



**KARNATAKA RADIOLOGY EDUCATION PROGRAM**

# **CASE PRESENTATION**

**MEDULLOBLASTOMA**

**MENTOR: DR G C PATIL**

**KMCRI, HUBBALLI.**

**PRESENTER: DR. SHRUTHI**

- NAME:Mr.X
- Age:19y/M
- Resident :hubli

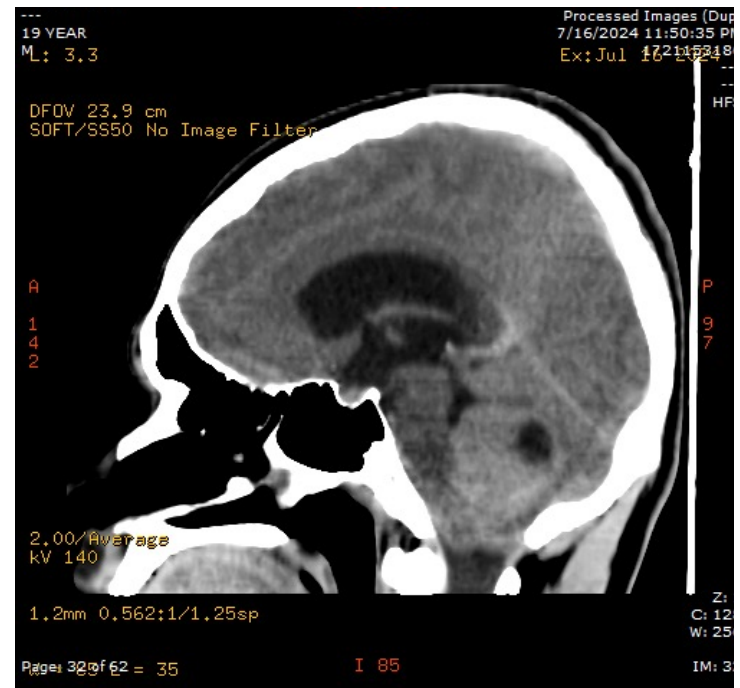
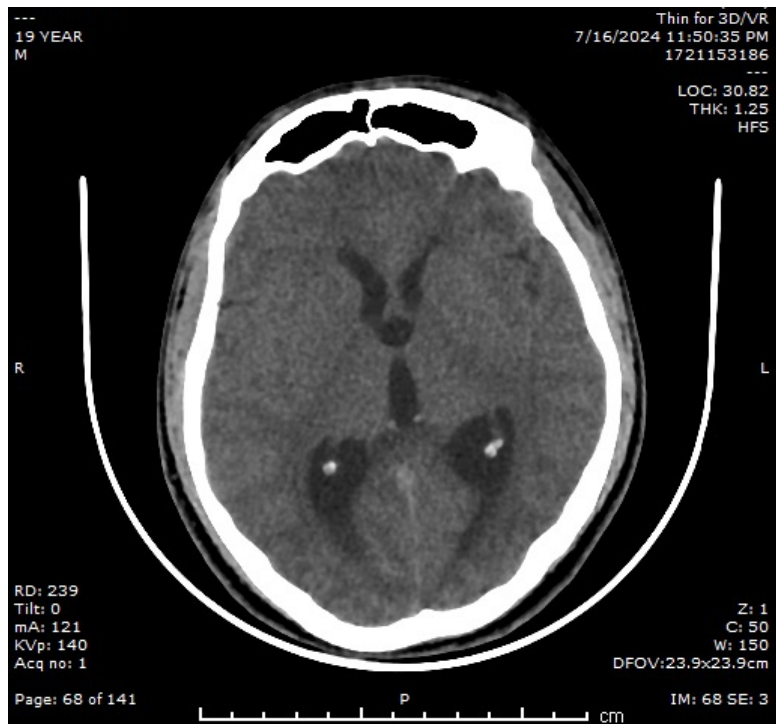
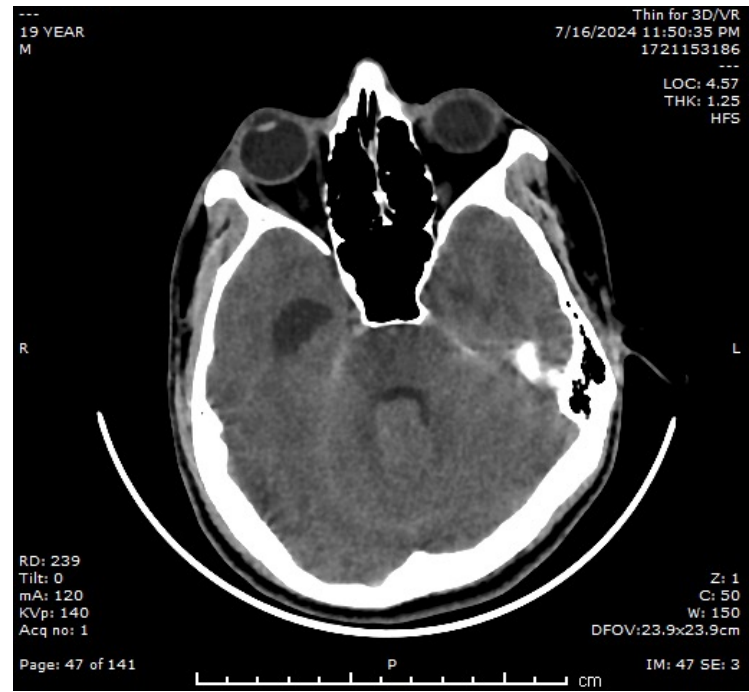
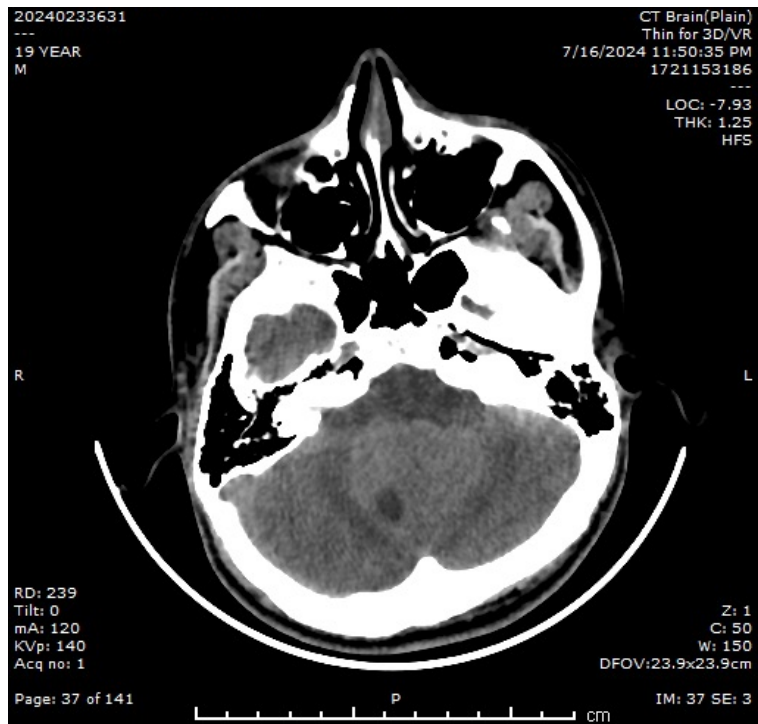
❖ HOPI:headache and nausea ,vomiting since 2 months

- No h/o seizure,focal deficit
- No h/o ataxia,head tilt,cranial nerve paralysis

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

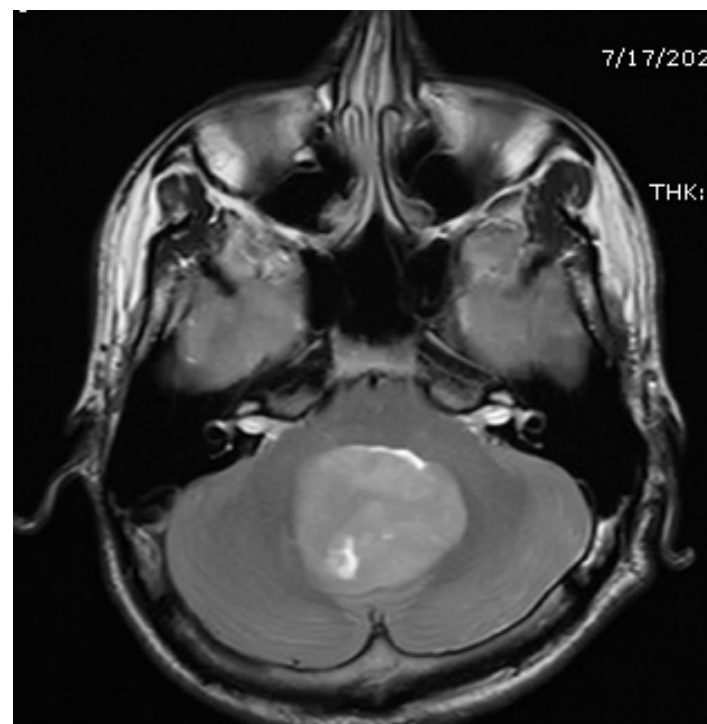
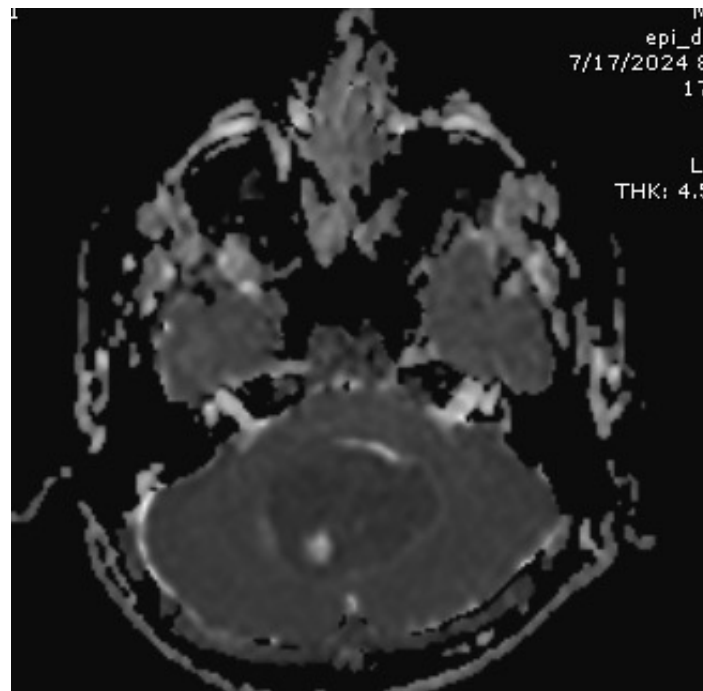
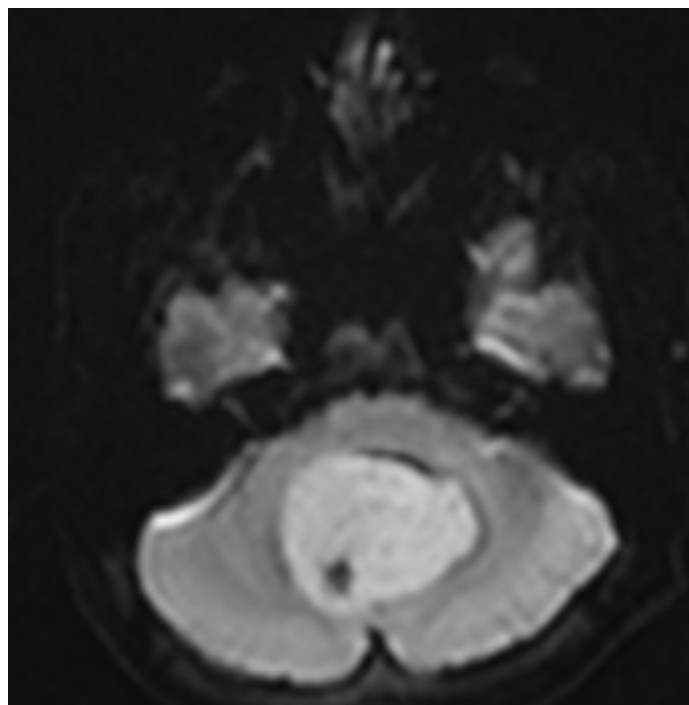
- No h/o prior surgeries

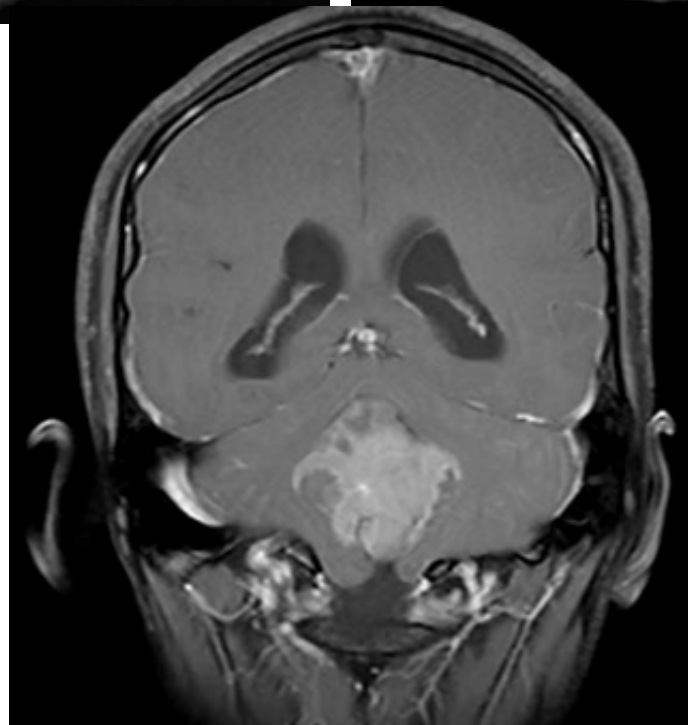
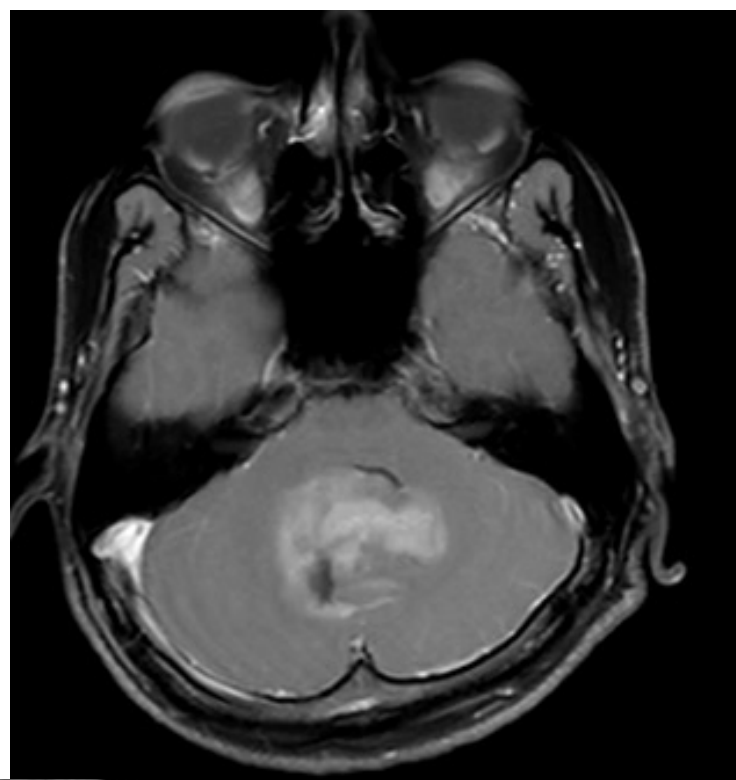
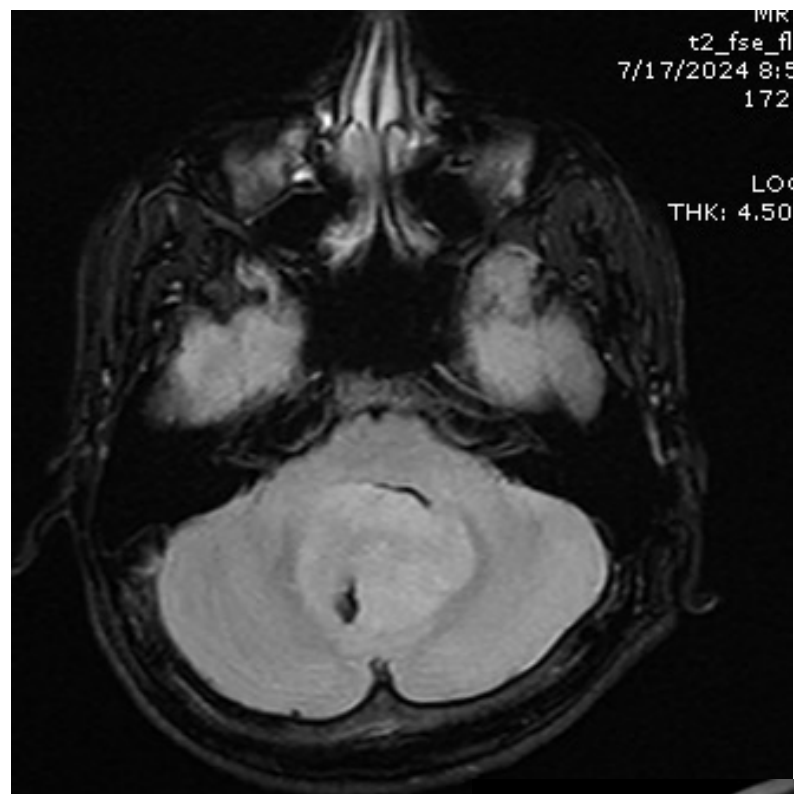
- Lab investigations ,
- vitals and
- examination were normal



# CT-BRAIN PLAIN

- **Well defined hyper to isodense lesion (Hu 36-48) with hypodense area within the lesion measuring 4.4X3.9cm noted at floor of 4th ventricle compressing adjacent cerebellum and 4th ventricle causing upstream dilatation of bilateral lateral ventricle & 3rd ventricle--> Mild obstructive hydrocephalus space occupying lesion--> Neoplastic likely medulloblastoma**





- MRI BRAIN +CONTRAST
- Well defined heterogenously enhancing expansile mass In the midline posterior fossa from the roof of the fourth ventricle .
- The lesion measures 4.1 x 3.8 x 3.9 cm (APxTRxCC).
- The mass shows diffusion hyperintensity on DWI owing to cellularity of tumour. There is mass effect on fourth ventricle with moderate proximal dilatation of both lateral and third ventricles .
- Mass is indenting posterior pons cerebellum and mid brain . No Areas of gradient blooming seen . No herniation of tonsils seen.

➤ **F/S/O MEDULLO BLASTOMA WITH OBSTRUCTIVE HYDROCEPHALUS**





No spinal drop metastasis seen

- FNAC: MEDULLOBLATOMA

THANK YOU