Progressive hemianopsia caused by intracranial enchondroma in Ollier disease

Figure Intracranial enchondroma

Large extra-axial tumor (arrow) from left clinoid demonstrates calcifications on CT (A), sagittal T1W (B), and transverse GRE (D) MRI, and chondroid matrix on coronal T2W (C) and transverse contrast-enhanced T1W (E) MRI. The tumor compresses optic chiasm (C, open arrow) and distorts carotid termination on MR angiography (F, asterisk).

A 31-year-old man with progressive right hemianopsia and Ollier disease (multiple enchondromatosis) underwent head CT and MRI (figure).

Images revealed a large tumor protruding from the left anterior clinoid process and impinging on the optic chiasm. Imaging features and clinical background were typical of an intracranial enchondroma. Surgery was deemed too risky considering the slow growth potential of the tumor and stability of symptoms.

Intracranial enchondroma is an uncommon tumor, usually solitary but occasionally associated with Ollier disease and Maffucci syndrome (multiple enchondromatosis and venous malformations). It appears similar to peripheral enchondromas with very few differential diagnoses (meningioma). Malignant degeneration is exceptional.^{1,2}

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