

Image in Medicine

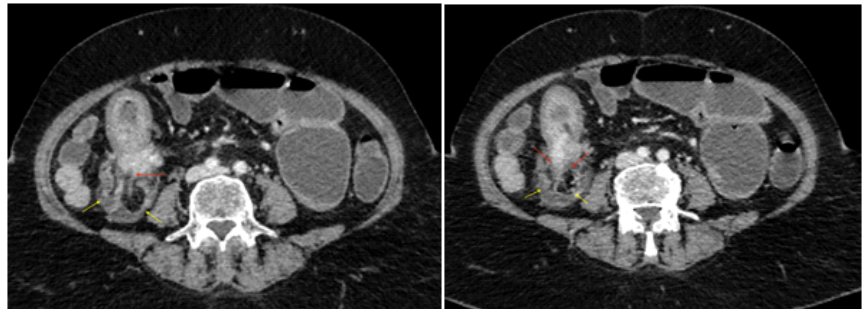
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Quiz 1

CT Scan Images of a 60-year-old Female who Presented with Acute Abdominal Pain and Vomiting.

Questions :

- (1) What is the Diagnosis?
- (2) What is the Etiology?
- (3) What are the common locations?



Answers :

(1) There is invagination of a segment of bowel loop along with its mesentery into its adjacent segment giving bowel-within-bowel configuration. These findings are suggestive of ileocecal intussusception. The prolapsing part of the bowel is described as the **intussusceptum (red arrow)**, while the distal segment of bowel receiving the intussusceptum is described as the **intussusciens (yellow arrow)**.

(2) In children, a lead point is not identified in 90% of cases, and this is most frequently related to hypertrophic lymphoid tissue. In infants and adults, a lead point is more frequently identified. The common lead points are Gastrointestinal Malignancy (Colorectal Carcinoma, Metastases, Lymphoma), benign neoplasms (GIST, Polyps, Lipoma), Congenital (meckel's diverticulum, duplication cyst).

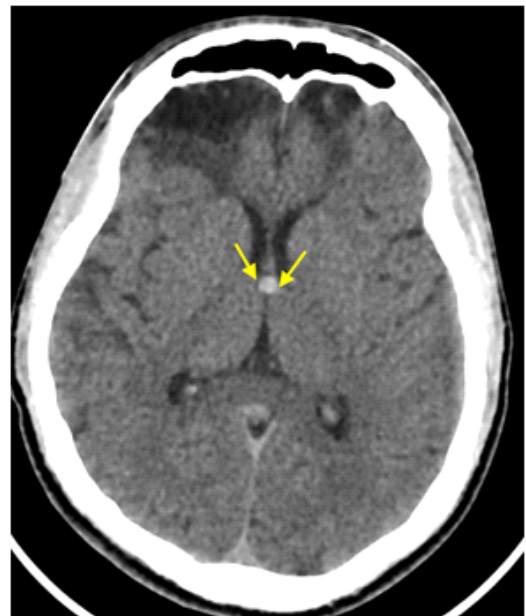
(3) Ileocolic is the most common site followed by ileoileocolic. Ileoileal and colocolic are uncommon.

Quiz 2

Incidental Pick up on CT Scan Images of a 34-year-old Male, who was Scanned to Follow up Frontal Lobe Gliosis.

Questions :

- (1) What is the diagnosis ?
- (2) What is the pathology ?
- (3) What are the differential diagnosis ?



Answers :

(1) Well defined rounded , sharply demarcated hyperdense lesion is seen at the foramen of Monro (arrow), suggestive of colloid cyst.

(2) Colloid cysts are lined by a single layer of columnar epithelium which produces mucin. They originate from the abnormal folding of the primitive neuroepithelium. They are seen at roof of the third ventricle, immediately adjacent to the foramen of Monro and can cause obstructive hydrocephalus.

(3) Other masses which arise in the region of foramen of Monro are subependymal giant cell astrocytoma and meningioma.

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