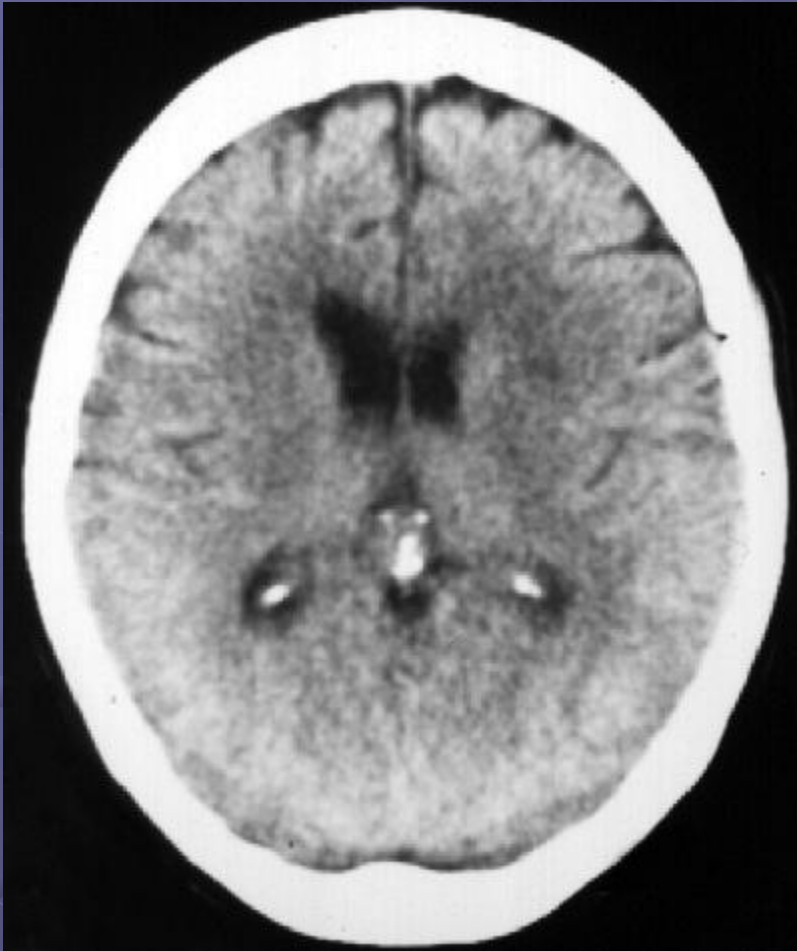


# Pineocytoma



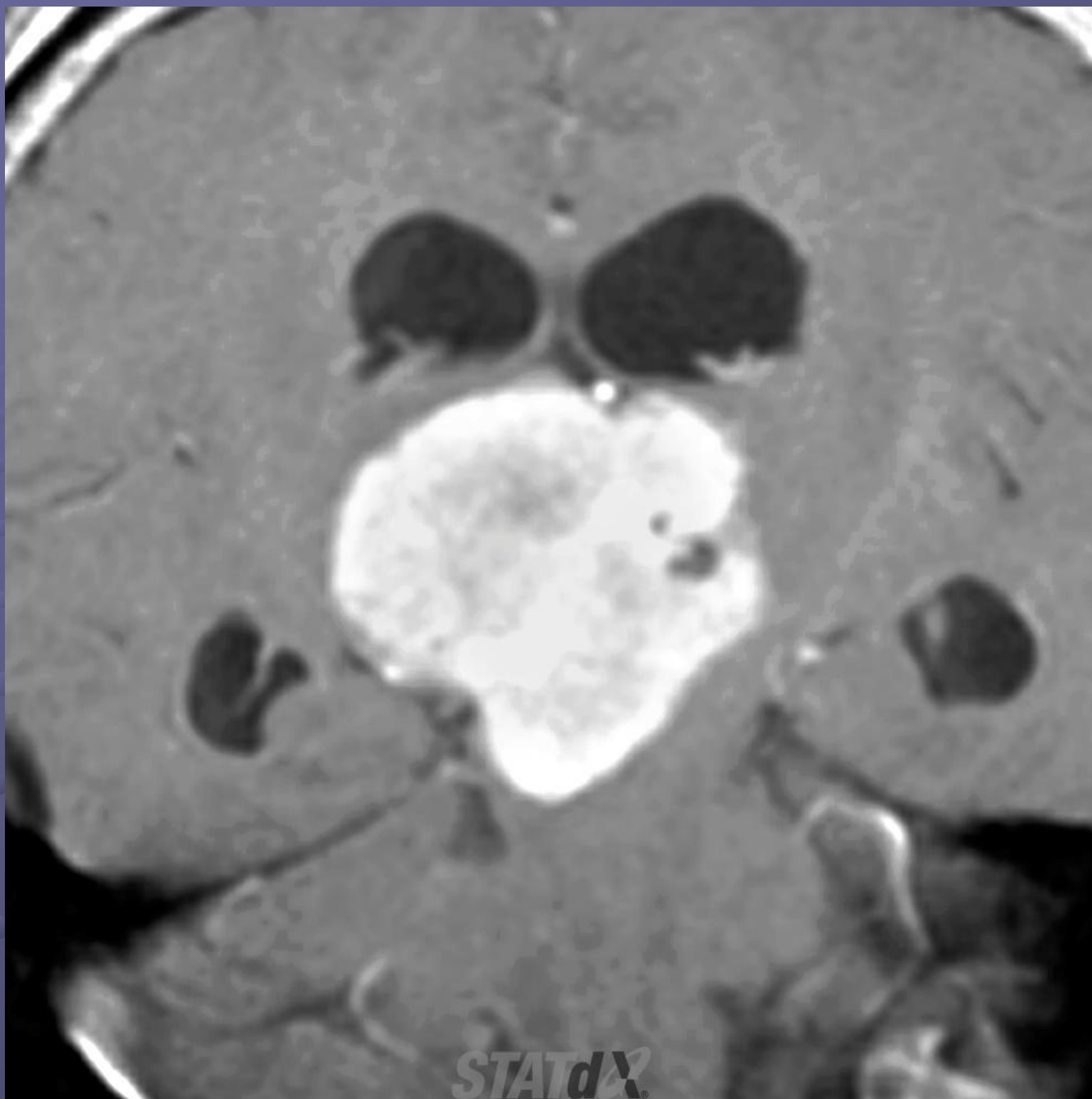
- Benign lesions of the pineal parenchyma occurring predominantly in adults (mean age 35).
- Well demarcated, noninvasive, homogeneous, and slow growing. They often demonstrate peripherally displaced calcifications and heterogeneous intense enhancement
- Most germ cells engulf  $\text{Ca}^{+}$ , while Pineocytoma and blastoma explode the  $\text{Ca}^{+}$  differentiation may be difficult

# Pineal Region (Quadrigeminal Cistern)

- Germ Cell Tumor -
  - ("Pinealoma" is really a seminoma = germinoma = dysgerminoma = "atypical teratoma")
  - Germinoma most common, teratoma 2nd
- Pineal Parenchyma
  - (mature Pineocytoma, immature Pineoblastoma)
  - Pineocytoma only one that does not have a male predominance
- Pineal Cyst -
- Extension of Glioma (Astrocytoma)
  - from corpus callosum, tectum, or thalamus
- Meningioma
- Lipoma -
- Vein of Galen Malformation -
- Epidermoid Inclusion Cyst



Axial NECT shows a classic example of a pineocytoma. Note the "exploded" peripheral calcification (white solid arrow) in this small mass that arises from the pineal region. The tumor is just over 1 cm in size. There is no hydrocephalus.



Coronal T1WI C+ MR shows avid enhancement of the tumor with mild heterogeneity. "Variant" cases of presumed pineocytoma must be distinguished from PPTID, a more aggressive tumor.