MRI OF SPACE OCCUPING LESIONS OF THE SELLA TURCICA

Essay

Submitted for partial fulfillment of the Master Degree of the Radiodiagnosis

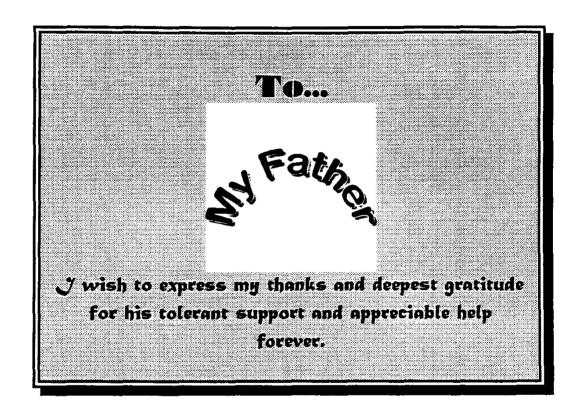
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CONTENTS

	Page
Introduction	1
Pituitary anatomy and emberiology	4
Normal MRI anatomy of the sellar region	9
Pathology of the sella turcica region	19
MRI of sellar space occuping lesions	55
Discussion	109
Summary	117
References	120
Arabic Summary	

LIST OF FIGURES

Fig.	Title	Page
No.	TIME	1 age
1	Fig. (1)	3
2	Normal sagittal pituitary. (A) The Tl-weighted image shows a normal pituitary stalk (long arrow). The posterior pituitary contains fat or lipid and is brighter (short arrow) than the remainder of the gland. This is separate from the fat in the marrow of the dorsum sellae (arrowhead). (B) A Tl-weighted image in another patient shows the chemical shift artifact (arrow) as a low-signal-intensity line just anterior to the fatty marrow in the dorsum sellae. The posterior pituitary does not show an increase in signal intensity in this patient. (C) A postcontrast Tl-weighted study in the same patient as (B) Shows intense enhancement of the normal stalk and gland. The wide curvilinear lines (arrows) above the gland are a pulsation artifact from the superior sagittal sinus.	5
3	Normal coronal pituitary. (A) The Ti-weighted scan demonstrates the normal anatomic structures in this region: I, pituitary gland; 2, optic chiasm, 3, cavernous sinus; 4, lateral dural line of 3; 5, suprasellar cistern; 6, anterior recess of third ventricle; 7, pituitary stalk or infundibulum. (b) The first echo of the T2-weighted scan (TR-TE= 3000/45) shows the normal pituitary (arrows) and the suprasellar cistern with CSF that has slightly increased signal intensity. The carotid arteries and lateral margin of the cavernous sinus have low signal intensities. (C) The pituitary is a little easier to identify with its lower signal intensity (arrows), compared with the bright CSF in the suprasellar cistern on this second echo of the T2-weighted scan (TR-TE= 3000/90). The optic chiasm can be seen (large arrow). The arterial structures demonstrate signal void. (D) The postcontrast T1-weighted scan shows a normally enhanced pituitary gland and stalk. The cavernous sinus is a little more intensely enhanced than the pituitary. On the right, notice CNIII (arrowhead). The mandibular division (V3) of the CNV can be seen extending through the foramen ovale on the left (arrows).	10
4	(A) A 3mm coronal postcontrast Tl-weighted spin-echo image (TR/TE- 650/20) shows a normally enhanced pituitary gland and stalk. (B) This postcontrast coronal image was reformatted from a 3D volume FLASH acquisition (50°, TE=8, TR=40). The enhanced pituitary gland is better seen because the reformatted views are obtained from 127 truly contiguous l-mm sections. By utilizing a thinner section, resolution is sufficient to visualize structures in the contrast-enhanced cavernous sinus. Notic the CN lll on the left (arrow).	12

- Normal sagittal sella, This sagittal TR 600/TE 20 msec image illustrates the excellent detailed imaging of the sella by MR. Labeled structures include the anterior pituitary gland (open arrow), the bright posterior pituitary (neurohypophysis) (arrowhead), the tuber cinereum (curved arrow) just anterior to the mamillary bodies, the pituitary stalk (short arrow), and the lamina terminalis (long arrow) forming the anterior wall of the third ventricle.
- Normal bulging contour of the pituitary. This coronal TR 1500/TE 20 msec spin-echo image through the pituitary stalk (straight white arrow) demonstrates a superior bulging contour (arrowheads) of the pituitary gland. This is a rather common nonspecific finding and is a normal variant in most situations. It can be associated with microadenomas but is so common that its significance is limited. The anterior third ventricle (black solid arrow) and the supraclinoid carotid artery (open black arrow) are labeled. The low signal dural margins of the cavernous sinus are seen (curved white arrow).
- (A) There is a mottled-intensity suprasellar mass that extends upward and to the right on this coronal TI-weighted image (TR-TE = 700/I7). (B) The sagittal image shows a high signal intensity region (arrow) that represents the more lipid component of the surgically proven craniopharyngioma. (C) The T2-weighted coronal image (TR/TE= 3000/90) shows typical, high signal intensity with a lobular tumor contour. Notice the different signals of the tumour and normal pituitary (arrows). (D) With enhancement of the tumor rim, the cyctic component is accentuated. There is a small nodular area of enhancement along the upper rim (upper arrow). Notice the normally enhanced but slightly compressed pituitary (lower arrow). (E) The sagittal postcontrast study shows the cyctic intrasellar extension, which is seen occasionally with craniopharyngiomas (arrows). The rim of enhanced tissue anterior to this cystic change is compressed normal pituitary. Notice the enhanced nodule and wide pulsation artifact.
- (A) There is a small area of slightly diminished signal intensity (arrow) in the right pituitary in this patient with elevated growth hormone assays. The gland shows a slight upward convexity on the right and deviation of the stalk to the left on this TI-weighted coronal image (TR/TE= 700/I7). (B) The T2-weighted coronal image (TR/TE= 3000/90) shows the adenoma as an area of diminished signal intensity (arrow). (C) The normal pituitary gland intensely enhances after contrast administration. The adenoma does not enhance. (D) The lack of enhancement of the adenoma is better shown on the sagittal TI-weighted scan. Notice the enhancement in the internal cerebral vein (black arrow) and the great vein of Galen (white arrow).

18

9 (A) The coronal precontrast Tl-weighted image (TR/TE= 500/20) shows no significant abnormality in the pituitary signal intensity.
(B) A diminished area of signal intensity is noted on the Tl-weighted postcontrast image on the left side of the pituitary gland (arrow). The patient had clinical symptoms of Cushing's disease.

34

51

- A, Optic-hypothalamic glioma. This sagittal TR 600/TE 20 msec spin-echo image demonstrates marked thickening of the optic chiasm and hypothalamic region (white arrows). There is distortion of the anterior third ventricle. The underlying pituitary gland (black arrow) is normal. B, Optic nerve glioma. This axial spin-echo TR 3000/TE 80 msec image demonstrates marked thickening and increased signal of an invasive optic glioma. The lesion involves the posterior portion of the optic chiasm and extends into the optic tracts (black arrows). The superior portion of the brainstem, involving the region of the substantia nigra (open white arrows), is seen enveloping the red nuclei (arrowheads).
- Microadenoma. A small circular low-signal prolactin-secreting pituitary tumor (arrow-heads) is seen in the right portion of the sella on this TR 1500/TE 20 msec spin-echo image. The pituitary stalk (arrow) is slightly shifted to the left, and there is minor bulging of the upper margin of the pituitary.
- (A) There is a rounded area of increased signal in the right pituitary on the Tiweighted image (TR/TE= 700/17). Very slight convexity of the upper pituitary margin results. There is a slight left deviation of the stalk or infundibulum. (B) The second echo of the T2-weighted scan (TR/TE = 30000/90) shows this as an area of low signal intensity (arrow). Thus the lesion is more likely to contain lipid, rather than hemorrhage. The surgeon chose follow-up MRI and postponed the scheduled surgery. (C) The postcontrast TI-weighted coronal image illustrates the false information that would have been obtained without the precontrast study. The adenoma is obscured by the enhanced normal pituitary gland.
- (A) A large, low-signal-intensity area is seen in the left pituitary on this coronal Tl-weighted image (TR/TE= 650/20). This produces on asymmetric convexity of the pituitary and deviates the pituitary stalk to the right. The tiny area of bright signal intensity (arrow) at the base of the gland represents the tip of a marrow-containing bony sphenoid septum. (B) The coronal T2-weighted image (TR/TE = 3000/90) shows a slight increase in signal intensity in the lesion (arrows), which is much less than in the adjacent suprasellar cistern. (C) The pituitary stalk and normal pituitary, including the rim of the cyst-like area, show enhancement on the postcontrast Tl-weighted image. The low intensity microadenoma does not enhance.

(A) There is a low-signal intensity, large microadenoma in the right pituitary on this Tl-weighted coronal image (TR/TE= 650/20). (B) The first echo of the T2-weighted scan shows the adenoma as an area of increased signal (arrow). (C) After contrast, a portion of the adenoma shows intense enhancement (arrow) on the Tl-weighted image. This is a more unusual pattern because most adenomas remain hypointense after contrast.

67

- Macroadenoma. A small pituitary adenoma (open black arrow) is seen on this coronal TR 1500/TE 20 msec spinecho image. The pituitary stalk (white arrow) is significantly shifted to the left. The signal of the gland itself is not particularly abnormal, but the overall volume of the gland is slightly enlarged, and there are findings consistent with mass effect related to asymmetric bulging of the superior margin of the pituitary.
- (A) A coronal precontrast Tl-weighted image (TR/TE-650/20) shows a macroadenoma of the pituitary. The upper margin abuts the optic chiasm on the left. There is lateral extension of the tumor into the left cavernous sinus, evident from the narrowing of the internal carotid artery and displacement (arrows). (B) There is diffuse enhancement of the macroadenoma on the postcontrast Tl-weighted coronal scan. The arterial encasement is well defined. The thinning of the sellar floor and downward extension of the tumor into the sphenoid sinus are better seen with contrast enhancement.
- (A) There is a large macroadenoma of the pituitary, with draping of 17 optic chiasm over the upper convexity of the mass. There is an increase in signal intensity in several areas, but it is most intense in the dome (arrow) of the mass (TI-weighted image). (B) Increase in signal intensity occurs in the same regions on the T20weighted image (TR/TE= 3000/90). This is consistent with subacute hemorrhage, which was surgically documented. (C) The postcontrast TI-weighted image (TR/TE= 700/I7) demonstrated enhancement, which obscures the underlying pathology. The smooth displacement of the carotid arteries that occurs in macroadenomas is better shown after enhancement (arrows). (D) This T2-weighted coronal image (TR/TE= 3000/90) was obtained from a pituitary study in another patient with pituitary apoplexy and subarachnoid hemorrhage several months before this scan. Notice the black or low-signal outlining the subarachnoid space. This represents superficial hemosiderin deposition from previous hemorrhage (arrows).

A, Pituitary adenoma-cavernous sinus invasion. An invasive pituitary tumor (thin white arrows) is seen on this TR 600/TE 20 msec sagittal image expanding the sella, destroying the clivus, and encroaching on the optic chiasm (large white arrow). B, This coronal TR 1500/T\$ 20 msec image demonstrated envolopment without stenosis of the left carotid artery (straight white arrow). Notice that the separation of the pituitary gland from the normal cavenous sinus on the right (curved white arrow) is maintained. On the left the dural margin of the cavernous sinus (black arrows) is bowed into the temporal lobe. The lesion also extends into the

(optic white arrows).

sphenoid sinus inferiorly and towards the optic chiasm superiorly

- A. proteinaceous cystic pituitary adenoma. In this MR image of a 19 young man who presented with visual symptoms secondary to compression of the optic chiasm. by a nonfunctioning macroadenoma, the sagittal TR 600/TE 20 msec spin-echo image demonstrates a large pituitary mass extending into the supreasellar cistern (black arrows). The mass extends from the anterior cerebral arteries (solid white arrows) to the floor of the sella. Notic that the signal character is greater for this than for spinal fluid, although less than for brain. B. This cystic pituitary tumor demonstrates markedly increased signal on this TR 1500/TE 60 msec sequence. There is displacement of the cavernous (curved white arrows) and supraclinoid (solid black arrows) segments of the carotid arteries. The anterior cerebral arteries (open black arrows) are displaced superiorly. There was no infiltration of the adjacent structures. The optic chiasm is compressed to a thin sheet.
- (A) There is a large, smoothly lobulated macroadenoma on the coronal Tl-weighted image (TR/TE= 700/17). The optic chiasm is thin and droped over the lesion (long arrows). The carotid arteries show smooth lateral displacement (small arrows). (B) The tumor is mottled in signal intensity on the coronal T2-weighted image (TR/TE= 3000/90). There are no focal bright areas to suggest cystic or necrotic changes, which are not infrequent in these tumors. (C) The tumor demonstrates intense enchacement on the coronal post-contrast Tl-weighted image. (D) The postcontrast sagittal image shows significant extension of the tumor into the sphenoid sinus (arrows).

- A. Hemorrhagic macroadenoma. Partially hemorrhagic pituitary adenoma is seen 21 extending out of the markedly expanded and croded sella into the suprasellar cistern on this TR 600/TE 20 meec spin-echo sagittal image. The more inferior portion of the gland has signal character similar to that of brain (white arrows) and is solid. The superior portion of the tumor indents the anterior third ventricle and optic chiasm. There is a high signal subacute hemorrhagic component anteriorly (open black arrows). The lower signal component is dependent and has fluid level (arrowheads). The variations in signal are related to the composition of the hemorrhagic fluid which contains varying amounts of hemosiderin and methemoglobin. B. This coronal spinecho TR 1500/TE 20 maec image demonstrates the massive pituitary tumor (white arrow) extending into the left cavernous sinus (solid black arrow) with some envelopment and narrowing of the carotid artery. The subscute hemorrhage remains intensely bright (open black arrows) in the superior portion of the tumor, which is in contact with the chiasm and undersurface of the third ventricle. C. Note that the subacute hemorrhagic portion of the tumor (black arrows) maintains a very high signal on all pulse sequences, including this coronal TR 1500/TE 60 msec image, in contrast to the nonhemorrhagic tumor (white arrows).
- A, Complex craniopharyngioma. A huge craniopharyngioma of the suprasellar region (closed white arrows) is seen on this TR 600/T\$ 20 msec spin-echo sagittal image. The sella trucica is enlarged, with the pituitary gland displaced to be inferior segment of the fossa (open white arrow). There is a large mixed iso- and low-signal mass filling the suprasellar cistern and extending to involve the third ventricle, the brainstem, the lateral ventricles, and the frontal lobes. B, This axial spin-echo TR 3000/TE 80 msec image demonstrates the high signal component of the cyst in between the inferior margins of the frontal lobes (straight solid arrows). The more mixed solid, cystic, and calcified segment of the tumor is seen in the suprasellar cistern (curved solid arrows) extending into the interpeduncular cistern (open white arrow).
- A, Third ventricular craniopharyngioma. This young adult 23 presented with endocrine symptoms. A partially cystic proteinaceous mass (thick solid arrows) is seen in the anterior third ventricular area on this TR 600/T\$ 20 msec sagittal image. The signal of the mass is higher than that of normal spinal fluid. There is some thickening of the optic chiasm (open arrow). The lateral ventricles are also slightly dilated. Note that the pituitary gland (thin solid arrow) is normal. B. This coronal spin-echo TR 1500/TE 20 msec image demonstrates some thickening and distortion of the optic chiasm (open white arrows) and an ill-defined slightly low signal mass in the anterior third ventricular region (curved white arrows) causing obstruction of the right lateral ventricle (black arrows). Differentiation of this lesion from a primary hypothalamic glioma would be impossible. The pituitary (solid white arrow) is normal.

93

(A) There is a high-signal-intensity intrasellar and suprasellar mass on the coronal Tl-weighted image (TR/TE= 500/20). (B) The sagittal image confirms this appearance. A normal pituitary is not definitely seen. (C) The T2-weighted axial image (TR/TE= 2500/80) reveals a low-signal intensity abnormality, establishing the lipid or fatty nature of this lesion. This Rathke's pouch cyst has a similar signal intensity as might be expected with an intrasellar craniopharyngioms.

94

A. Cavernous sinus meningioma. The infiltrative nature of a cavernous sinus meningioma is well illustrated on this coronal spin-echo TR 1500/TE 20 msec image. The normal right carotid artery (solid black arrow) and Meckel's cave (open black arrow) are seen. On the left the cavernous carotid artery is encased and narrowed (solid white arrow). Notice that the cavernous sinus and Meckel's cave (open white arrow) on the left are not distinguishable and are bowed laterally. The superior margin of the diaphragma sella is also deformed, with a small mass (curved white arrow) extending towards but not touching the optic chiasm. B. The left carotid artery (curved white arrow) is markedly encased and stenosed by the cavernous sinus tumor. The lateral wall of the cavernous sinus (straight black arrows) is brightly outlined by the tumor. There is also extension of the tumor into the prepontine cistern (curved black arrow).

96

A, Suprasellar meningioma. This sagittal TR 600/TE 20 msec spin-echo image demonstrates a nearly isointense meningioma (black arrows) extending from the region of the diaphragma sella (open white arrow) superiorly and anteriorly to involve the area of the planum sphenoidale, the undersurface of the frontal lobe, and the optic chiasm. This patient presented with a visual defect mimicking a pituitary adenoma. B. The suprasellar meningioma is seen on this TR 1500/TE 20 msec image extending above the diaphragma sella (white arrows) to displace the optic chiasm and anterior cerebral artery (black arrow) superiorly.

98

A, Suprasellar arachnoid cyst. A large suprasellar arachnoid cyst (white arrows) is seen on this TR 600/TE 20 msec sagittal image. The cyst erodes and deforms the clinoids (thick white arrows). The floor of the third ventricle (small white arrows) has been pushed far superiorly, compressing the third ventricle, which cannot be seen. There is marked distortion of the brainstem with compression of the cerebral aqueduct (black curved arrow). B, After surgical rupture and collapse of the cyst the floor of the third ventricle (thin white arrows) is now visible. Prior to surgery the cyst wall, floor, and roof of the third ventricle were all compressed to the columns of the fornix. The optic chiasm (large arrow) is very atrophic.

- 103
- (A) A mixed, low-signal-intensity abnormality is shown in the right parasellar region on this Tl-weighted coronal image (TR/TE=700/I7). There is an associated mass effect that displaces the lateral dural margin (arrows), impresses the right pituitary (arrow head), and extends upward into the suprasellar cisten (long arrow). (B) There is a larger low-signal-intensity abnormality from the flow void in the aneurysm of the cavernous carotid artery. A large "zipper" artifact (arrows) extends horizontally across the sellar region on this T2-weighted image (TR/TE= 3000/90). This represents a pulsation artifact that occurs in the phase-encoding axis. (C) The postcontrast Tl-weighted image shows enhancement in the enlarged cavernous sinus. This enhancement rims the lower-signal-intensity aneurysm (arrow). The pulsation artifact is not as evident due to the shorter TE of the Tl-weighted image.
- Empty sella. This sagittal TR 600/TE 20 msec. MR image demonstrates the suprasellar (thick white arrow) and the intrasellar (thin white arrow) segments of the pituitary stalk descending to the floor of a spinal fluid-filled sella (black arrow). The chiasmatic and infundibular recess of the third ventricle can be seen (white curved arrow).

Introduction

INTRODUCTION

The pituitary, appropriately titled the master gland, produces six major hormones, and secretes additional two hormones. Growth hormone (GH) regulates growth and has important influences on intermediary metabolism; prolactin (PRL) is necessary for lactation; Luteinizing hormone (LH) and follicle-stimulating hormone (FSH) control the gonads in men and women; thyroid stimulating hormone (TSH) - thyrotropin - controls the function of the thyroid gland; adrenocorticotropic hormone (ACTH) is responsible for controlling glucocorticoid function of the adrenal cortex. These hormones are all synthesized in the anterior pituitary.

Anti-diuretic hormone (ADH), arginine, vasopressin, and oxytocin are produced in neurones of the hypothalamus and stored in the posterior lobe of the pituitary gland. ADH controls water conservation by the kidneys, while oxytocin is necessary for milk letdown during lactation (Daniels et al., 1988).

The radiographic investigation of sellar and parasellar lesions has undergone rapid change in the last several years. High-resolution C-T scanning was replaced invasive