BEST CASES OF THE AIRP

September 26 – October 14, 2011
Musculoskeletal Best Case
59-year-old Caucasian female with a tender, slowly enlarging mass over the left parietal region
Intraosseous Hemangioma, Cavernous Subtype

Ah-Ling Cheng, MD
Foothills Medical Centre
Calgary, Alberta, Canada
Neuroradiology Best Case
83-year-old male with history of known chronic atrial fibrillation for which he was anticoagulated with warfarin. Patient presented with c/o at least 2 weeks of increasing lightheadedness and weakness as well as gross hematuria and melena. On the morning of presentation, he had an episode of nausea and vomiting. While getting up from the toilet, he had a syncopal event and fell, striking his right side and back on the tub, associated with bowel and bladder incontinence.
Subdural Hematoma with Mature Subdural Membranes

Justin Lewis, MD
Dartmouth-Hitchcock Medical Center
Lebanon, NH
Genitourinary Best Case
58-year-old woman with history of type II diabetes mellitus presenting with nausea/vomiting and hematuria
Emphysematous Pyelonephritis

Jonathan Opraseuth, MD
Brigham and Women's Hospital
Boston, MA
PULMONARY AND MEDIASTINAL IMAGING
49-year-old female with progressive dyspnea over months
Left hilar fullness
Endobronchial mass with extension outside the airway
Abnormal hilar density

Consolidation
Mass outside the bronchus
Endobronchial Mass
Adenoid Cystic Carcinoma
(left mainstem bronchus)

Kendall Martin, MD
UCLA Medical Center
Los Angeles, CA
Cardiovascular Imaging
History

24 yo female with chest radiographic abnormality detected during ER work-up for a motor vehicle accident. No significant past medical history. There is a large mediastinal mass which the obscures right heart border.
Contrast-enhanced CT images (axial and coronal) demonstrate a right-sided mediastinal mass with internal HU measuring slightly above water, compatible with proteinaceous fluid vs. hemorrhage. There are rim-like calcific densities and a small focal fat density also within this lesion.
MRI T1-weighted (VIBE) pre-contrast (LEFT) shows heterogeneous internal debris of varying signal intensity (*) but largely bright, suggesting blood or proteinaceous fluid. There is mass effect on right atrium (arrow).

MRI T1-weighted (VIBE) post-contrast (RIGHT) shows only thin peripheral rim enhancement (curved arrow).
MRI In-Phase (LEFT) with ROI over fatty area.

MRI Opposed-Phase (RIGHT) with ROI over fatty area demonstrating drop in signal when compared to In-Phase imaging.
MRI T1-weighted (VIBE) post-contrast coronal image shows heterogeneous internal debris (*) with rim enhancement (curved arrow) and mass effect (arrow).

Gross resected specimen: Pericardial teratoma contains fat, calcification and hair.
Mature Cystic Teratoma of the Pericardium

Indravadan Patel, MD
University Hospitals – Case Medical Center
Cleveland, OH
Pediatric Best Case
13-year-old girl with lower abdominal pain and fever
Crohn Disease of the Appendix

Maria Cerveron Izquierdo, MD
Hospital Universitario Doctor Peset
Valencia, Spain
Breast Best Case
23-year-old woman had a history of 2-3 months of pain in her left breast. She developed a mass during her pregnancy.
Physical examination showed a markedly asymmetric left breast filled by a soft mass and no lymphadenopathy or skin changes.
Lactating Adenoma

Allyson Parnes, MD
University of Massachusetts
Worcester, MA
Gastrointestinal Best Case
72-year-old woman with history of colon cancer, undergoing surveillance imaging
2 years later
Mucinous Adenocarcinoma Metastases

David Fetzer, MD
University of Pittsburgh Medical Center
Pittsburgh, PA
Many thanks to all of you for submitting such great cases!
Have a safe trip home –

From the staff of the
American Institute for Radiologic Pathology