

CONTINUING MEDICAL EDUCATION ΣΥΝΕΧΙΖΟΜΕΝΗ ΙΑΤΡΙΚΗ ΕΚΠΑΙΔΕΥΣΗ

Pediatric Radiology Quiz – Case 19

A 3-month-old male infant was referred for diagnostic brain ultrasound exam due to large head circumference. Imaging of cranial sutures revealed no pathologic findings. The brain parenchyma was normal. An anechoic (cystic) lesion with smooth margins, without solid component or vascularity, was observed at the choroid plexus of the right lateral ventricle (figures 1–3). The lesion's ultrasound features were suggestive of the diagnosis.

Comment

Choroid plexus cysts (CPCs) are usually incidental findings when performing infant brain ultrasound. CPCs are not real cysts since these spaces are not covered by epithelial cells. They represent spaces filled with cerebrospinal fluid and cellular debris. CPCs generally are not associated with any delay in childhood development. Obstructive hydrocephalus may be observed in rare cases of CPCs with increased size. Their size usually varies from few millimeters to 1–2 centimeters.

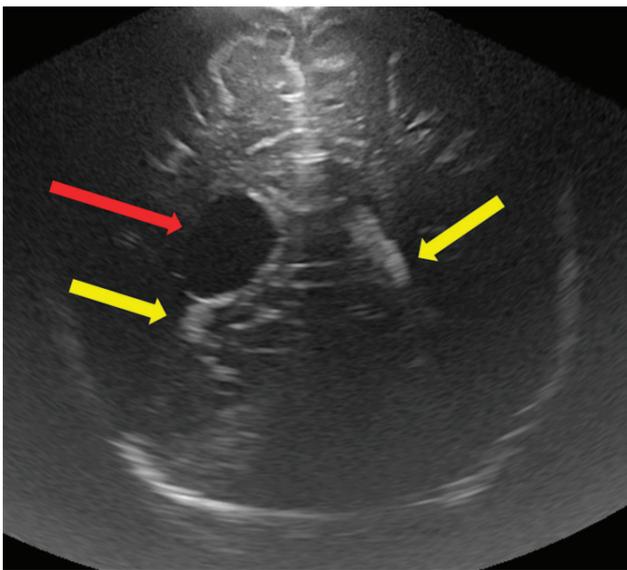
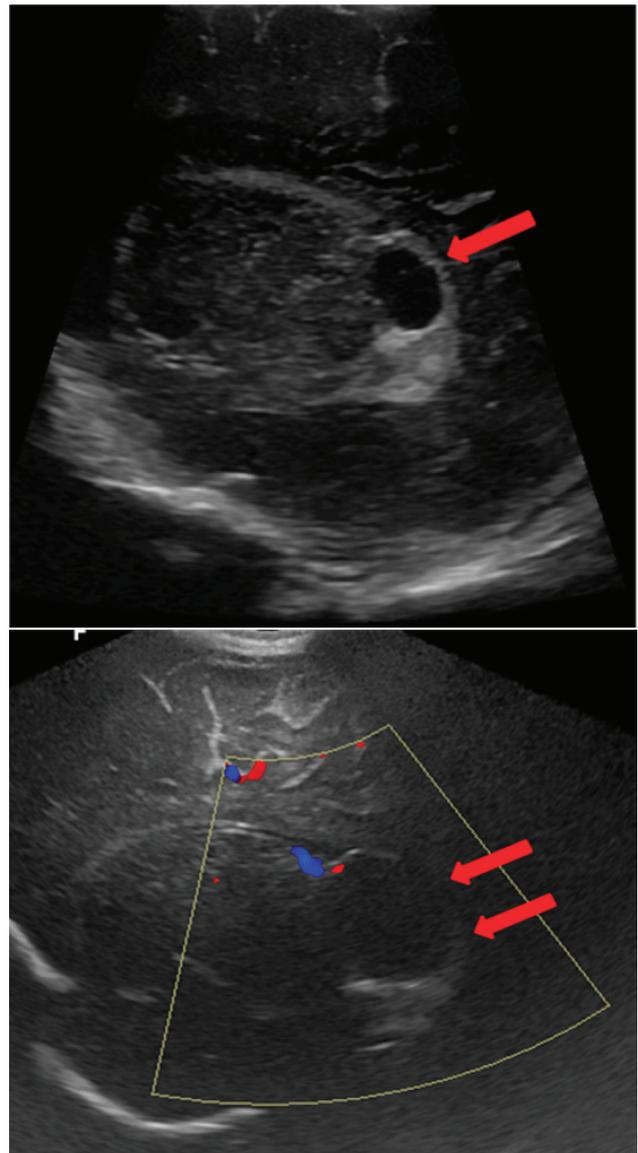


Figure 1. Posterior coronal view at the level of choroid plexus of lateral ventricles (yellow arrows). Of note, an anechoic lesion with sharp margins at the choroid plexus of right lateral ventricle.



Figures 2, 3. Right parasagittal images reveal the cystic lesion at the choroid plexus of the right lateral ventricle (red arrows), with no signs of vascularity.

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