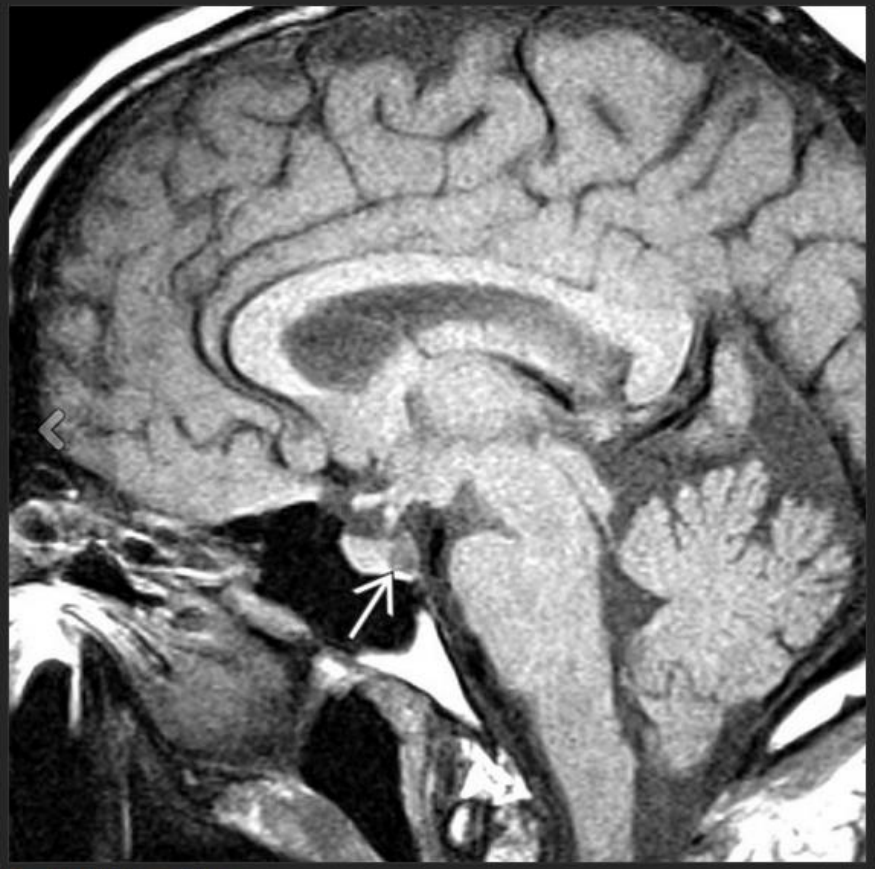
Rathke Cyst

- Nonenhancing, noncalcified, intra-/suprasellar cyst with intracystic nodule
- Completely intrasellar (40%), suprasellar extension (60%)
- Density/intensity varies with cyst content (serous vs. mucoid)
- Can increase or decrease in size.
- Can bleed.

Clinical Issues

- Most are asymptomatic, found incidentally at imaging or autopsy
- Headache (50%)
- Pituitary dysfunction (70%)
  - Amenorrhea/galactorrhea, diabetes insipidus, panhypopituitarism, hyperprolactinemia
- Rare but important: Apoplexy, cavernous sinus syndrome
- Can be indistinguishable from pituitary apoplexy
- Can occur ± intracystic hemorrhage!

Rathke Cyst



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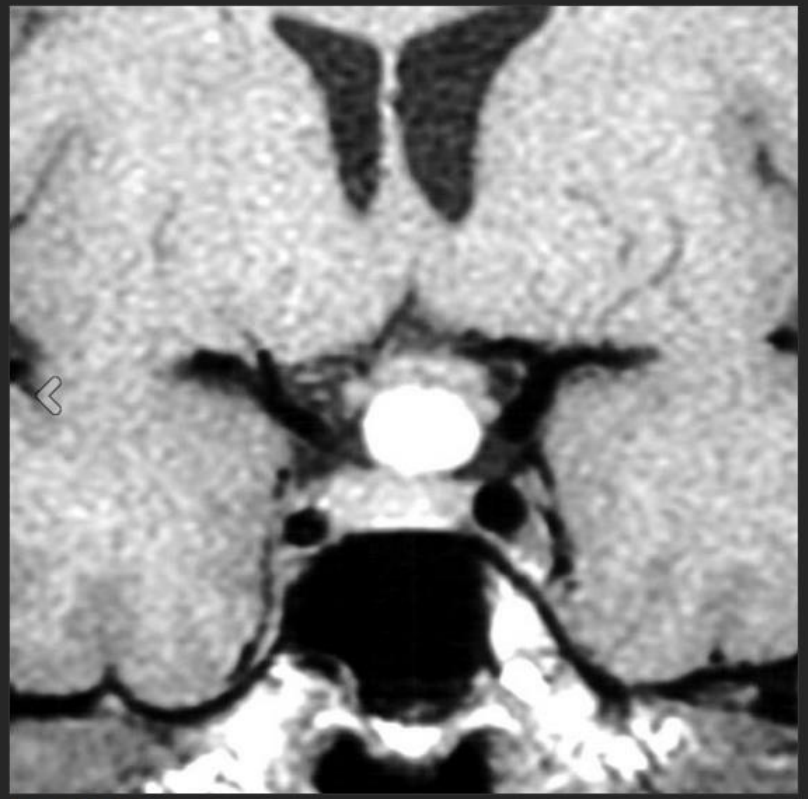
Sagittal T1WI MR in a patient with a headache but no neurologic symptoms shows a small hypointense cyst → that followed CSF on all sequences. It was an incidental finding and presumed to be a Rathke cleft cyst.



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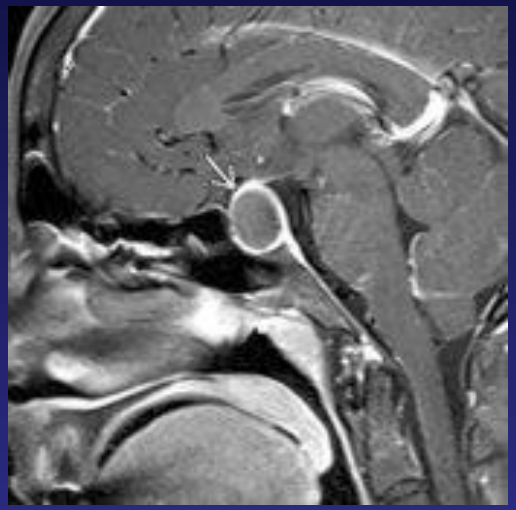
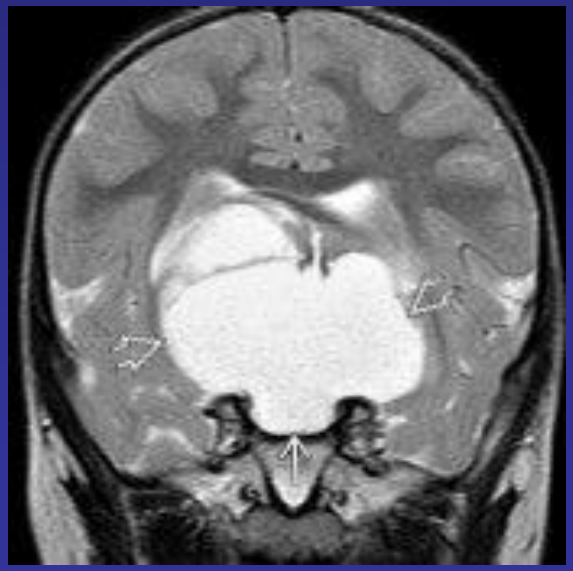
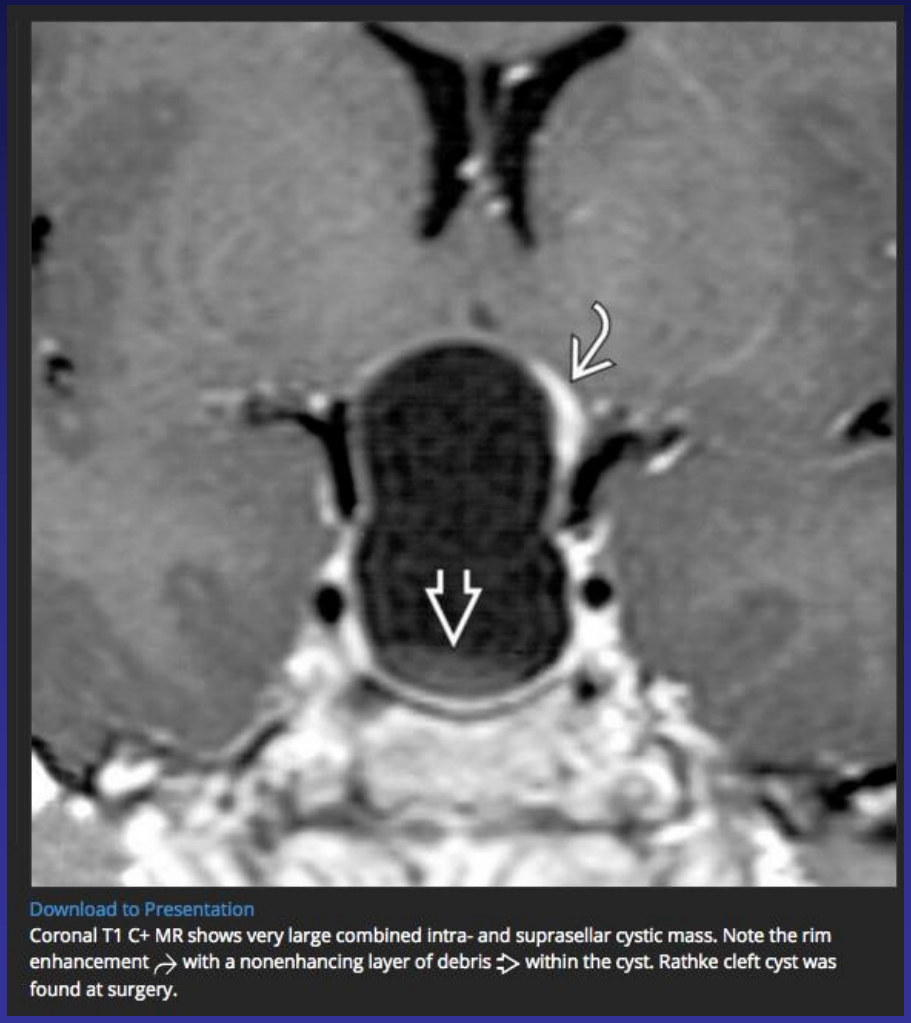
Coronal T1WI MR shows a classic Rathke cleft cyst that elevates and drapes the optic chiasm. The pituitary gland is normal.

Rathke Cyst







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Coronal T1 C+ MR shows very large combined intra- and suprasellar cystic mass. Note the rim enhancement ↗ with a nonenhancing layer of debris ⇨ within the cyst. Rathke cleft cyst was found at surgery.

Bright Sellar mases

- T1 shortening can be due to
- Blood products due to hemorrhage (apoplexy, hemorrhagic adenoma)
- As well as fluid in craniopharyngioma and Rathke Cyst.