



FIGURE 441e-44 Neurofibromatosis type 2 (Chap. 118). Axial T1-weighted postcontrast MRI (**A, B**) shows enhancing expansile lesions in the bilateral cerebellopontine cisterns extending in the internal auditory canals, consistent with vestibular schwannomas (*arrows*), as well as in the bilateral prepontine cistern, consistent with trigeminal schwannomas (*arrowheads*). Coronal axial T1-weighted image postgadolinium (**C**) demonstrates an intensely enhancing dural-based lesion typical for a small meningioma (*arrows*). Sagittal (**D, E**) T1-weighted images postgadolinium show intradural, extramedullary lesions, suggestive of multiple spinal schwannomas (*small arrows*). The flat dural-based lesion may represent a spinal meningioma (*arrowhead*). Axial T1-weighted image postgadolinium (**F**) shows an enhancing intramedullary lesion, most consistent with an ependymoma. (*curved arrow*).

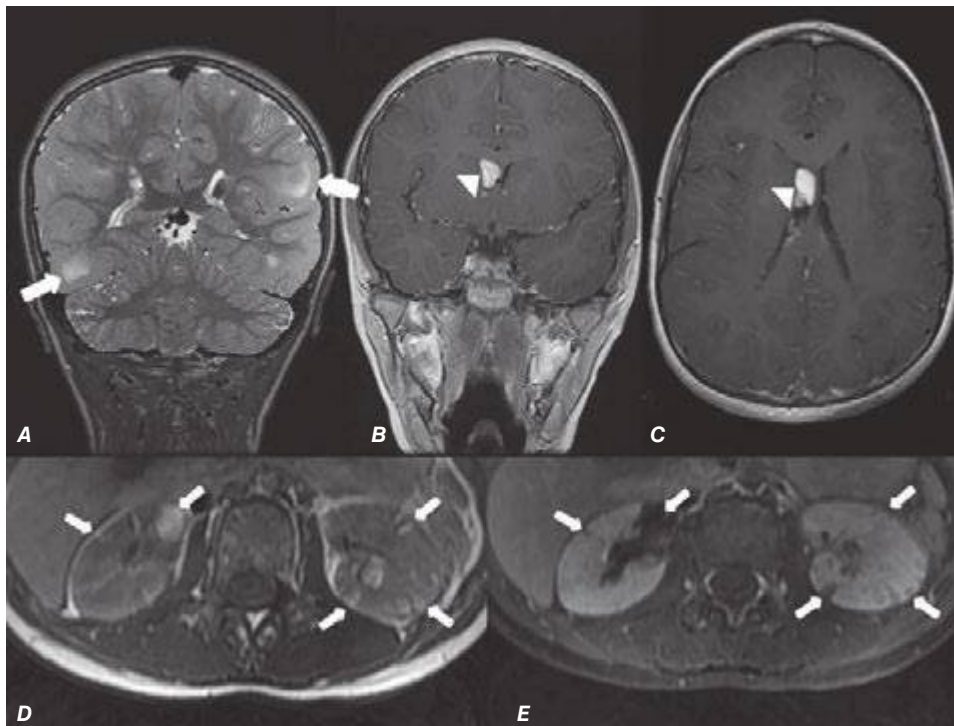


FIGURE 441e-45 Tuberosclerosis (Chap. 118). Coronal T2-weighted MRI (**A**) shows multiple T2 hyperintense lesions in a cortical and subcortical distribution (*arrows*). Coronal and axial postcontrast T1-weighted image (**B, C**) demonstrates an expanding nodule with intense enhancement in the proximity of the right foramen of Monro, consistent with a subependymal giant-cell astrocytoma (SEGA) (*arrowheads*). Surveillance T1-weighted image (**D**) and postcontrast T1-weighted image with fat saturation (**E**) show multiple bilateral renal lesions with signal intensity of fat, consistent with angiomyolipomas (*small arrows*).