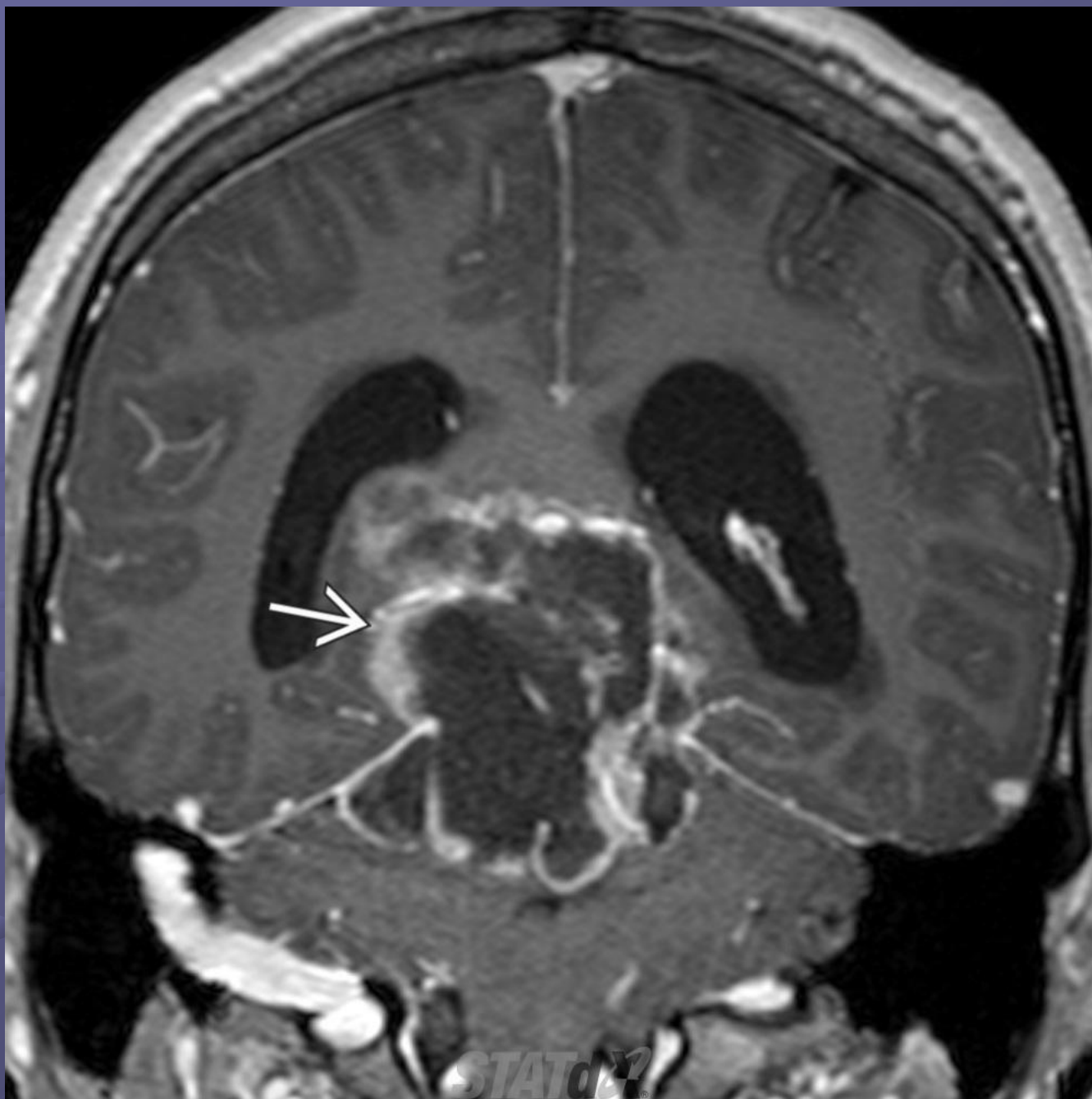


Pineal Parenchymal Tumor of Intermediate Differentiation

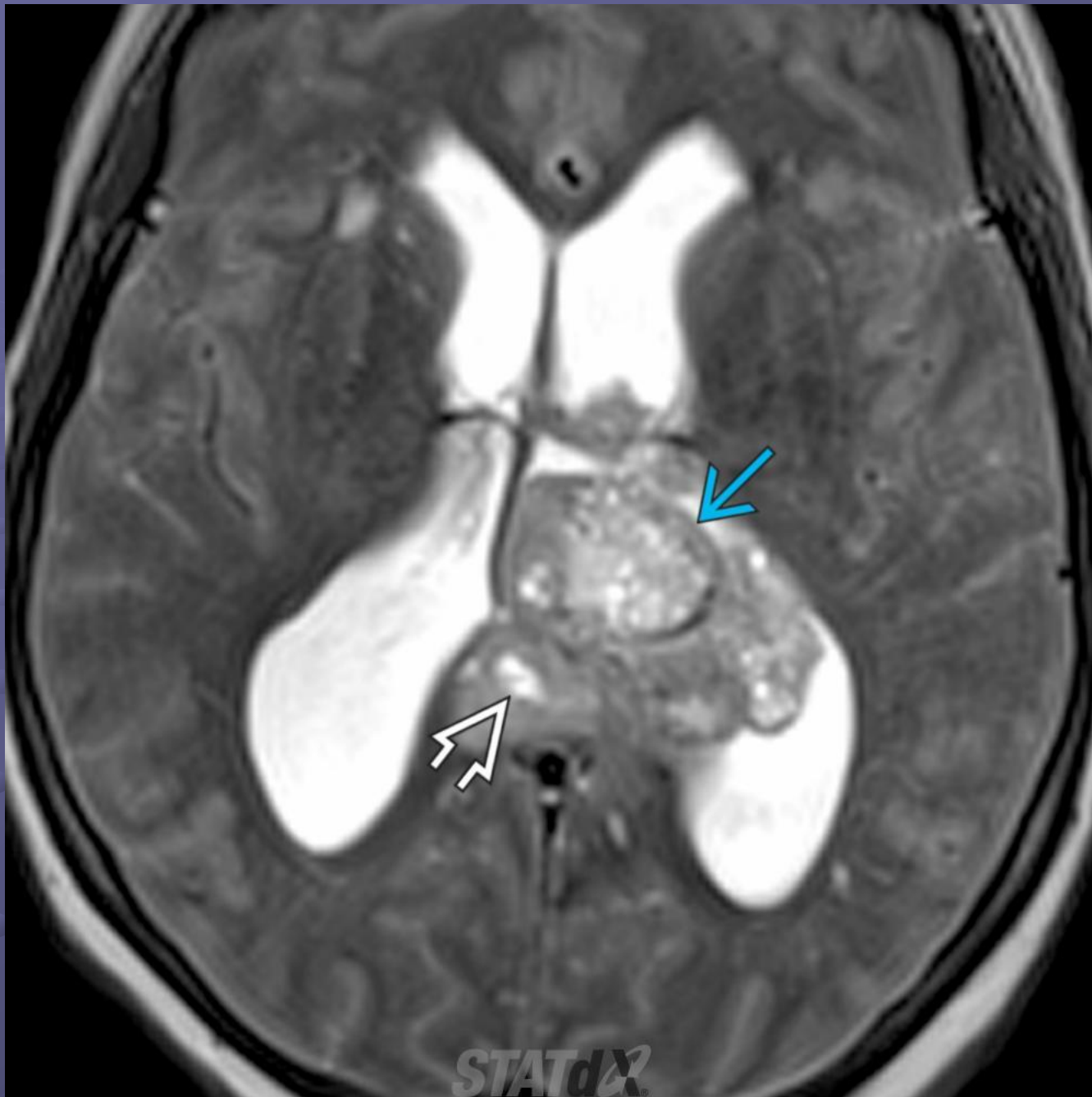
- Primary parenchymal neoplasm of pineal gland
- Intermediate in malignancy between pineoblastoma and pineocytoma
- *Aggressive-looking pineal mass in adult*
- Extension into adjacent structures (ventricles, thalami) is common
- Lobulated, moderately vascular
- Size varies from small (< 1 cm) to large (~ 6 cm)



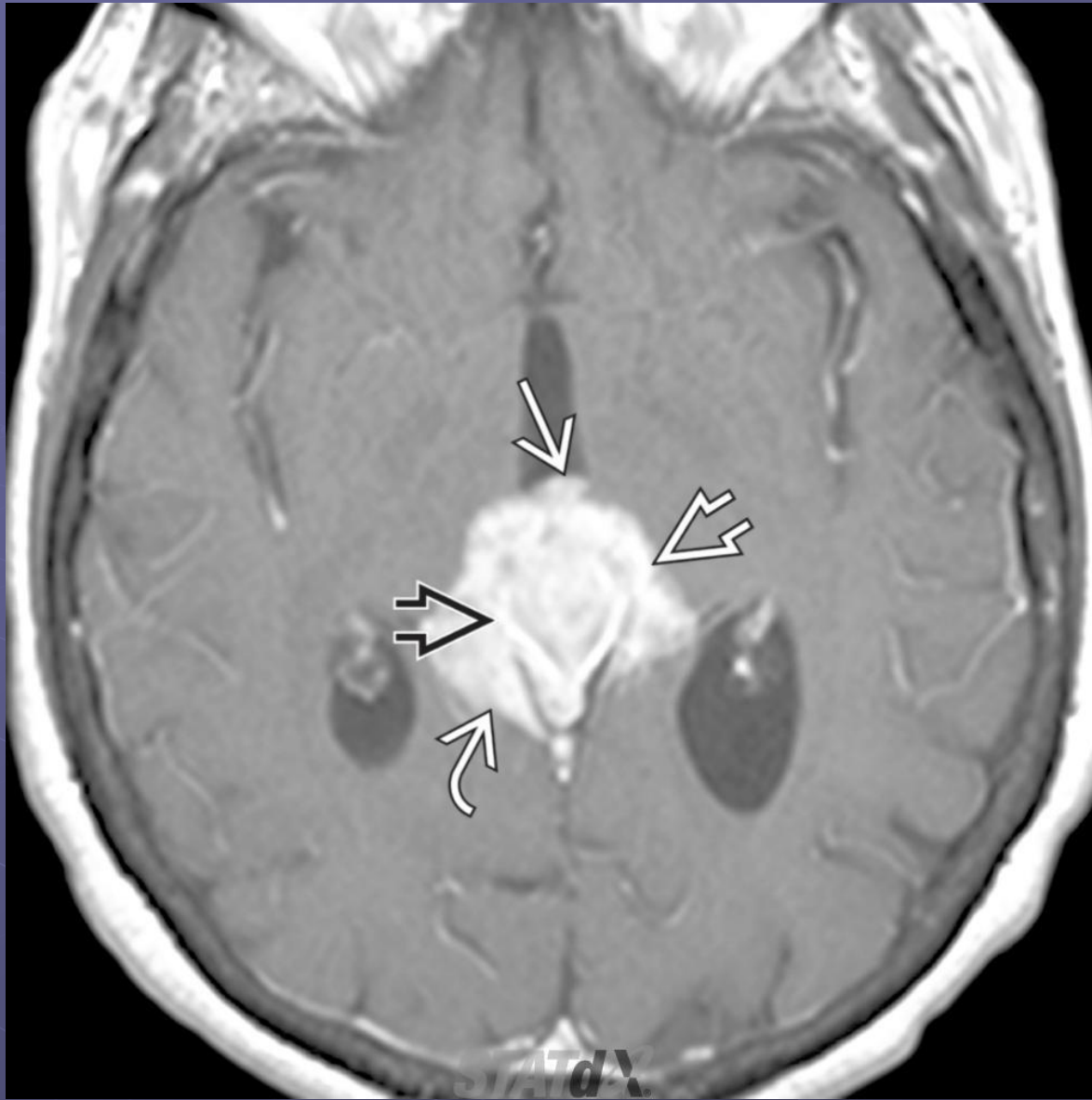
Coronal T1WI C+ MR shows a large, peripherally enhancing pineal mass (white solid arrow) in a 24-year-old male. PPTID was diagnosed at resection.



Axial CECT shows classic "exploded" calcifications (black open arrow) characteristic of pineal parenchymal tumors. The strongly enhancing mass (white solid arrow) extends into the posterior 3rd ventricle.



Axial T2WI MR shows a very large PPTID (cyan solid arrow) with extension into the ventricular system. Note the heterogeneous T2 appearance of the mass with multiple cystic regions (white open arrow), typical of PPTID. (Courtesy L. Loevner, MD.)



Axial T1WI C+ MR in the same patient shows the strongly enhancing lobulated mass extending into the 3rd ventricle (white solid arrow), thalami (white open arrow), and forceps major of the corpus callosum (white curved arrow). Note the splaying apart of the internal cerebral veins (black open arrow). Other scans (not shown) disclosed tumor spread into the 4th ventricle and spinal canal. This proved to be PPTID.