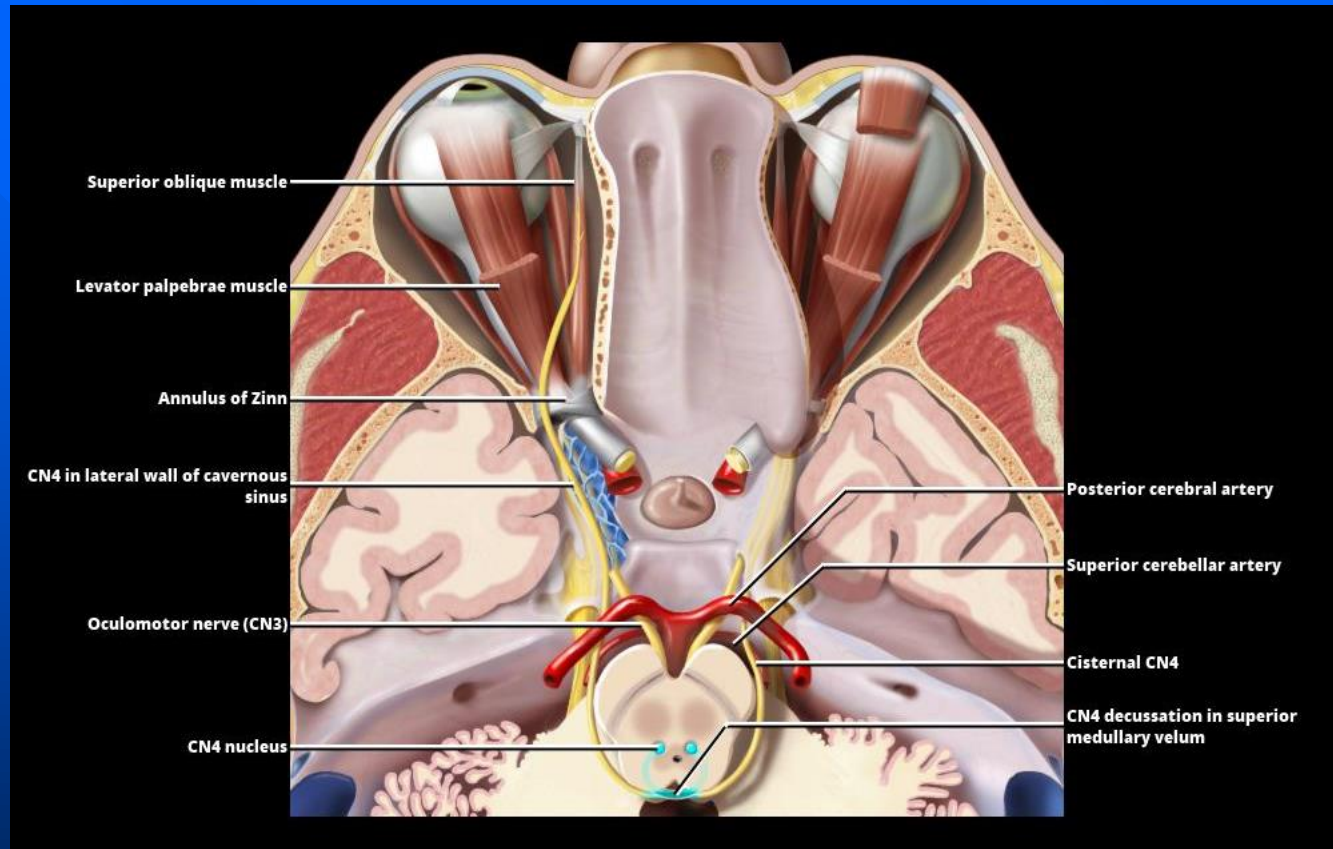


Schwannoma

- Benign encapsulated nerve sheath tumor composed of differentiated neoplastic Schwann cells
 - 99% of all schwannomas associated with cranial nerves
 - 95% involve CN8
 - < 1% of all intracranial schwannomas are intraparenchymal.
- Imaging
 - Heterogeneously hyperintense on T2WI, FLAIR
 - 100% enhance (avid, heterogeneously)
- Trigeminal nerve (CN5) 2nd most common schwannoma
- Schwannomas of all other CNs are uncommon
- CN9 > 10 > 7 > 11 > 12
- Nonvestibular schwannomas of CN3, 4, 6 rare in absence of neurofibromatosis 2
- Multiple nVSs should raise suspicion for Schwannomatosis

DDX:

- Enlarged, enhancing cranial nerve
 - Metastases
 - Lymphoma
 - Multiple sclerosis
 - Neurofibromatosis type 2
 - Schwannomatosis

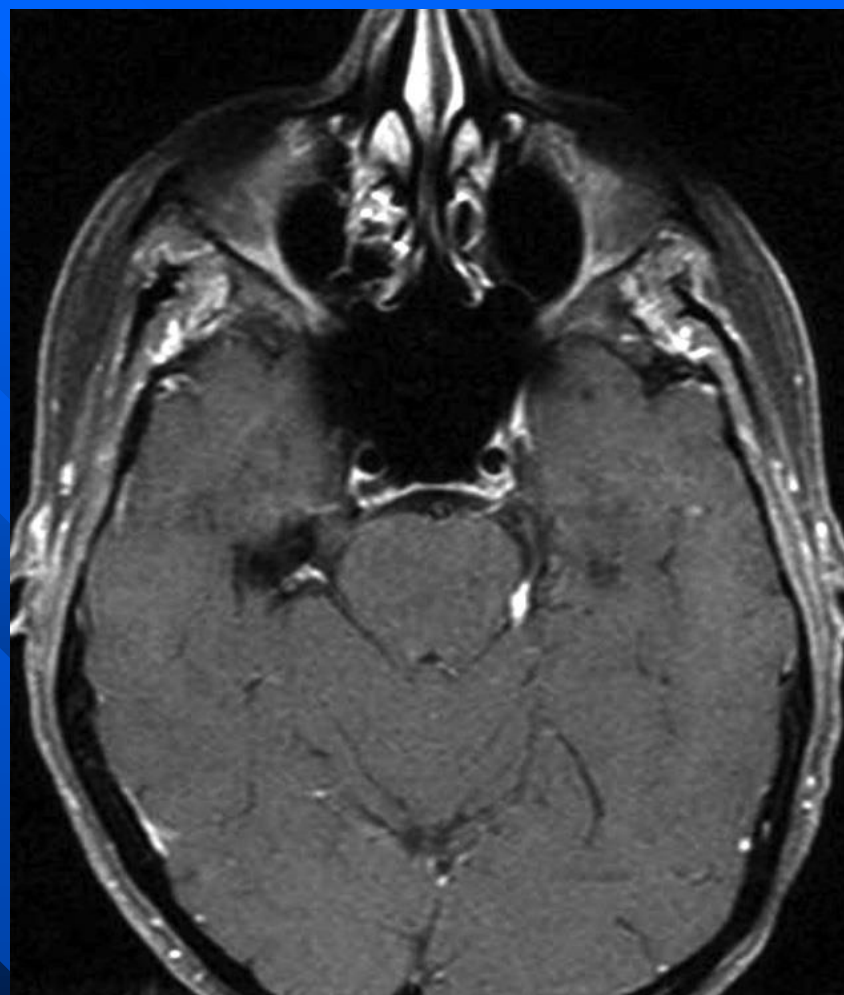
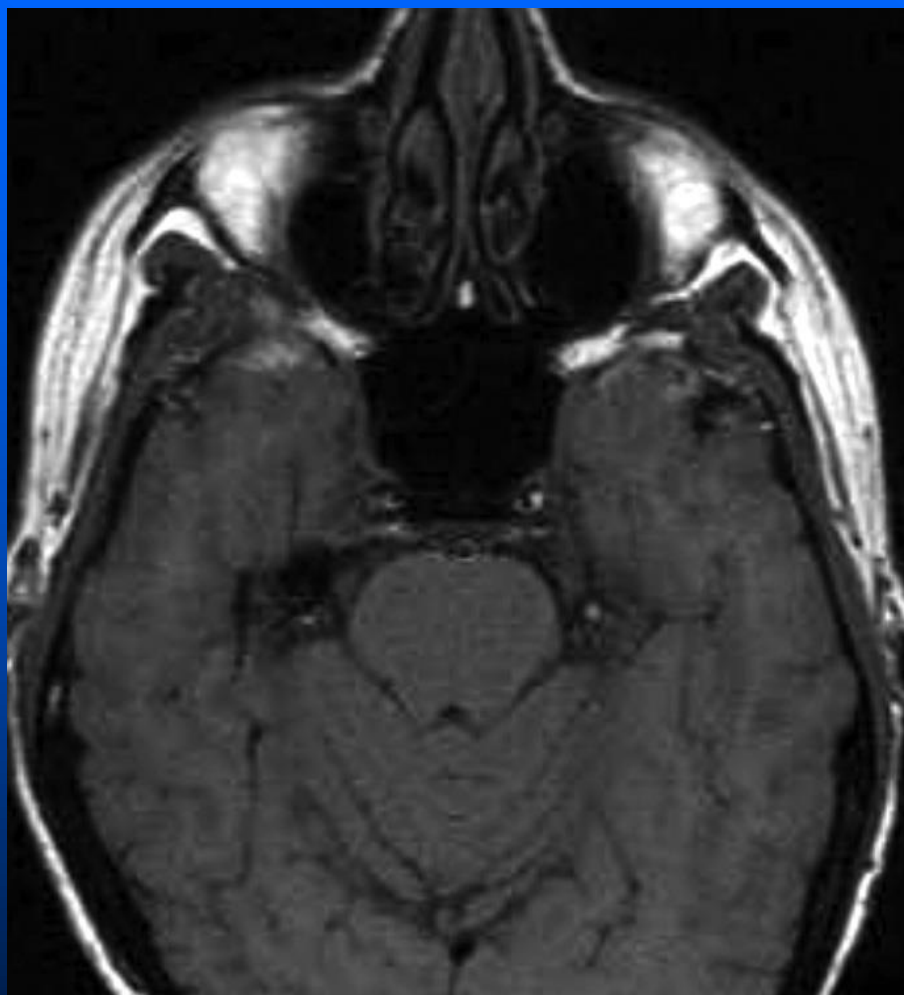


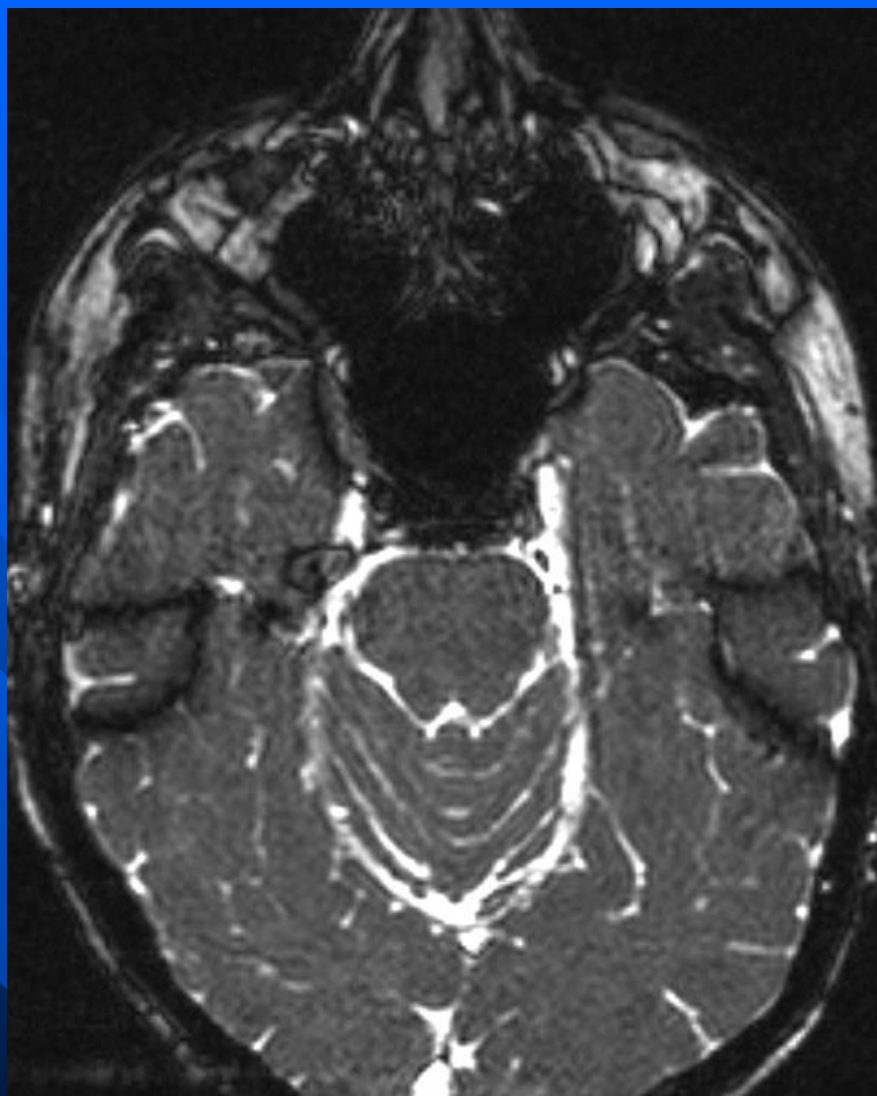
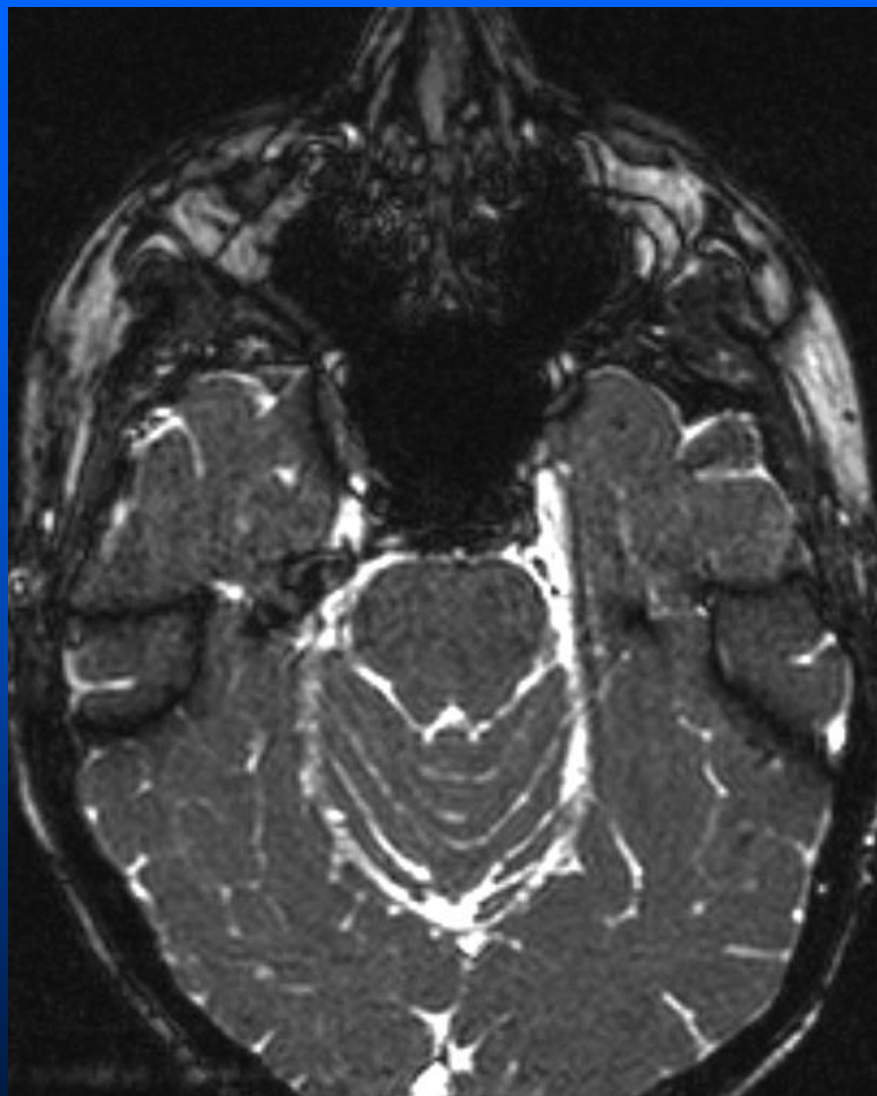
Axial graphic shows trochlear nerves originating from the trochlear nuclei & decussating in the superior medullary velum.

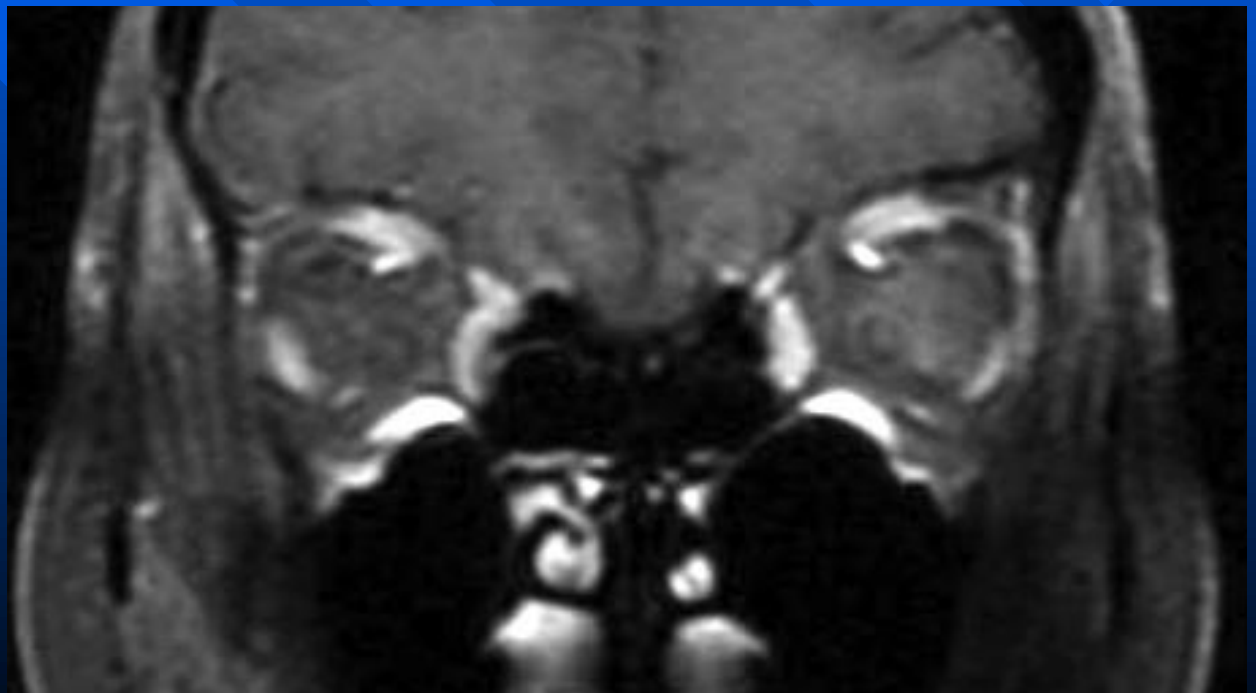
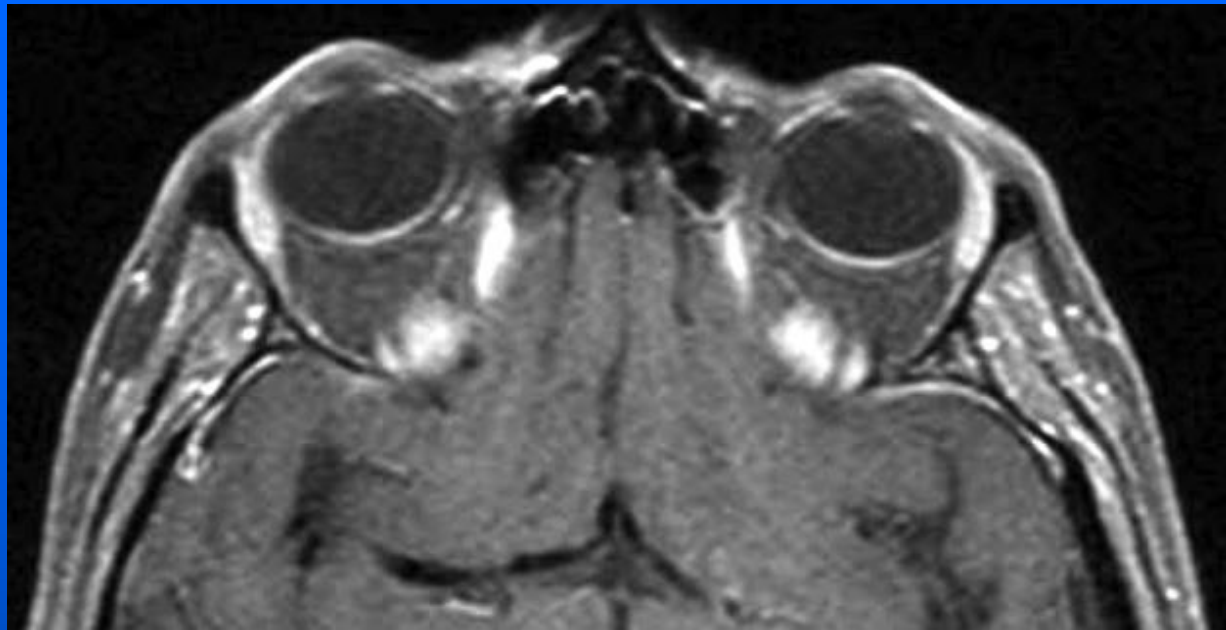
CN4 runs lateral to the oculomotor nerve between posterior cerebral artery and superior cerebellar artery to continue inferolateral with CN3 through cavernous sinus.

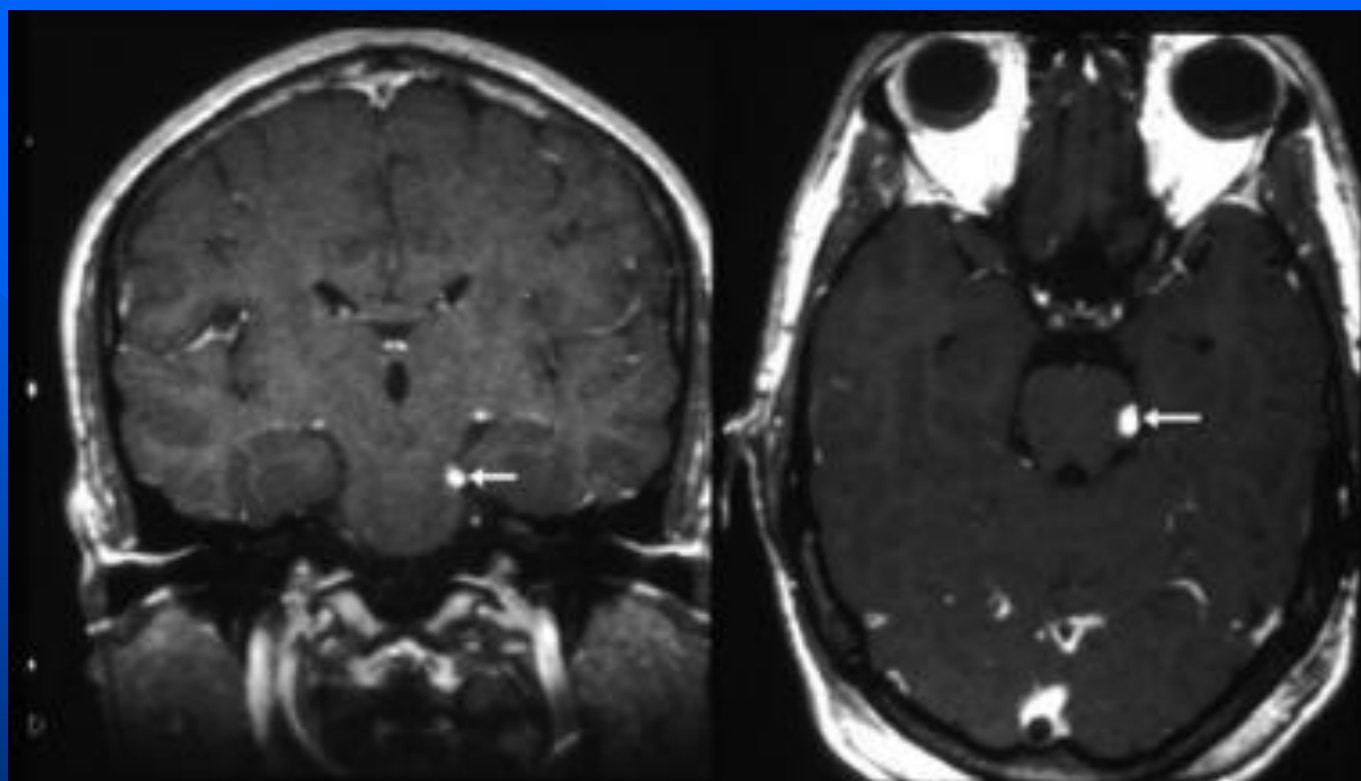
It crosses over CN3 to enter orbit above annulus of Zinn, then courses medially over levator palpebrae muscle to innervate superior oblique muscle.

Left CN IV schwannoma (Trochlear nerve)









Trochlear nerve schwannoma along cisternal & cavernous segments

