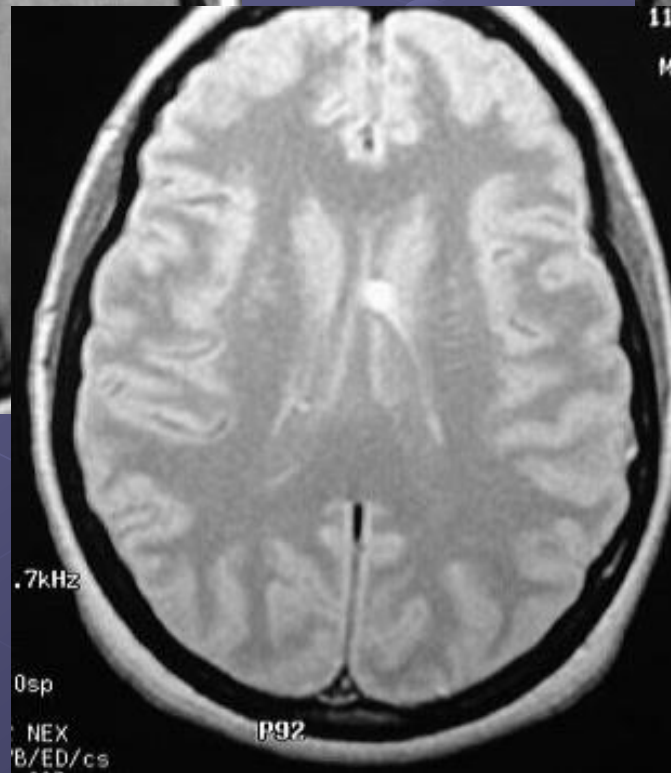
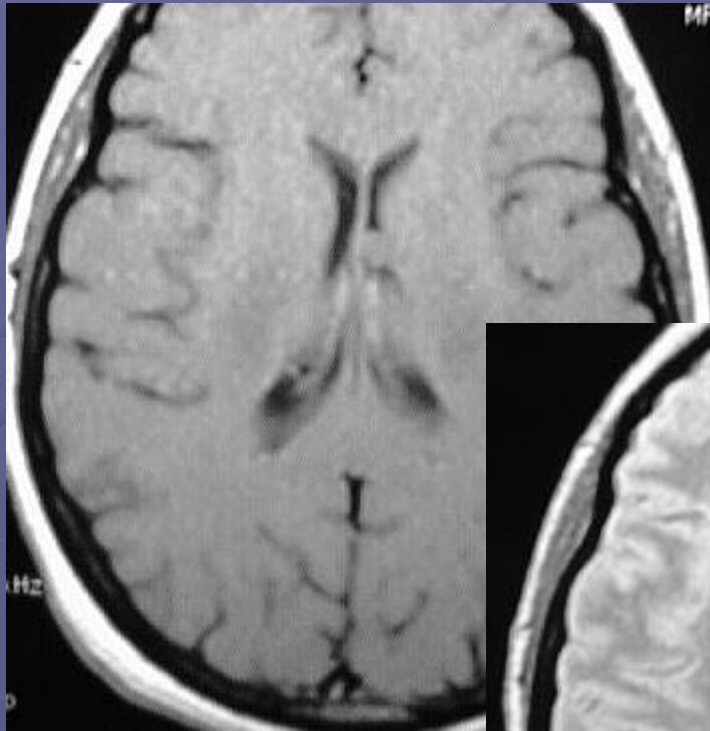


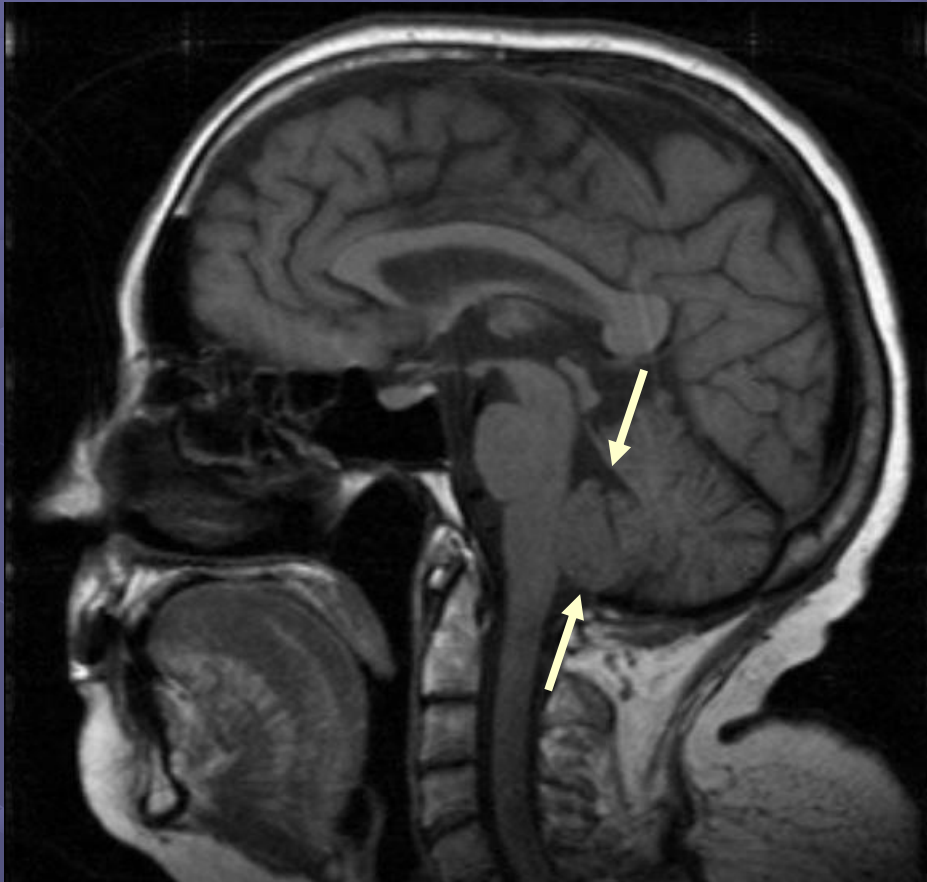
# Subependymoma



# Subependymoma

- Distinguishing feature: **doesn't enhance**, therefore other lesions such as meningioma and choroid plexus papilloma shouldn't be included in differential.
- Most common location/age: **fourth vent (75%) in older men**- met primary ddx in this group
- Typically asymptomatic
- Often Multiple

# Subependymoma



4<sup>th</sup> should be a triangle



# Subependymoma

- Best diagnostic clue:

- T2 hyperintense lobular, nonenhancing intraventricular mass
- Intraventricular, inferior 4th ventricle typical (60%)
- Other: Lateral > 3rd ventricle > spinal cord
- Well-defined solid lobular mass
- When large, may see cysts, hemorrhage,  $\text{Ca}^{++}$
- Variable enhancement, typically none to mild



# Subependymoma

- WHO grade I
- 4th or lateral ventricular hyperintense mass in an elderly male? Think subependymoma!
- FLAIR - Hyperintense intraventricular mass

# More examples

- Calcification is more commonly seen in 4th ventricle subependymomas

