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Benign and Malignant Cervical Lymphadenopathy: A Practical Imaging Approach to the Diagnosis of Common and Uncommon Conditions

A Dhaliwal

J Sharma

S Noujaim

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Materials and Methods

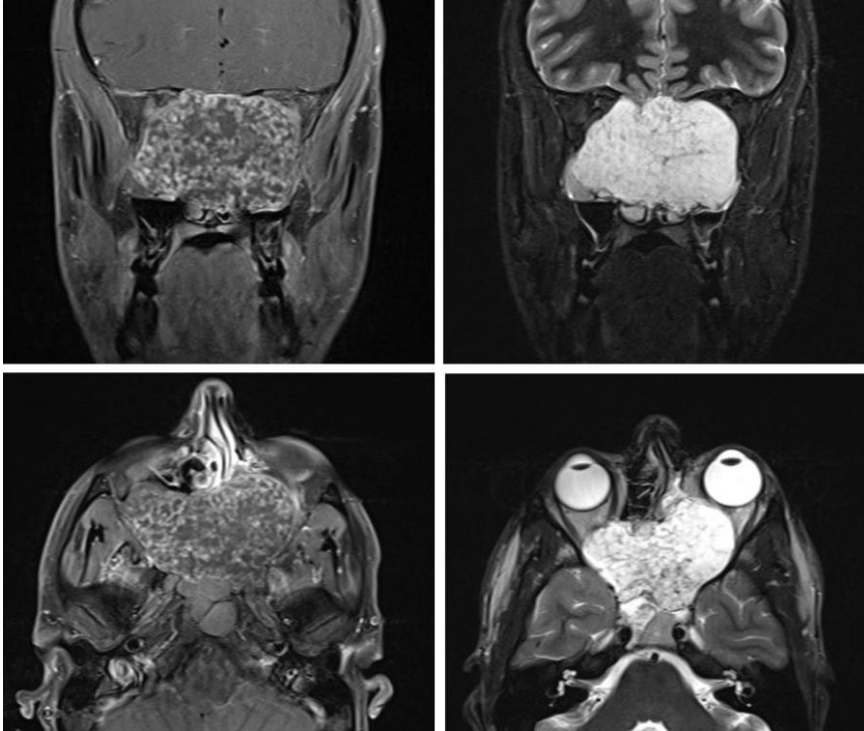
The purpose of this educational exhibit is to review the presentation, epidemiology, imaging findings, associations, differential considerations, and treatments of sinonasal chondrosarcoma.

Results

A review of the literature on sinonasal chondrosarcoma will be performed. Case examples will be obtained from our institutional database to create this educational exhibit in a case-based review format.

Conclusions

Table of Contents: I. Epidemiology II. Typical imaging findings (see below) III. Associations a. Ollier disease b. Maffucci syndrome IV. Differential considerations a. Comparison to enchondroma b. Comparison to chondroid chondroma c. Comparison to chondroblastic osteosarcoma V. Grading a. Comparison of Grade I, II, III VI. Treatment strategies a. Surgical resection b. Adjuvant radiotherapy c. Radiotherapy alone Imaging Findings: -Top left and bottom left: Coronal and axial post-contrast T1 weighted MRI images illustrate heterogenous curvilinear enhancement and extension to the bilateral pterygopalatine fossae. -Top right and bottom right: Coronal and axial T2 weighted MRI images show significant T2 hyperintensity of the lesion due to the water content of cartilage. The areas of hypointensity correspond to the ring and arc calcifications typically seen on CT. Additionally, there is bilateral orbital involvement.



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559 Benign and Malignant Cervical Lymphadenopathy: A Practical Imaging Approach to the Diagnosis of Common and Uncommon Conditions

A Dhaliwal¹, J Sharma¹, S Noujaim¹

¹Beaumont Hospital Royal Oak, Royal Oak, MI

Purpose

Generally, cervical lymphadenopathy is a benign, self-limited, and reactive process that is frequently encountered, especially in the pediatric population. However, when present in the setting of a neoplastic process, cervical lymphadenopathy is an important prognostic factor that can alter patient management. Determining the etiology of cervical lymphadenopathy is as essential as its detection. Etiologies include infection, granulomatous disease, malignancy, autoimmune disorders, iatrogenic causes, and miscellaneous or unusual conditions. Careful attention to clinical history and laboratory findings and the use of appropriate radiological imaging is crucial to obtaining the correct diagnosis. A variety of cases, including benign and malignant processes, will be presented along with explanations that emphasize the relevant features, imaging findings, and management (when appropriate) for each entity. Rare entities including but not limited to Rosai-Dorfman Disease, Kikuchi-Fujimoto Disease, Kimura Disease, and amyloidosis, as well as more common entities such as mononucleosis, sarcoidosis, leukemia/lymphoma, and metastatic pharyngeal mucosa and thyroid tumors will be presented in this exhibit.

Materials and Methods

- To highlight key imaging features of entities that can result in cervical lymphadenopathy. - To review the categories of conditions

that can lead to cervical lymphadenopathy. - To emphasize the relevant clinical history and ancillary imaging findings that may aid in making the correct diagnosis.

Results

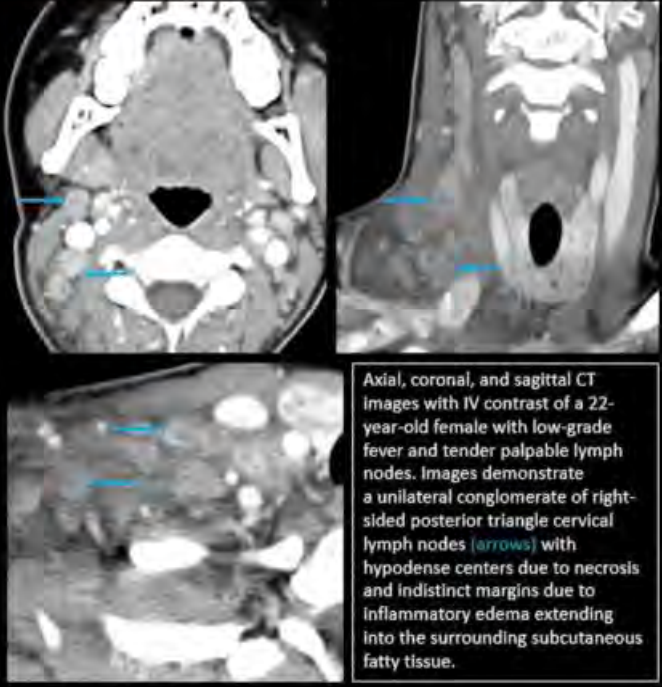
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Conclusions

N/A

Kikuchi-Fujimoto Disease

- **Background**
 - Benign, idiopathic, necrotizing cervical lymphadenitis
 - Unknown etiology, viral or autoimmune mediated mechanisms have been proposed
 - Also known as subacute necrotizing lymphadenitis or histiocytic necrotizing lymphadenitis
- **Presentation**
 - Most commonly occurs in young Asian women
 - Tender unilateral posterior cervical lymphadenopathy
 - Up to 50% have extra-nodal involvement
 - Upper respiratory symptoms, malaise, night sweats, joint/abdominal pain
 - ± leukopenia, elevated ESP/CRP
- **Imaging Features**
 - Unilateral, homogenously enlarged, cervical lymph nodes with perinodal inflammatory changes
 - Posterior cervical and jugular chain lymph nodes (level 5 most common)
 - 20% of nodes display internal necrosis, rim-enhancement, and indistinct margins
 - Enlarged nodes will demonstrate increased FDG uptake on PET/CT
- **Management**
 - Usually self-limited with spontaneous resolution within 1-4 months
 - Supportive care, NSAIDs, oral steroids



Axial, coronal, and sagittal CT images with IV contrast of a 22-year-old female with low-grade fever and tender palpable lymph nodes. Images demonstrate a unilateral conglomerate of right-sided posterior triangle cervical lymph nodes (arrows) with hypodense centers due to necrosis and indistinct margins due to inflammatory edema extending into the surrounding subcutaneous fatty tissue.

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Beyond Meningioma: Review of Dural Lesions and the Role of Imaging in Diagnosis.

T KALELIOGLU¹, D Joyner²

¹UVA, Cville, VA, ²University of Virginia, Charlottesville, VA

Purpose

This exhibit will provide viewers with an in-depth pictorial review of both common and uncommon pathologies affecting the dura and key characteristics that suggest uncommon diagnoses.

Materials and Methods

Dural lesions can be the result of a broad variety of pathologic processes including neoplastic, infectious and inflammatory disorders. This exhibit will familiarize viewers with common and uncommon entities directly involving the dura key imaging features and clues to uncommon diagnoses.

Results

Brain MRI cases with imaging findings of dural lesions were retrospectively collected from our institution.

Conclusions

Dural lesions share similar imaging characteristics; however, some have distinctive imaging findings that along with patient history and laboratory findings can guide the radiologist to the appropriate diagnosis. This pictorial review considers dural lesions including neurosarcoidosis (figure A), idiopathic (figure B) and IGG4 related pachymeningitis, dural lymphoma (primary and secondary), solitary fibrous tumor, and dural metastases as well as the more common meningioma. Brief clinical vignettes including presenting symptoms, physical examination findings, and laboratory evaluations are provided for each case.