

FIGURE 441e-50 Brainstem glioma (Chap. 118). Axial T2 FLAIR MRI (**A**) demonstrates increased T2 signal and marked enlargement of the pons (*large arrows*), which engulfs the basilar artery (*small arrow*). These findings are characteristic of brainstem glioma. At the time of diagnosis, these lesions are typically low grade without abnormal enhancement, as shown by axial postcontrast T1-weighted image (**B**).



FIGURE 441e-51 Pilocytic astrocytoma (Chap. 118). Axial T2-weighted and T1-weighted postgadolinium images (**A, B**) show a cystic lesion with peripheral enhancement and an enhancing solid component located in the posterior fossa (*arrows*). These findings are suggestive of a pilocytic astrocytoma. Note that the lesion exerts mass effect on the fourth ventricle, which is compressed (*curved arrows*).

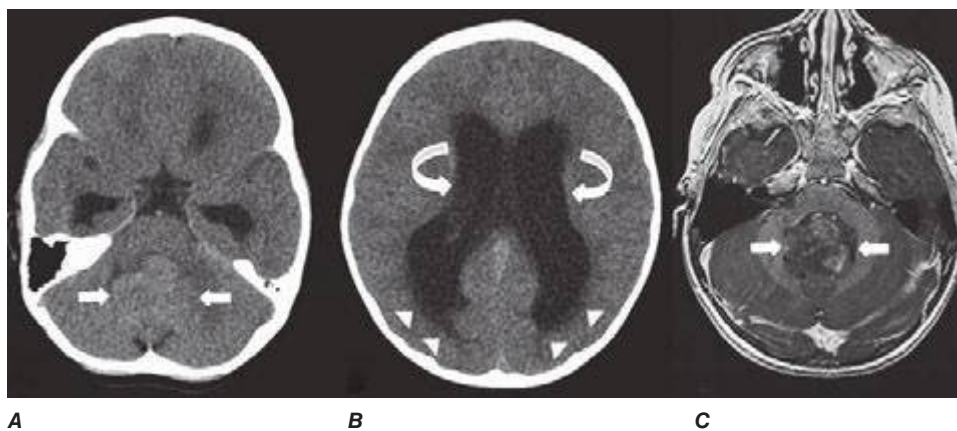


FIGURE 441e-52 Fourth ventricle ependymoma causing hydrocephalus (Chap. 118). Unenhanced axial CT images (**A, B**) demonstrate an expansile mass lesion, isodense with brain parenchyma, filling the fourth ventricle (*arrows*) and causing obstruction of cerebrospinal fluid flow, dilation of the lateral ventricles, and hydrocephalus (*curved arrows*). The hypoattenuation within periventricular white matter bilaterally represents transependymal flow (*arrowheads*). Axial T1-weighted postgadolinium MRI confirms the presence of a heterogeneously enhancing mass filling the fourth ventricle (*arrow*), which is suggestive of ependymoma.