

Brain Case 41

EXAM:

INDICATION: Preoperative planning.

TECHNIQUE: Sagittal T1, axial T2, FLAIR, and diffusion weighted imaging. In addition, T1 postcontrast sequences were performed in axial and coronal projections.

FINDINGS:

Fiducial markers in place.

Stable left 5.4 cm AP by 5 cm transverse by 5.4 cm cc frontotemporal mass with associated peripheral rim of thick enhancement. Stable restricted diffusion is present within the enhancing periphery of the lesion, compatible with hypercellularity. Perfusion imaging demonstrates increased blood volume within the periphery. There is surrounding diffuse T2 hyperintense signal with gyral expansion involving the anterior temporal lobe and extending posteriorly into the frontal and parietal periventricular white matter. Abnormal signal is also demonstrated extending into the basal ganglia on the left and posterior limb of the internal capsule. Increased overall size of the lesion measuring larger in the superior -- inferior dimension with larger amount of central necrosis since previous examination. Slightly greater midline shift by 2 mm. Ventricle or system demonstrates no significant interval change in size or configuration. Stable left uncal herniation is present. Remainder of imaging findings are unchanged.

IMPRESSION:

1. MRI of the brain for presurgical planning purposes. Left frontotemporal mass with peripheral nodular enhancement and associated central necrosis. Imaging findings are highly suggestive of a high grade glioma/glioblastoma multiforme.
2. Right transverse sinus and sigmoid sinus acute thrombosis.



