

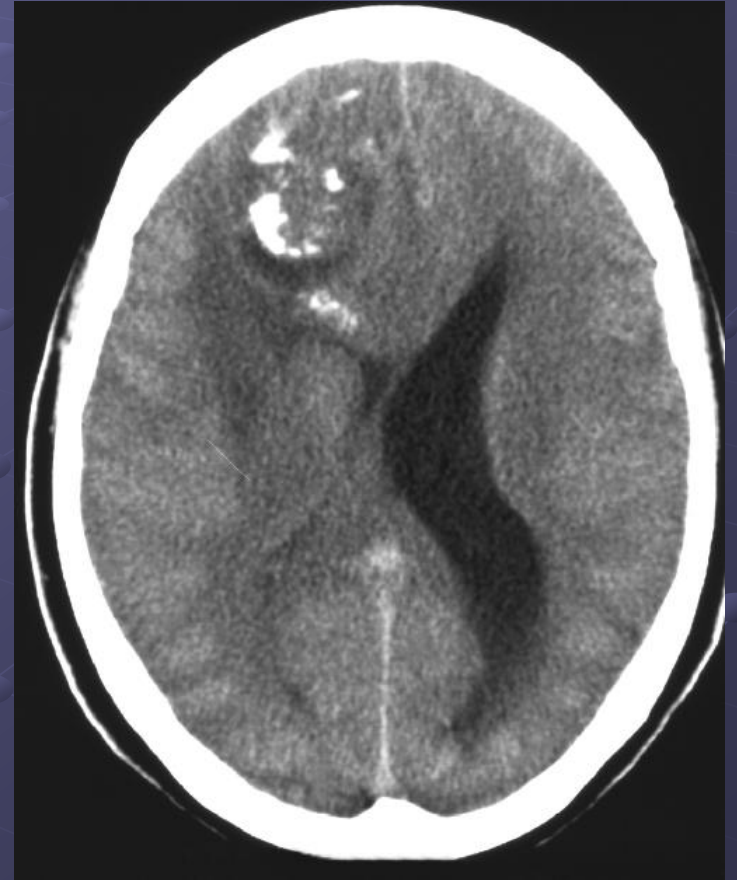
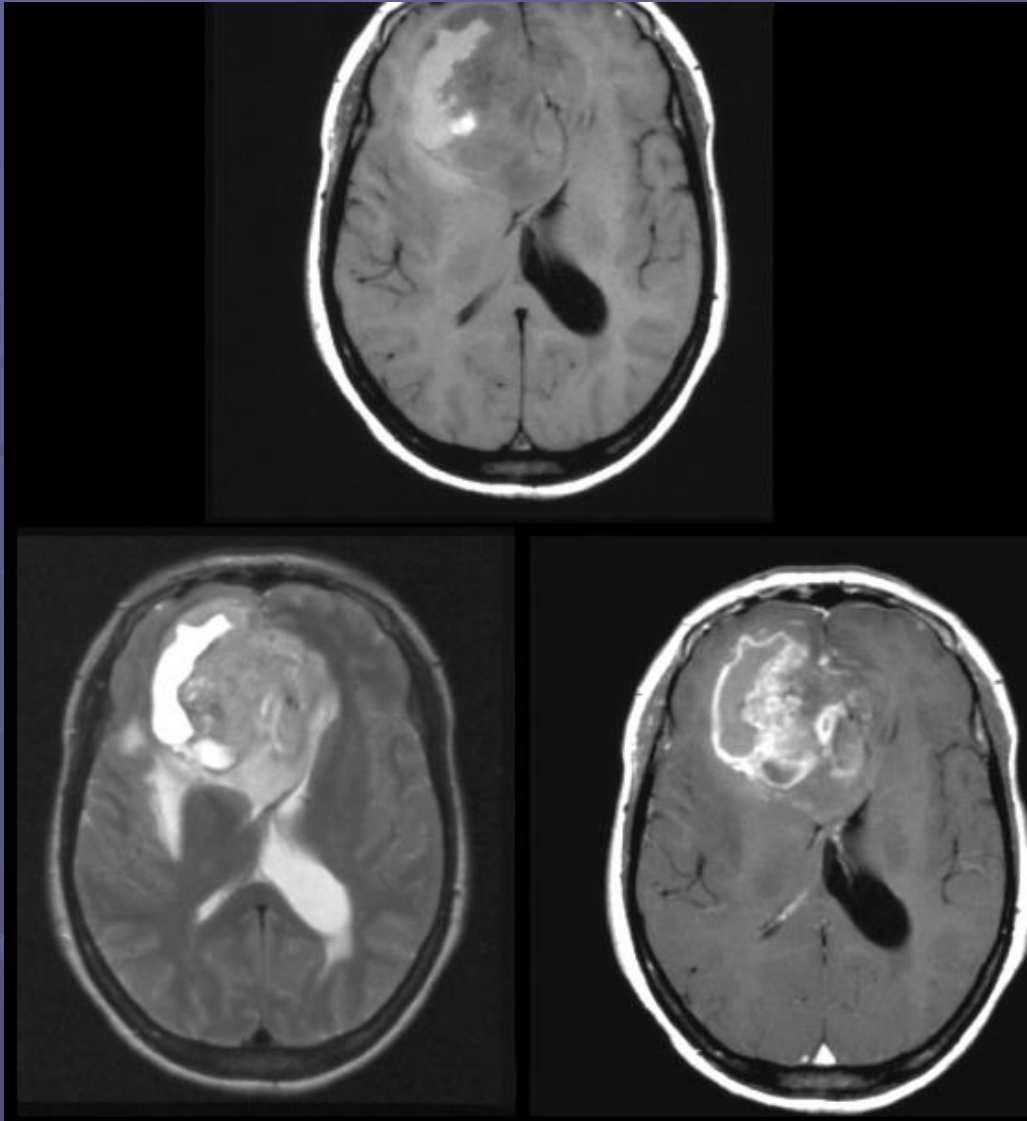
Oligodendroglioma

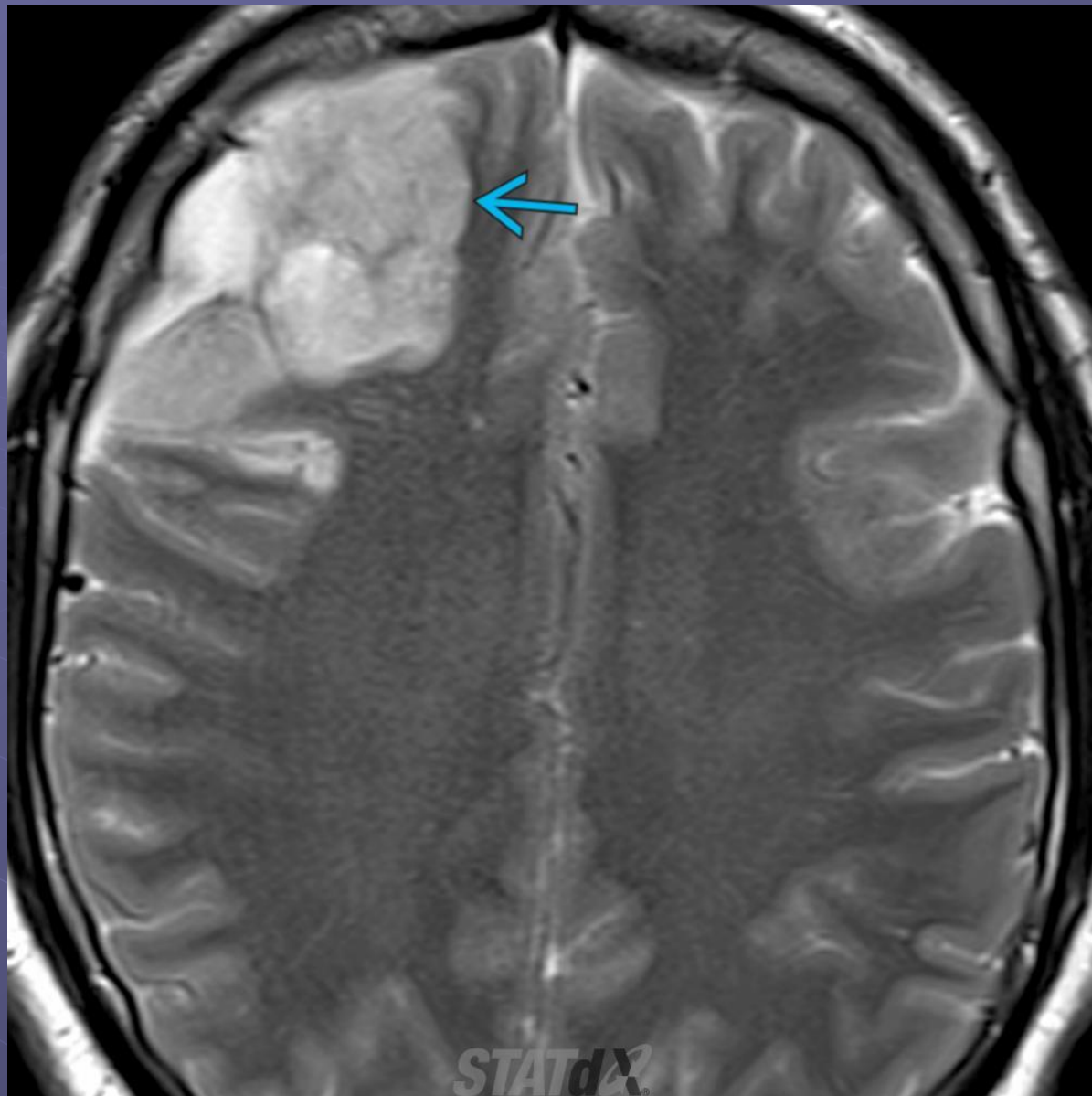
- Well-differentiated, slowly growing but diffusely infiltrating cortical/subcortical tumor
- **WHO grade II**
- Anaplastic oligodendroglioma = WHO grade III
- Oligodendrogliomas carry better prognosis than astrocytomas of same grade

Oligodendroglioma

- Heterogeneous enhancement is typical
- ~ 50% enhance
- Rarely, leptomeningeal enhancement is seen
- Majority calcify, nodular or clumped Ca^{++} (70-90%)
- If frontal lobe calcified mass, think oligodendroglioma
- Oligos may mimic cortically based masses (i.e., DNET), although these typically occur in younger patients

Oligodendroglioma





Axial T2 MR shows a heterogeneous, hyperintense mass (cyan solid arrow) with involvement of the cortex and subcortical white matter with mild associated mass effect. Imaging is highly suggestive of oligodendroglioma. Anaplastic oligodendroglioma was diagnosed at resection. Grade II oligodendrogliomas cannot be reliably differentiated from grade III on conventional imaging. MRS and MR perfusion may be helpful.