CT of Thoracoabdominal Involvement in Erdheim-Chester Disease

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Rydberg et al. Radiographics 2000; 20:1787-1806

## **Volumetric Thin Collimation MDCT**



0.625 mm detector size Axial thickness 0.8 mm Reconst. increment 0.6 mm High frequency algorithm 512 <sup>2</sup> matrix 325 FOV

> 120 Kv 80-160 mAs







Smooth reconstruction algorithm Mediaitinal window settings (40 HU / 400 HU)

High resolution reconstruction algorithm Lung window settings (- 600 HU / 1600 HU)





Periaortic infiltration (coated aorta) extending from aortic arch to abdominal aorta

Periaortic sheating extends upward to proximal portion of supraaortic trunks and inferiorly involves proximal portion of intercostal arteries





#### Mediastinal infiltration with a pseudotumoral appearance

Diffuse mediastinal infiltration with narrowing of the superior vena cava and right pulmonary artery Bilateral pleural thickening and effusions Infiltration of the right atrium wall and right coronary sulcus



### **Bilateral pleural thickening and effusions**

## Bilateral smooth thickening of the interlobular septa Thickening of the fissures



## Normal Appearance

#### Erdheim Chester Disease











## Small nodular opacities and GGO / Thickening of the fissures





## Bilateral and symmetric perirenal infiltration with irregular bands (hairy appearance) / Circumferential sheating of aorta



# Bilateral and symmetric perirenal infiltration with irregular bands (hairy appearance)



ECD confirmed by perirenal biopsy Distal portion of left renal artery and superior mesenteric artery infiltrated and sheated



Bilateral asymptomatic perirenal infiltration extending and expending sinus of left kidney Homogeneous circumferential periaortic infitration



ECD diagnosis obtained from perirenal biopsy Bilateral pelvocalicectasis due to obstruction of upper portion of ureters / Perirenal infiltration





Extension of perirenal infiltration into adrenal fossae and surrounding adrenal gland; left perirenal infiltration extending into anterior pararenal space



CT and MR Imaging Findings of Cerebral, Facial, and Orbital Involvement in Erdheim-Chester Disease

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Cerebral, Facial, and Orbital Involvement in Erdheim-Chester Disease

- > Hypothalamic-pituitary axis involvement
- Meningeal Lesions
- Intraaxial Lesions
- Vascular Involvement
- > Orbital Involvement
- Sinus and Skull Involvement

Drier. Radiology; 2010; 255: 586

#### Hypothalamic-pituitary axis involvement

#### MR images in 30-year-old man with diabetes insipidus

#### Nodular mass of indibular stalk, with homogeneous intense enhancement after gadolinium-based contrast material



#### **T1-WEIGHTED with Gado**



## Meningeal Lesions

#### Coronal T1-eighted gadolinium-enhanced MR images in 62-year-old woman

Multiple enancing dural masses with diffuse ehancing dural thickening and diffuse skull bone thickening <u>Diffuse linear dural thickening</u> and enhancement



Meningioma-like mass lesions / Diffuse perimeningeal thickening

#### **Intraaxial Lesions**

Multiple enhancing intraaxial (supratentorial or infratentorial) focal nodules or masses having isointense signal onT1W images, an iso- or hypointense signal on T2W images, and intense homogeneous enhancementon gadolinium-enhanced T1W images

Axial images in 44-year-old man with cerebellar ataxia: Symmetric hyperintense signal on T2W images in peridentate regions



Bilateral symmetric high signal intensity in the dental nucleus areas on T2W images and corresponding low signal intensiy on T1W images

#### Vascular Involvement

Encasement of the left vertebral artery by a homogeneously enhancing mass



Gadolinium enhanced T1W



#### Coronal Gadolinium enhanced T1W



Intracranial extension of perivascular infiltration along both internal carotid arteries

## Bilateral cervical pericarotid infiltration

Axial Gadolinium enhanced T1W

#### **Orbital Involvement**

MR images in 40-year-old man with exophtalmos: Bilateral retro-ocular intraconal infiltration having low signal intensity and being enhancing



Bilateral or unilateral intraconal masses. Some large masses may extend to extraconal space

#### Sinus and Skull Involvement

T2-W MR: Bilateral maxillary sinus wall thickening with low signal intensity

#### Corresponding CT scan: Bilateral osteosclerosis



Bilateral maxillary and sphenoid sinus wall osteosclerosis with a hypointense signal on both T1 and T2-weighted MR images Bilateral ethmoidal cells osteosclerosis