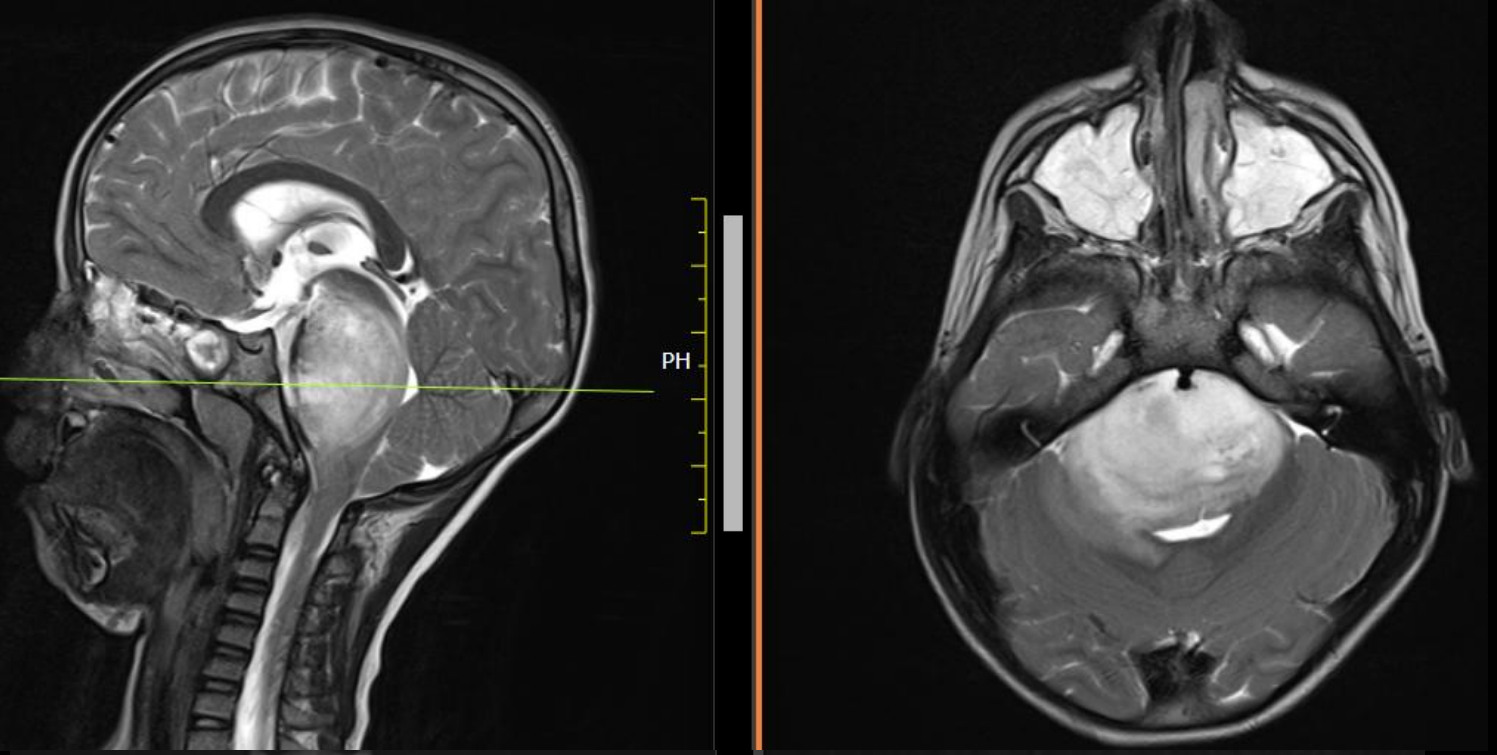
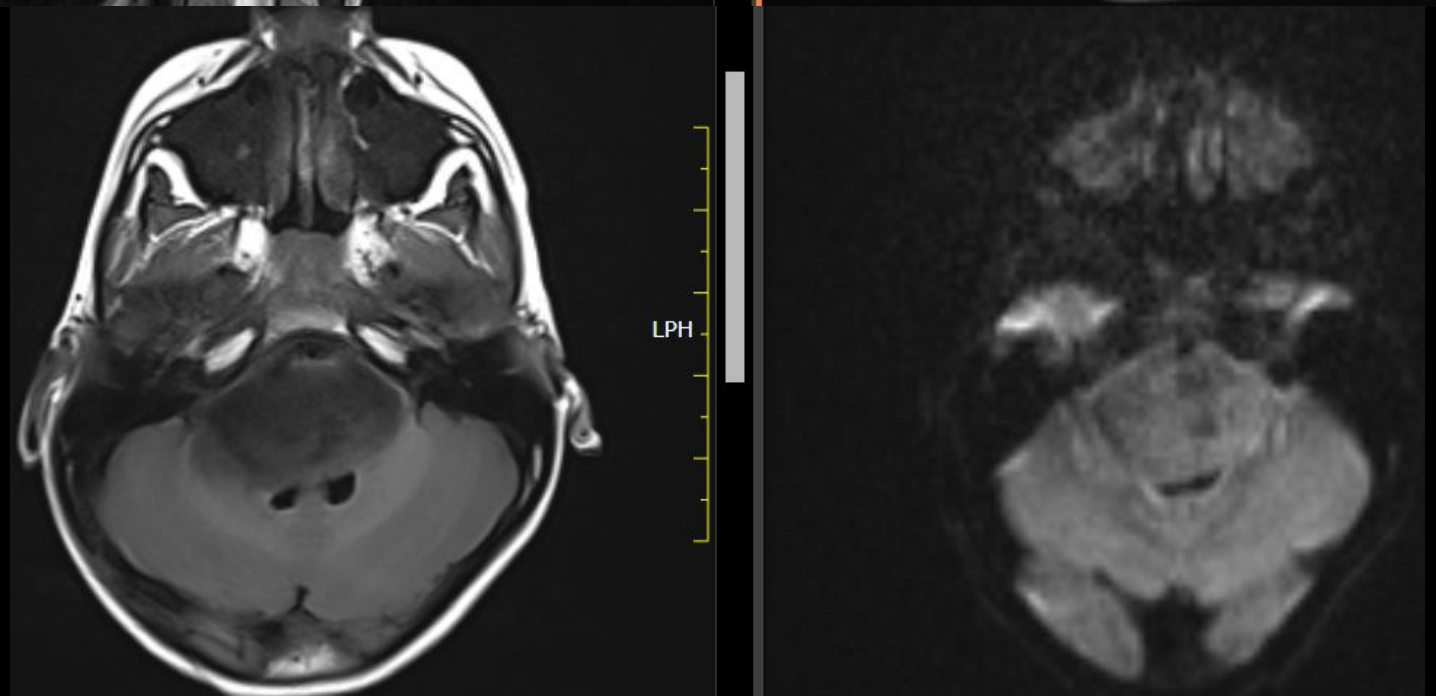
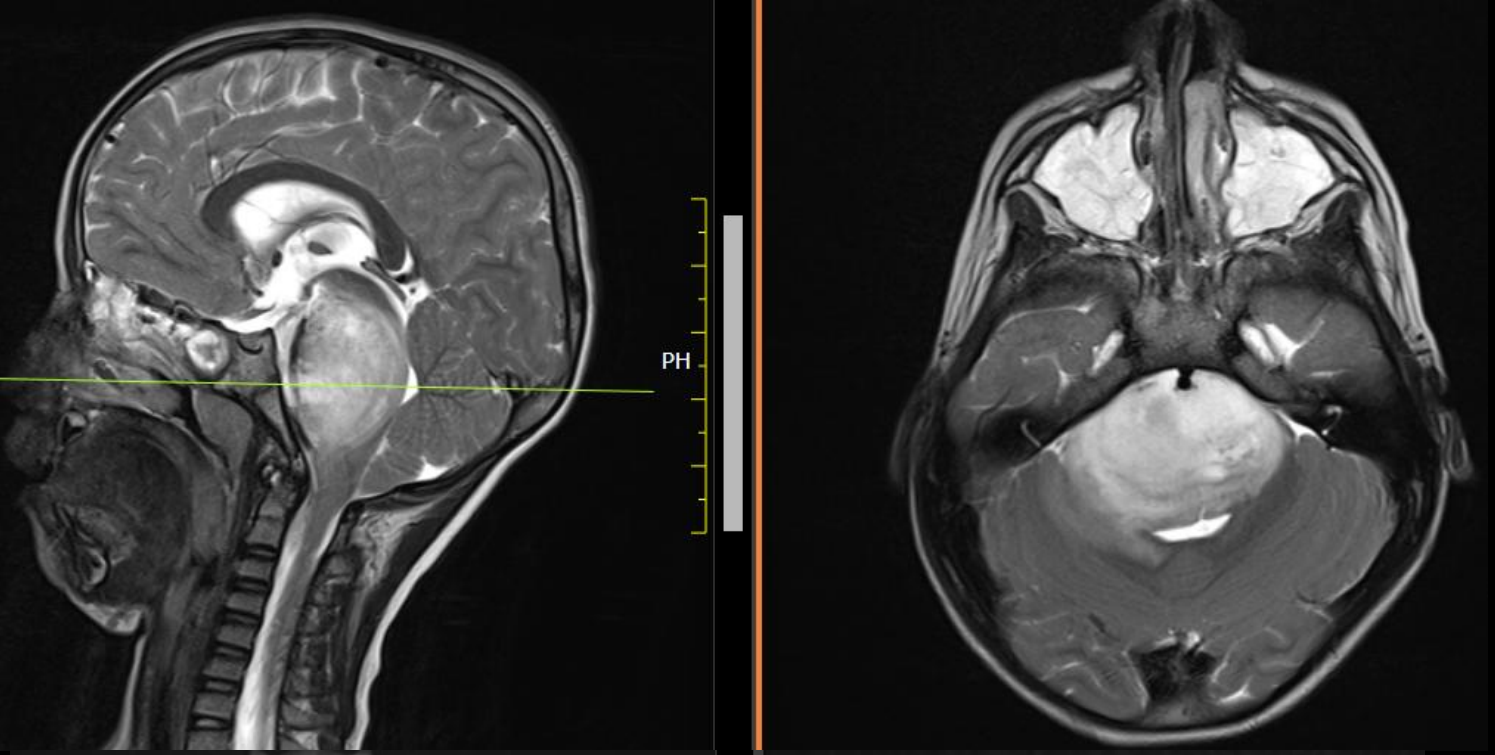
SJMCH, Bengaluru

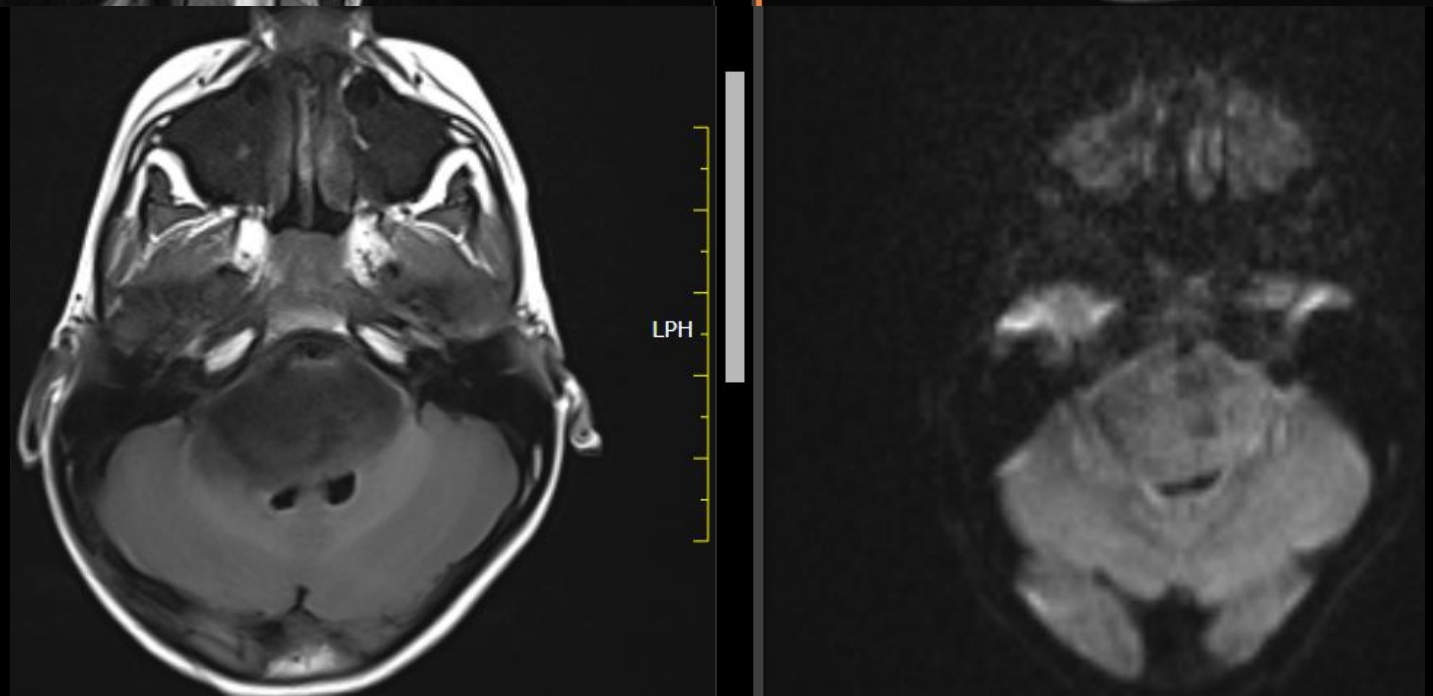
Contributor of the Series





Diagnosis?





Diffuse enlargement of pons with a T2 hyperintense T1 hypointense infiltrative lesion without diffusion restriction.

Mass effect is noted in form of compression of fourth ventricle and tonsillar descent with impending coning.

Diffuse Intrinsic Pontine Glioma/Brainstem glioma/pontine glioma - Diffuse midline glioma H3 K27-altered

- DIPG belongs to the fibrillary astrocytoma family.
- Biopsy use to be usually avoided but nowadays stereotactic biopsies are being attempted.
- Patients will have rapidly progressive cranial nerve deficits, ataxia, long-tract signs.
- MRI is the best diagnostic study to evaluate a patient with suspected DIPG. Usually, more than half of the enlarged ventral pons will show an increased signal on the T2 FLAIR MRI sequence. The tumor will not show contrast enhancement, but occasionally, small areas of necrosis can enhance (peripherally). Higher values on the apparent diffuse coefficient derived from diffusion-weighted MRI images correlates with better median survival.
- These are generally high grade.
- Fractionated/hypofractionated radiotherapy is employed in management. Dexamethasone is used for symptomatic relief.
- Very poor survival rate.