



Summary Feedback

(Combined feedback broadcasted at multiple times this week)

PRE - RECORDED ST1-ST4 Teaching Programme 2023

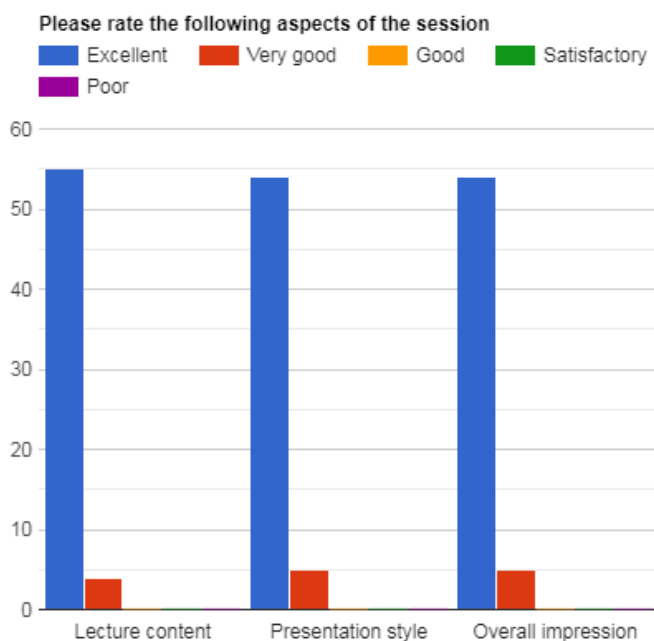
CNS – Brain Tumours (Part 2)

(11th and 12th March 2023)

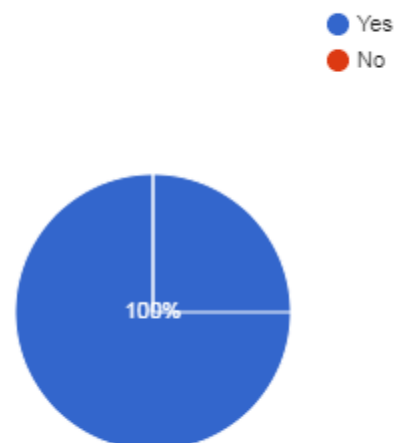
Lecturer: Sami Khan

Summary Points:

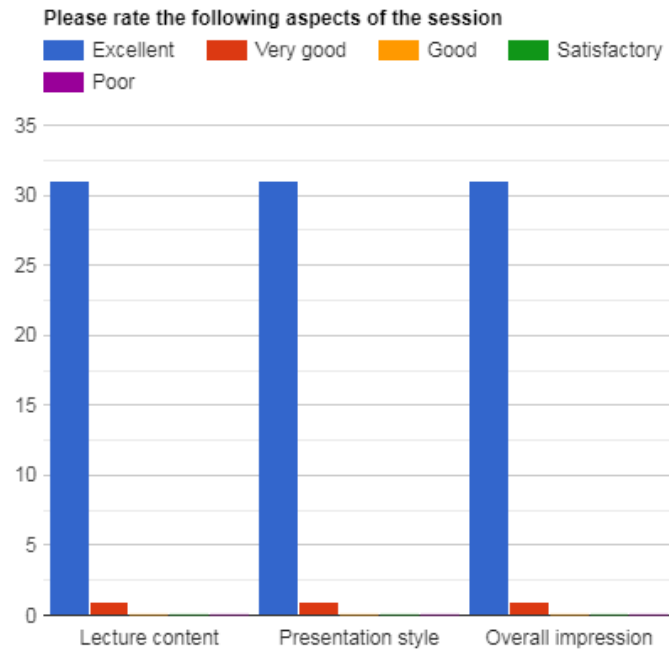
- Total Attendees: 281 from 31 Countries (Bahrain, Bangladesh, China, Czech Republic, Dominica, Egypt, Hong Kong, India, Iraq, Ireland, Kenya, Kuwait, Malaysia, Myanmar, Nepal, Nigeria, Oman, Pakistan, Poland, Saudi Arabia, Singapore, South Africa, Spain, Sri Lanka, Sudan, Swaziland, Türkiye, UAE, UK, Yemen, Zimbabwe).
- Total duration: 3 hours (each session broadcasted thrice during the week)
- Total feedback received from 97 participants, from three different broadcasts



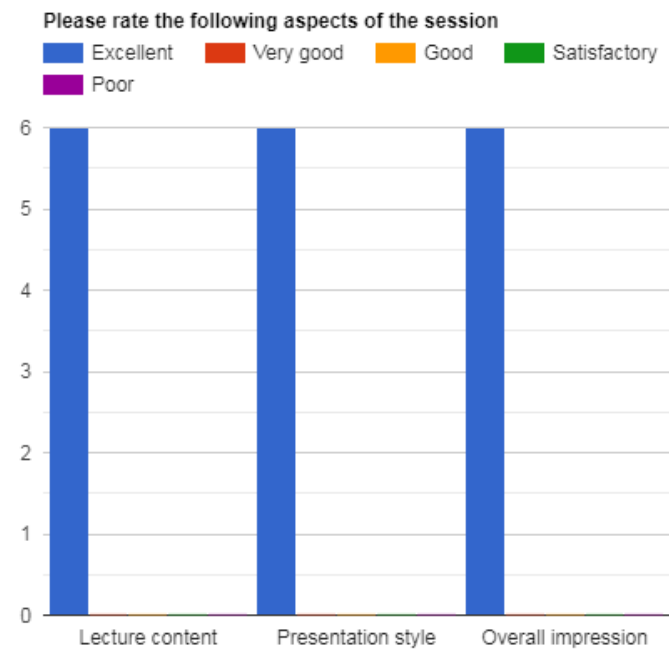
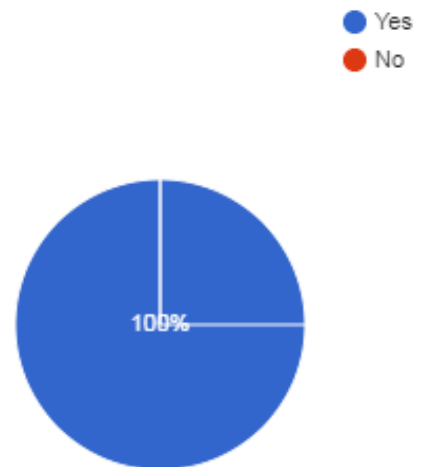
Did you find it useful
59 responses



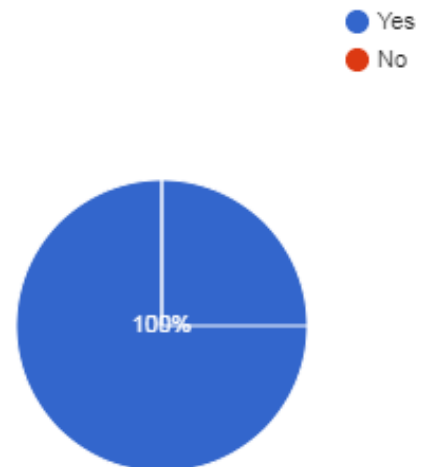
CNS - Brain Tumours (Part 2)



Did you find it useful
32 responses



Did you find it useful
6 responses

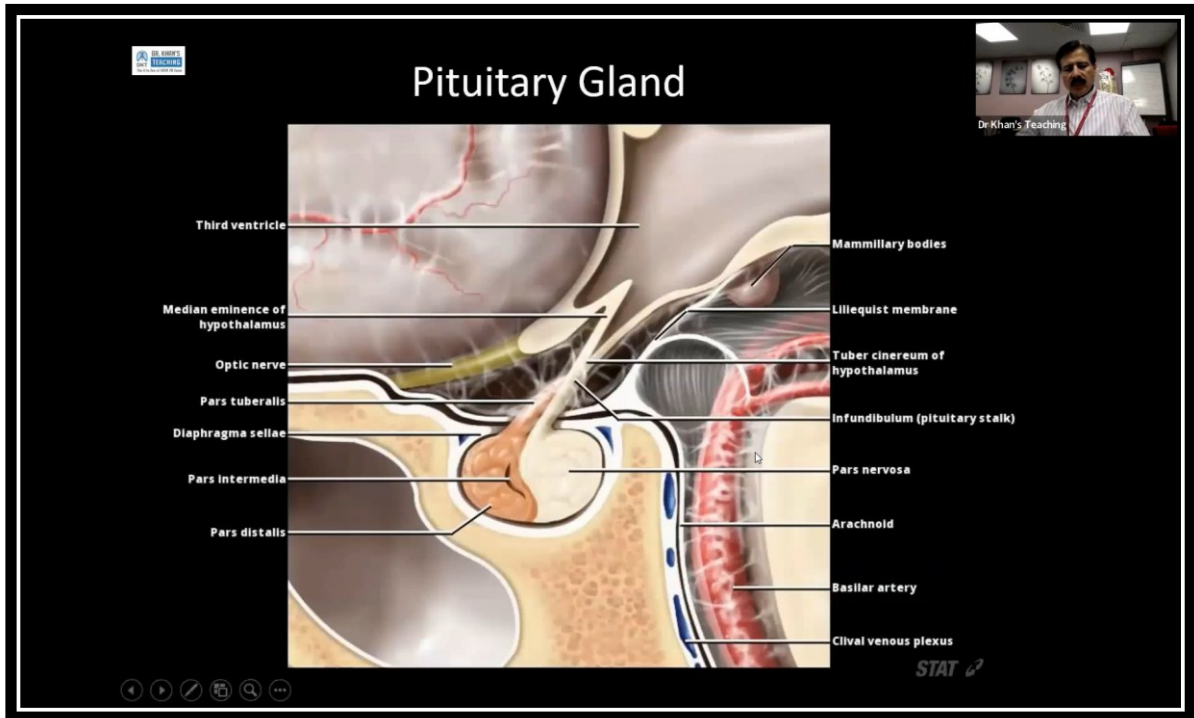


Testimonials

- Thanks to you and your team sir with great, great respect (Yemen).
- Excellent teaching style from a brilliant teacher (UK).
- Marvelous teaching style of Dr. Khan (Saudi Arabia).
- "Superb Teaching. You're a true legend" (Pakistan).
- Very Good (Nigeria).
- "Excellent! I want more modules."
- "Thank you Dr Khan for providing us this opportunity. We are highly obliged" (Pakistan).

CNS - Brain Tumours (Part 2)

- A teacher who loves teaching and sincere in his efforts (Pakistan).
- Excellent teaching thank you so much (UK).
- Amazing (Saudi Arabia).
- Awesome (Saudi Arabia).
- Perfect (Saudi Arabia).
- Keep it up (Saudi Arabia).
- Nice clinical cases of sellar and suprasellar regions (Saudi Arabia).
- Learnt a lot (Pakistan).
- Grateful (Pakistan).
- Very informative (India).
- Excellent. Thank you for the replay (Zimbabwe).
- Excellent mixture of cases (UK).
- Excellent session (Pakistan).
- Valuable (Pakistan).
- Great teaching (Iraq).
- Superb (Sri Lanka).
- Excellent teaching, thank you very much (Malaysia).
- Excellent, top notch (Saudi Arabia).
- Very beneficial (Pakistan).
- Perfect.
- Every part was valuable (Pakistan).
- Excellent cases and explanation in detail with anatomy (Pakistan).
- Best session (Pakistan).
- Excellent session (Pakistan).
- Great teaching (Pakistan).
- I liked the presentation.
- Excellent teaching method (Pakistan).
- Very useful to understand the detailed anatomy & radiological approach to tackle cases (Sri Lanka).
- Excellent cases (Pakistan).
- All cases are useful (Egypt).
- I liked the case discussion with relevant anatomy points (India).
- Excellent variable cases with differential diagnosis (Bahrain).
- Exam oriented teaching points were the best (Pakistan).
- Very systematic approach (India).



Intrasellar Mass (Chapman Page 414-415)

13.27 INTRASELLAR MASS

Approach to sellar lesions

1. Lesion intrinsic or extrinsic to pituitary gland? Sometimes difficult, see if pituitary is displaced or surrounding the lesion.
2. Arising from sella or extending inferiorly from suprasellar? Diaphragma sellae displaced superiorly or inferiorly, respectively.
3. Slow or fast growing? Slow growth implied by bony remodelling and expansion of the sella.
4. Check for cavernous sinus involvement, optic nerve/chiasm compression or infiltration and obstructive hydrocephalus from compression of the third ventricle.
5. Correlate with pituitary function.

Intrinsic to the gland

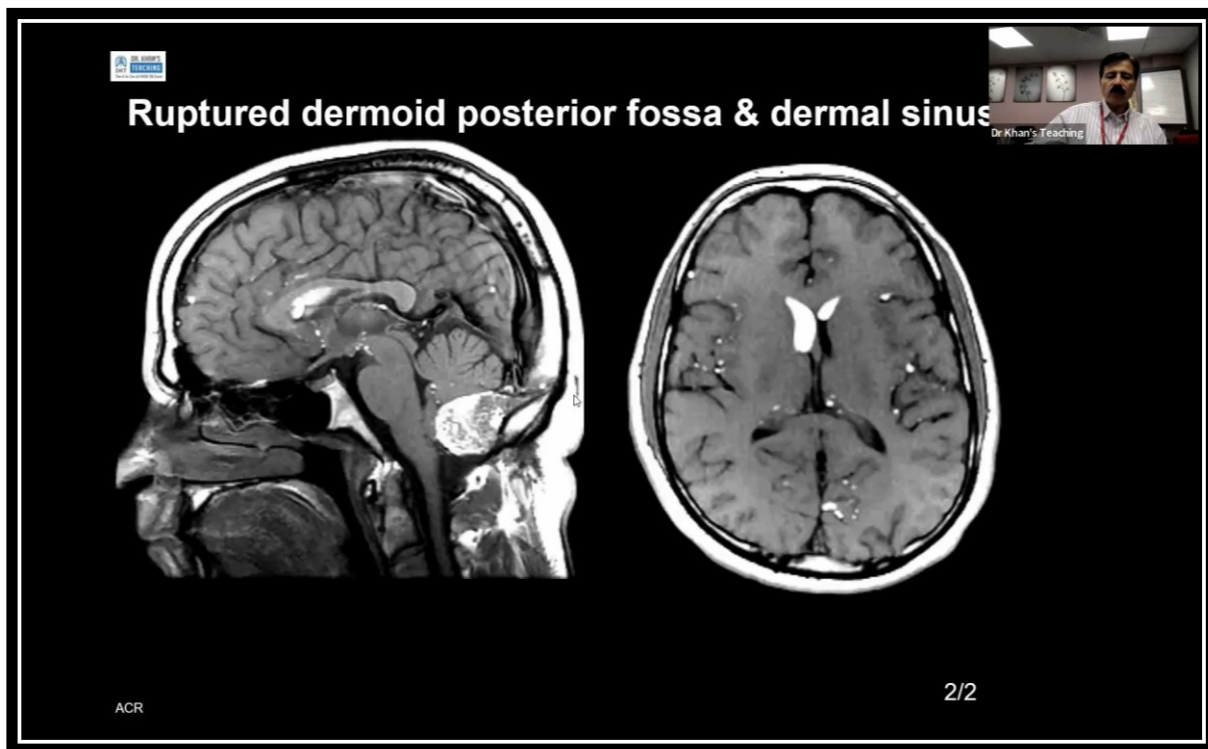
1. **Pituitary adenoma**—mildly T2 hyperintense and T1 hypointense relative to normal gland.
 - (a) **Microadenoma**—<10 mm, shows slightly delayed (60 secs) enhancement relative to normal gland.
 - (b) **Macroadenoma**—>10 mm, often demonstrates suprasellar and/or cavernous sinus extension, ± cystic degeneration and high T1 signal from internal haemorrhage or proteinaceous material. Sellar expansion from gradual remodelling.
2. **Pituitary hyperplasia**—enlarged normal signal gland.
 - (a) **Physiological**—pregnancy, postpartum, lactation and postpubertal females.
 - (b) **Pathological**—end-organ failure, e.g. hypothyroidism.
3. **Pituitary haemorrhage/infarction**—associated with macroadenoma. Blood-fluid levels, dense intrasellar mass on CT and variable signal and diffusion on MRI. 'Apoplexy' when haemorrhage/infarction is associated with acute clinical symptoms—headache, sudden vision loss and oculomotor palsy.

Extrinsic to the gland

4. **Intracranial hypotension**—slightly swollen convex pituitary extending just above sella, due to negative intracranial pressure (see Section 13.16).
5. **Inflammatory hypophysitis**—these can involve anterior and/or posterior pituitary and/or infundibulum, typically causing enlargement and avid homogeneous enhancement, but without sellar remodelling (cf. adenoma). Pituitary dysfunction is common. If the posterior pituitary is involved the normal T1 'bright spot' is absent.
 - (a) **Lymphocytic hypophysitis**—typically in late pregnancy or postpartum.
 - (b) **Granulomatous hypophysitis**—e.g. sarcoid, TB, Wegener's.
 - (c) **IgG4-related hypophysitis**—as part of systemic IgG4-related disease.
6. **Metastasis**—rare, males = lung, females = breast. Pituitary or infundibulum. Normal fossa size, bony destruction, dural thickening and irregular margins (cf. adenoma).
7. **Pituitary abscess**—rare, cystic lesion + peripheral enhancement, likely associated meningitis. Fever, meningism.

Extrinsic to the gland

1. **Meningioma**—sphenoid, diaphragma sellae or cavernous sinus. Typically projects into sella displacing diaphragma sellae inferiorly + enhancing dural tail ± skull hyperostosis (cf. macroadenoma).
2. **Rathke's cleft cyst**—also known as pars intermedia cyst, typically lies between anterior and posterior pituitary. Usually <1 cm but can be large. 50% have intracystic nodule. 'Claw sign' of normal displaced pituitary.
3. **Cranioopharyngioma**—purely intrasellar rare, usually suprasellar and sellar.



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