Choroidal Hemangioma

- Benign vascular lesion
- Circumscribed form in adults ± retinal detachment
- Diffuse form in infants associated with Sturge-Weber
- > T2 signal and enhancement than melanoma

Choroidal Hemangioma

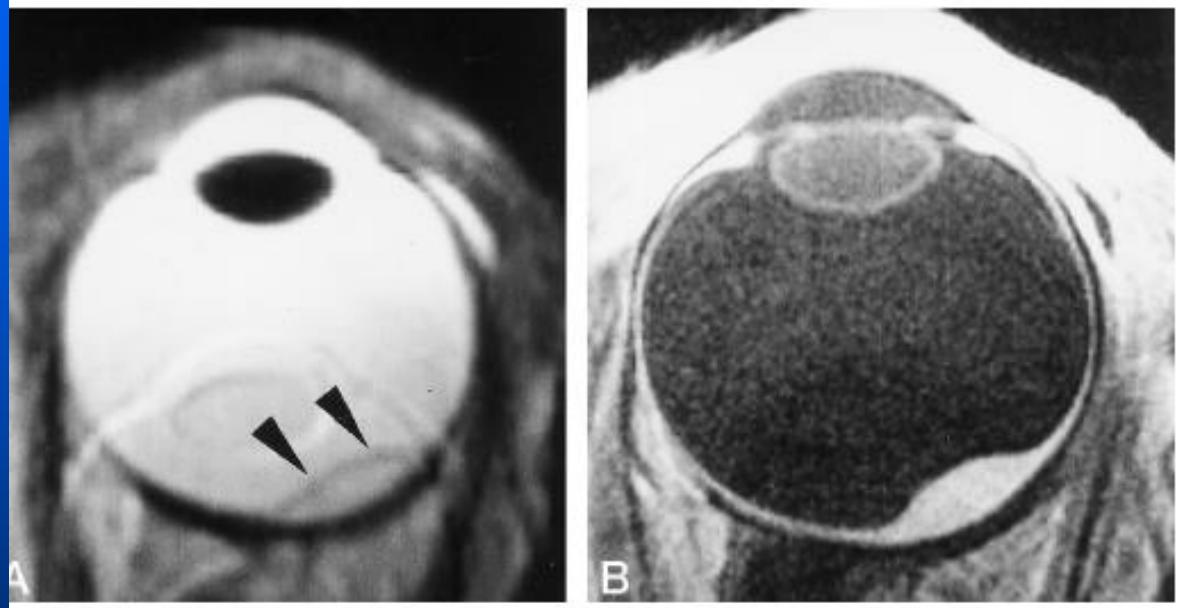


FIG 1. Appearance of choroidal hemangioma.

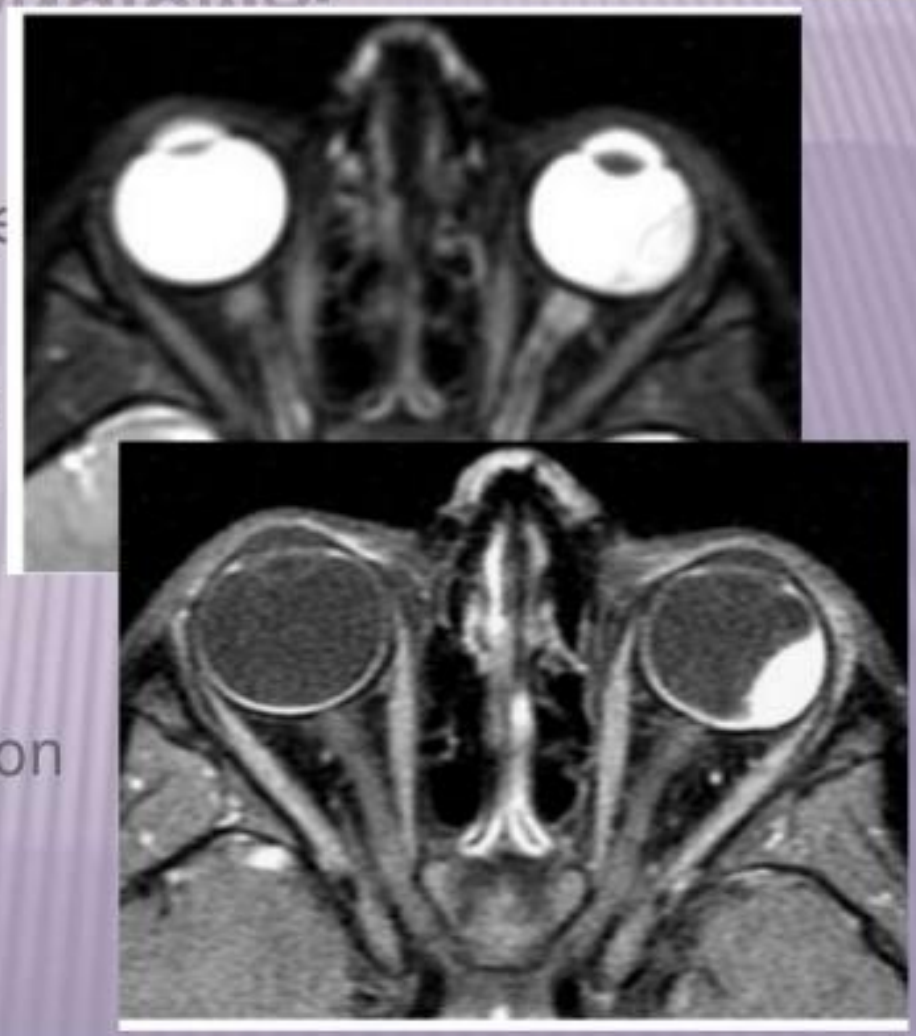
A, Axial FSE T2-weighted (2000/70/1) MR image shows that the overlying retina (*arrowheads*) becomes detectable despite ghosting.

B, Axial contrast-enhanced T1-weighted MR image (600/20/3) shows a high signal increase and homogeneous enhancement of the tumor.

T2 isointense with early strong enhancement characteristic helps to differentiate it from uveal melanoma, seen in sturge weber, lentiform and flat

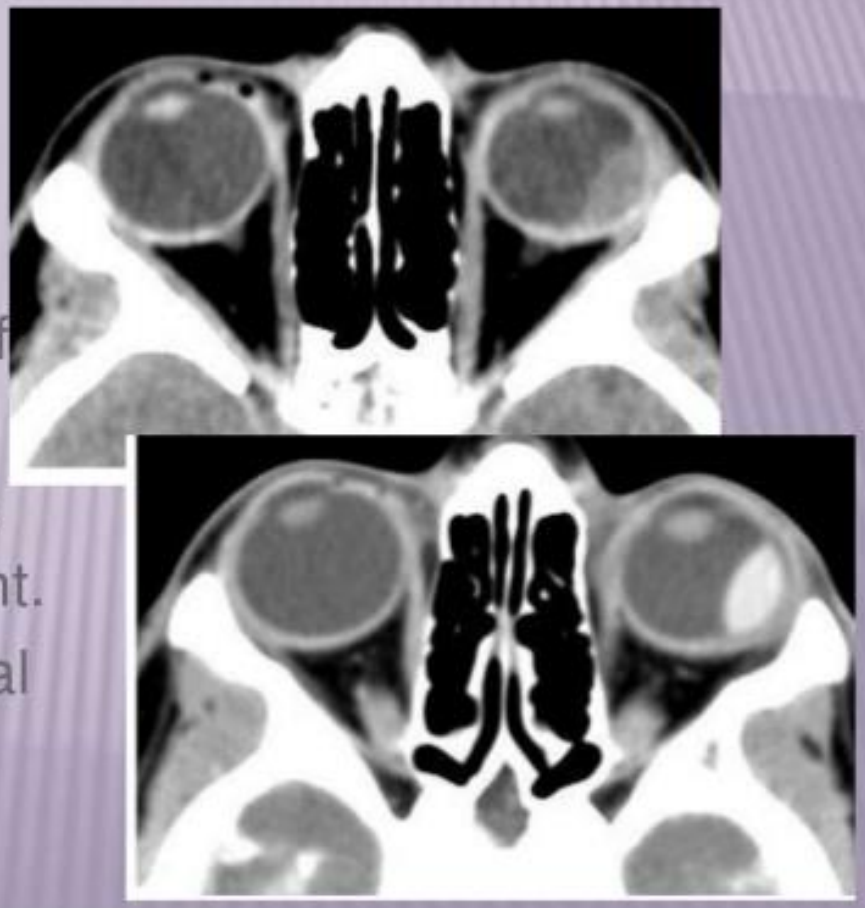
CHOROIDAL HEMANGIOMA:

- On T2WIs, signals typically hyperintense
- Usually isointense to vitreous.
- enhanced intensely after the administration of contrast material.

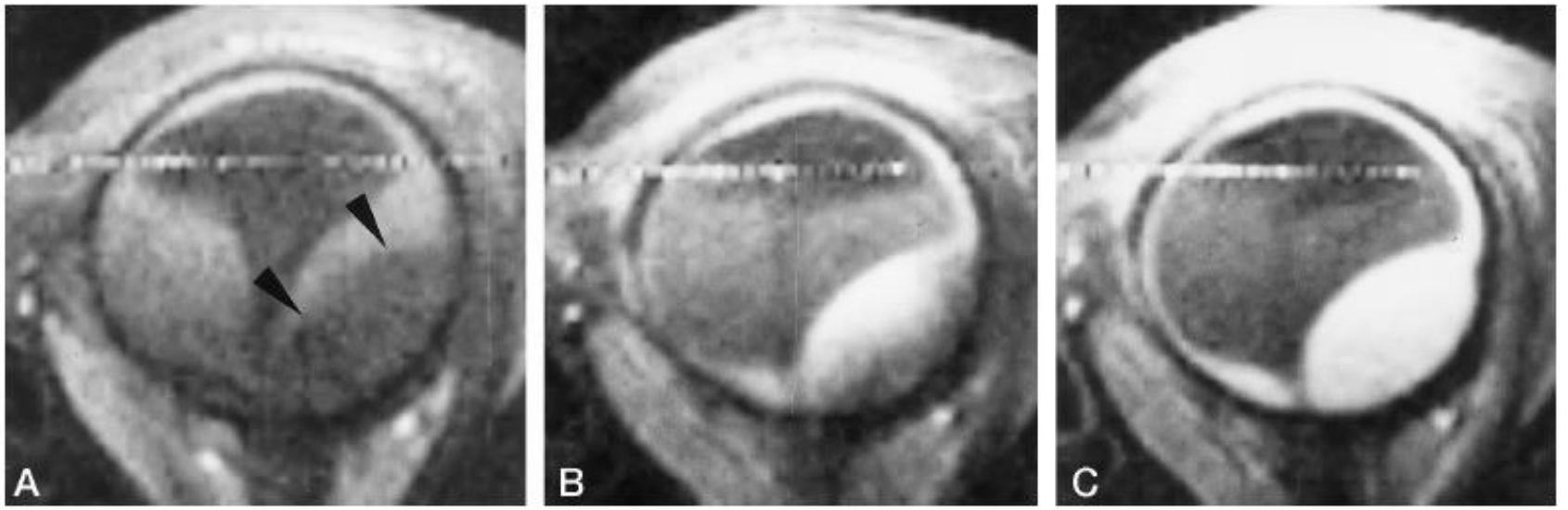


CHOROIDAL HEMANGIOMA:

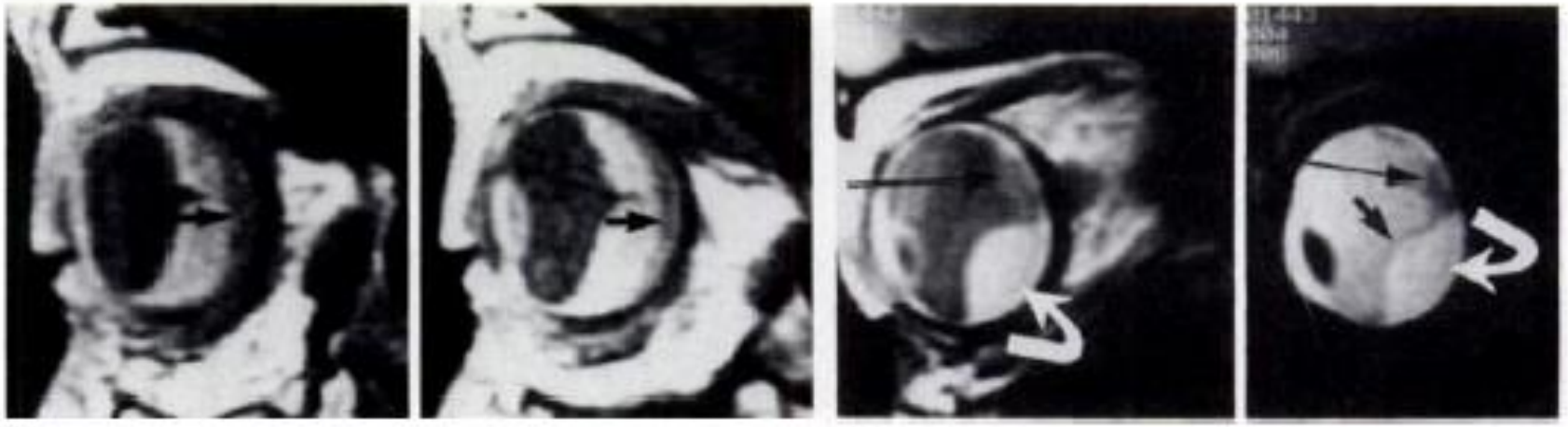
- ***CT imaging:***
- Solitary ill-defined mass.
- Posterior chamber of the globe.
- High CT attenuation.
- Intense enhancement.
- With or without retinal detachement.



Choroidal Hemangioma with retinal detachment



Diffuse Choroidal Hemangioma



11. 12a. 12b.

Figures 11, 12. **(11)** Images of diffuse choroidal hemangioma. Sagittal T1-weighted images shows that the tumor (arrow) is isointense or minimally hyperintense relative to the normal vitreous body and is marginated by a large hyperintense retinal detachment. The patient refused T2-weighted imaging. Sagittal proton-weighted **(12a)** and T2-weighted **(12b)** images show the tumor (long arrow) over the optic disk, which is minimally hyperintense to the vitreous body on the proton-weighted image and hypointense on the T2-weighted image. Abnormal thickening of the retina (short arrow, **b**), confirmed pathologically, permits its visualization as a band of relative hypointensity between the large hyperintense collection of subretinal fluid (curved arrow) and the vitreous body on the T2-weighted image.