History
3 year old male with left-sided weakness.

Diagnosis
Choroid Plexus Carcinoma

Discussion
Choroid plexus carcinoma most often occur in children between the ages of 2 and 4 years. Choroid plexus carcinomas account for 30-40% of choroid tumors in children. Patients may present with focal neurologic deficits, seizure or hydrocephalus. Choroid plexus carcinomas almost always grow into the brain through the ventricular wall and cause vasogenic edema. Intralvesional cyst and hemorrhage are common. Choroid plexus carcinoma can be difficult to differentiate from aggressive choroid plexus papillomas. Both choroid plexus carcinomas and aggressive papilloma commonly metastasize by CSF pathways. Other tumors involving the choroid plexus are unusual and include meningioma, lymphoma, metastatic disease (neuroblastoma, retinoblastoma, Wilms, and melanoma), myofibromas and xanthogranulomas.

Findings
MR-Axial sagittal images show a macrolobulated T2 isointense and postgadolinium hyperintense mass originating from the atrium of the right lateral ventricle and invading the right cerebrum. Note the marked vasogenic edema, mass effect and large intralvesional flow voids.

Reference
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