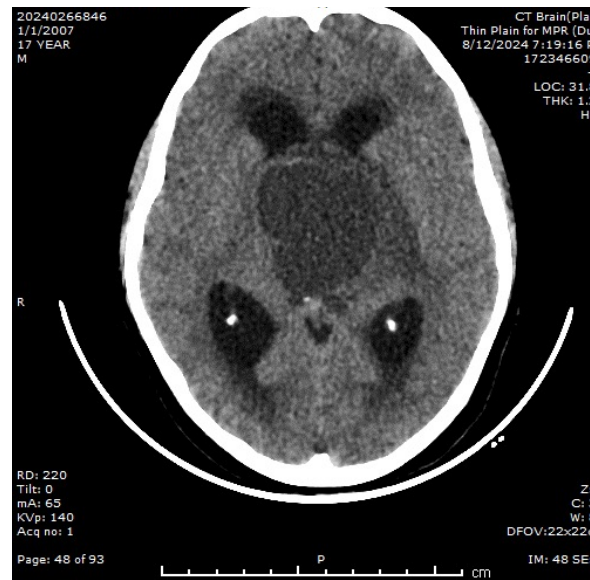
❖ Medical history: No h/o DM,HTN,hypo/hyperthyroidism.no prior surgeries

☐ Lab investigations ,

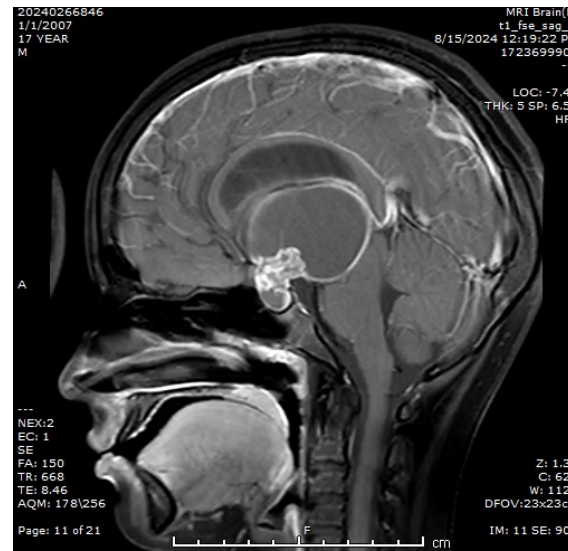
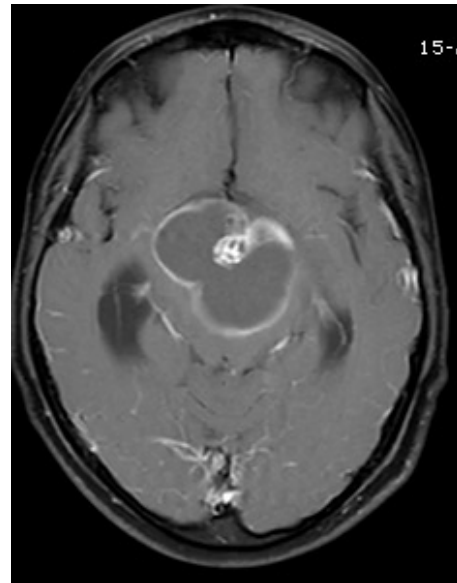
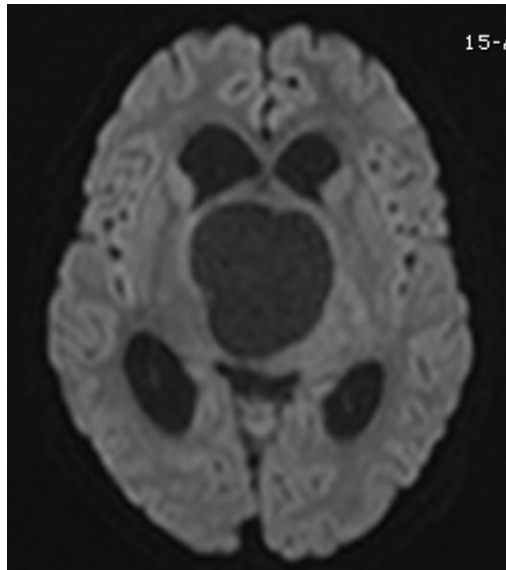
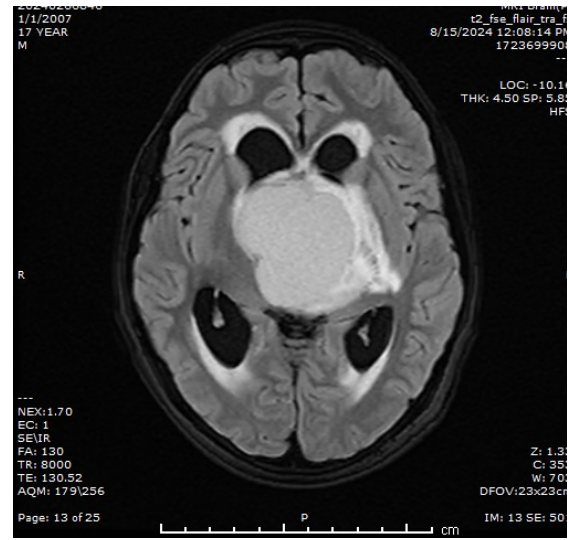
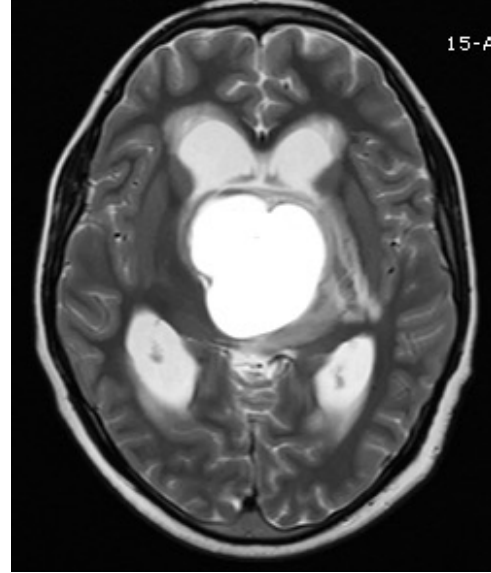
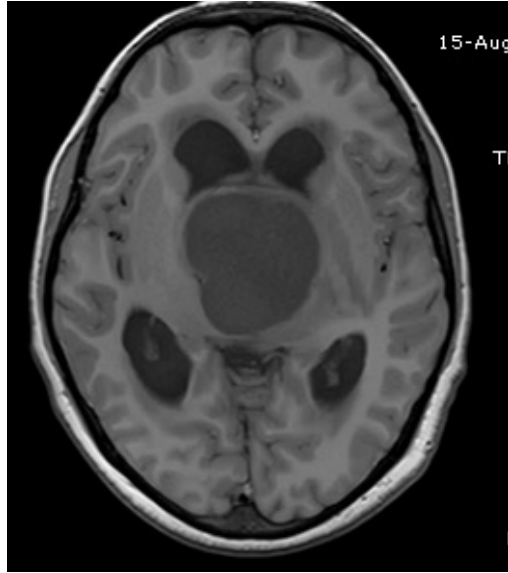
☐ vitals and

☐ examination were normal

CT



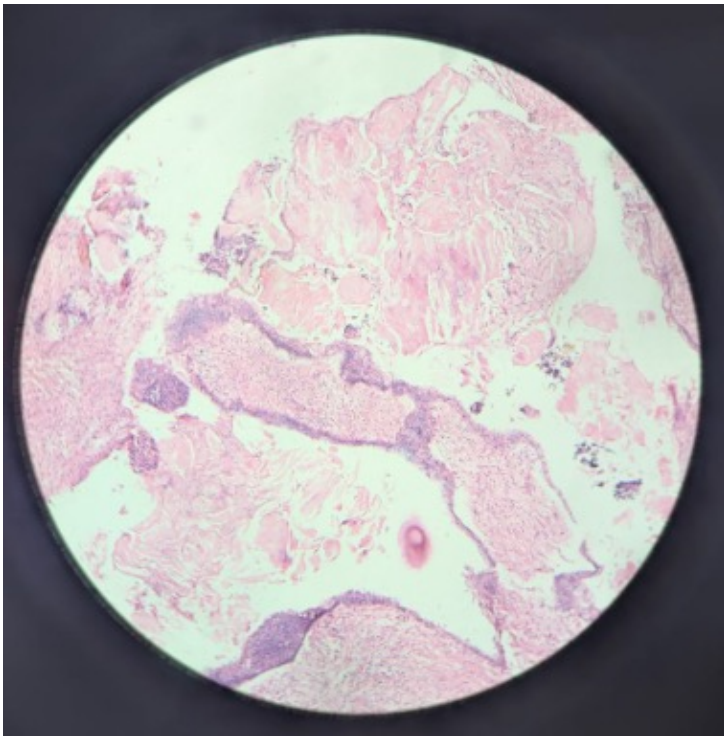
- Well defined extra-axial hypodense cystic lesion (HU 7-15) in the sellar & suprasellar region measuring 4.8X4.6X3.6cm with foci of calcification in the anterior wall of lesion. The lesion produces mass effect by compressing midbrain & causing upstream dilatation of lateral ventricle & periventricular CSF seepage--> Craniopharyngioma.



- well defined lobulated T1 hypointense and T2 hyperintense with minimal suppression on FLAIR s/o predominantly cystic ICSOL with heterogenously enhancing solid component and cyst wall noted in sellar - suprasellar region, measuring 4.8x4.7x6.5cm(APxTxCC) associated with widening of sella .
- Anterior pituitary is not separately visualized from the mass. No e/o gradient blooming/diffusion restriction .
- It is having mass effect over optic chiasm. Superiorly it is extending upto 3rd ventricle , causing obstruction of CSF , leading to dilatation of B/L lateral ventricles with periventricular CSF seepage – s/o obstructive hydrocephalus Anteriorly ,it is in flush with sphenoid sinus ,no extension into sphenoid sinus.

➤ **LIKELY S/O CRANIOPHARYNGIOMA(ADAMANTINOMATOUS TYPE).**

HISTOPATHOLOGY - CRANIOPHARYNGIOMA(ADAMANTINOMATOUS TYPE).



THANK YOU