

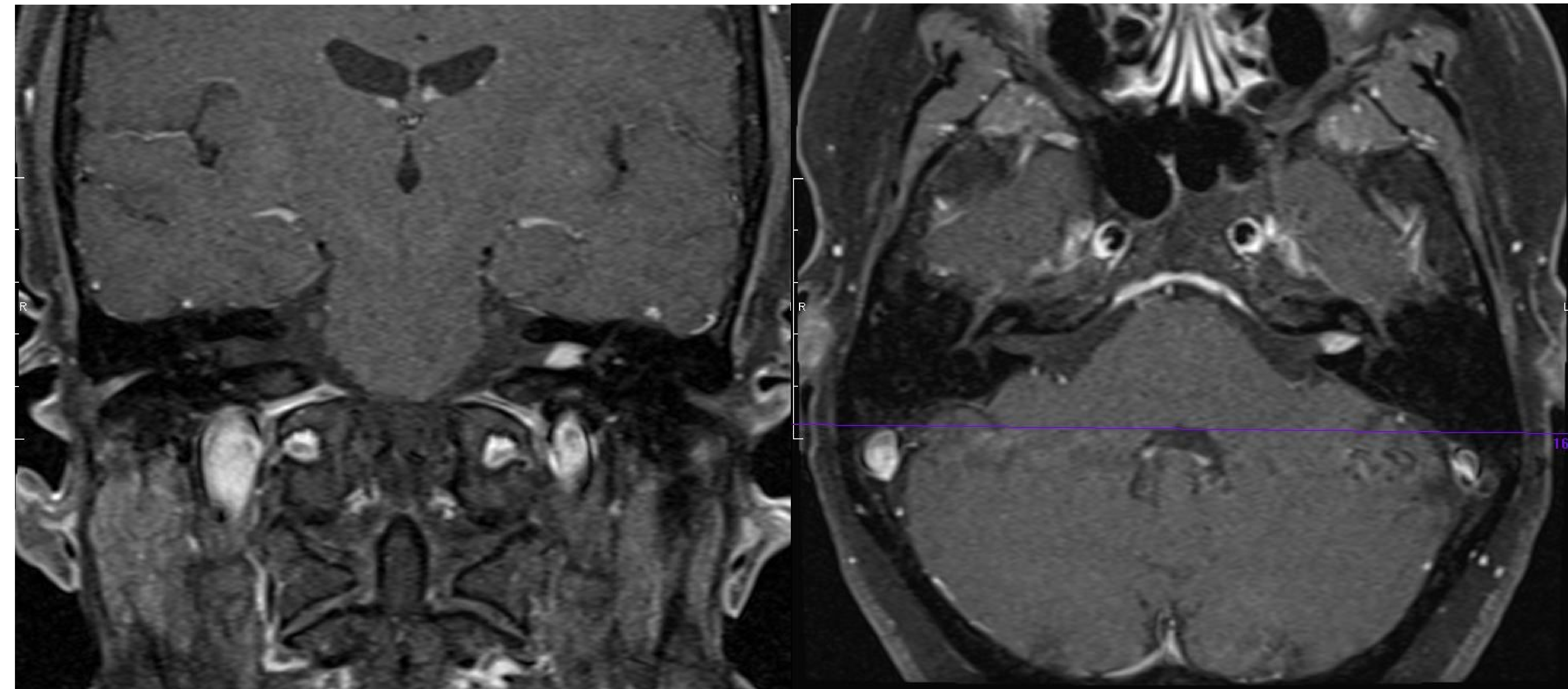
## Background

54-year-old female with a past medical history of hypertension presents with acute severe left unilateral hearing loss.

## Discussion

Vestibular schwannoma is a tumor, most commonly deriving from the vestibular portion of the eighth cranial nerve. This entity occurs in approximately 0.01% of the population, more commonly in patients between 40-60 years of age. Clinical presentation may include sensorineural hearing loss, tinnitus, and loss of balance.

Vestibular schwannomas represent approximately 80% of cerebellopontine (CPA) masses. MRI is the diagnostic modality of choice for vestibular schwannomas. Radiographically, lesions often show widening of the porus acusticus, which may resemble an “ice cream cone” appearance. On MRI, this lesion will show T2 hyperintensity with enhancement after gadolinium administration. Differential considerations are other common CPA masses such as meningioma, epidermoid cyst, metastasis and ependymomas. Bilateral vestibular schwannomas should raise suspicion for neurofibromatosis 2.



## Imaging

MRI Brain with contrast with coronal (left) and axial (right) images demonstrated a homogeneously enhancing 0.6 cm left internal auditory canal lesion with properties, most compatible with a schwannoma.

## References

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- Mulkens TH, Parizel PM, Martin JJ, Degryse HR, Van de Heyning PH, Forton GE, De Schepper AM. Acoustic schwannoma: MR findings in 84 tumors. *AJR Am J Roentgenol*. 1993 Feb;160(2):395-8. doi: 10.2214/ajr.160.2.8424360. PMID: 8424360.