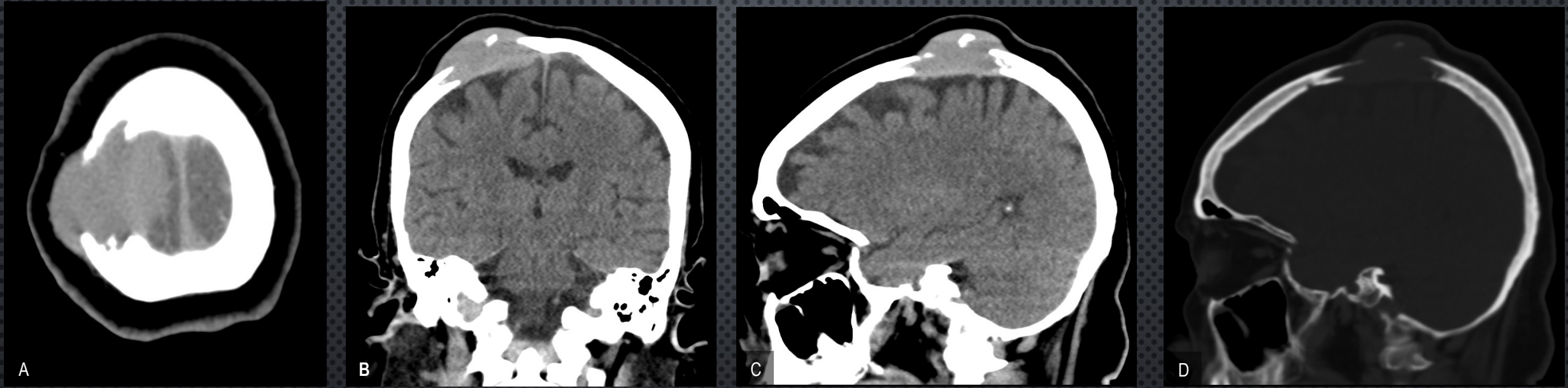
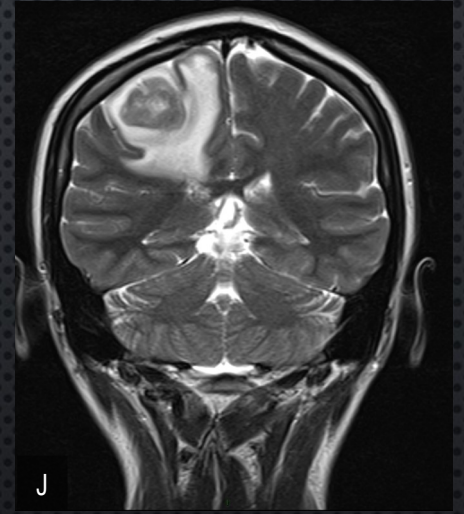
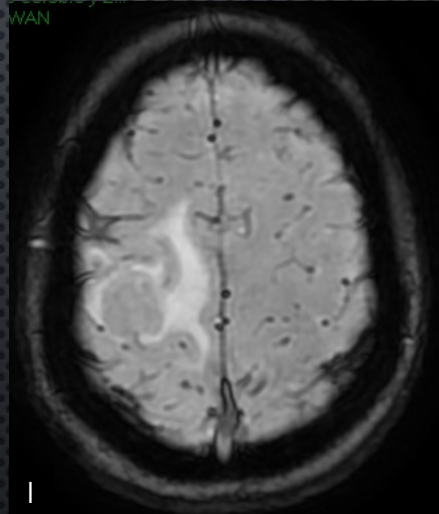
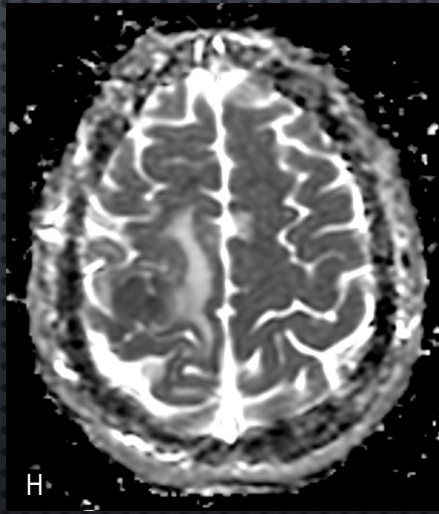
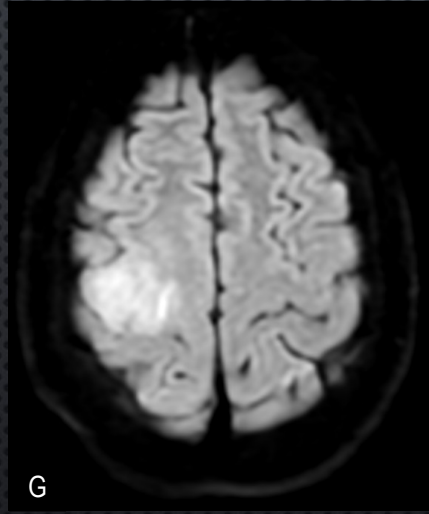
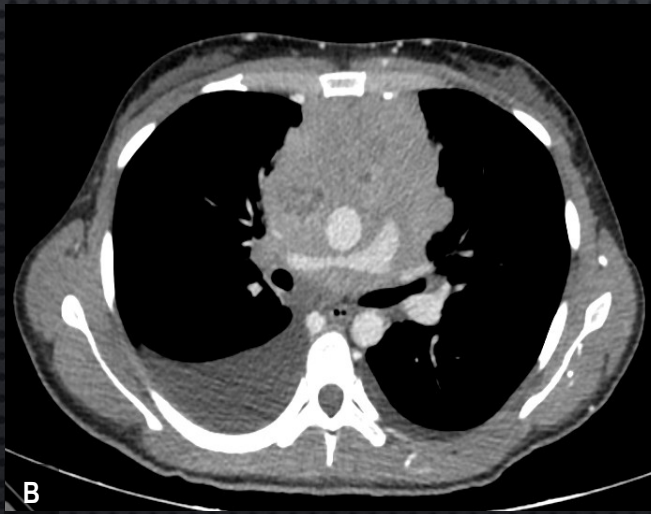
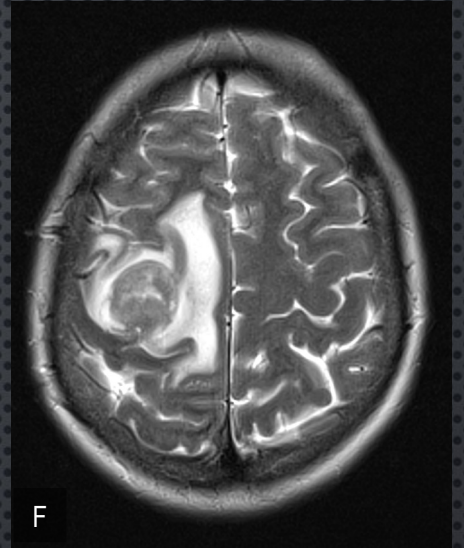
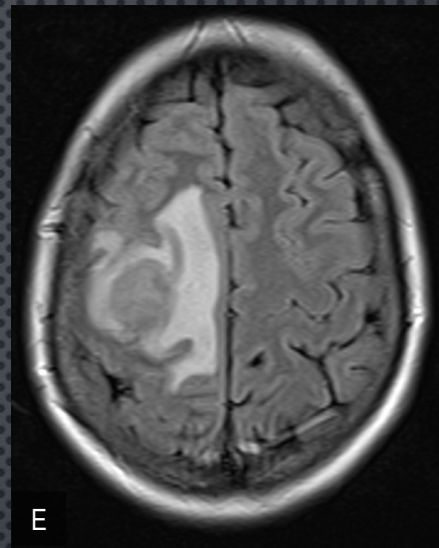
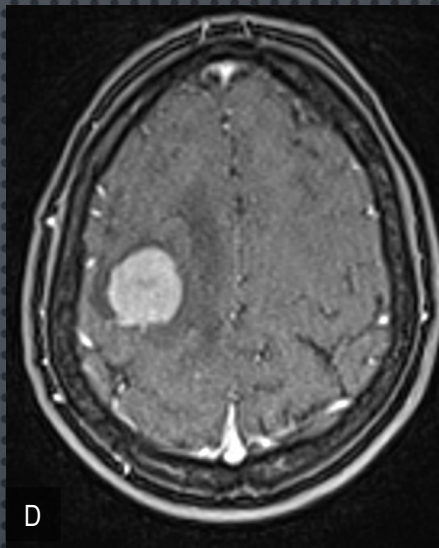
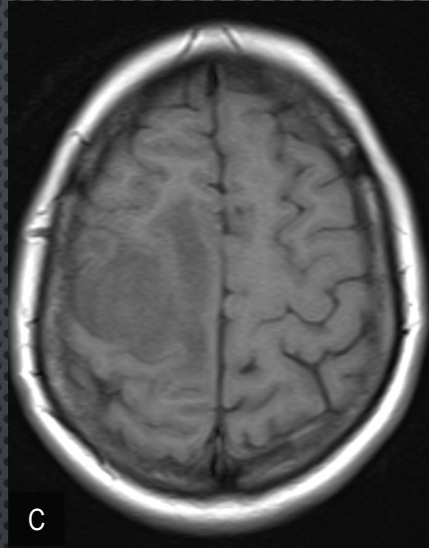


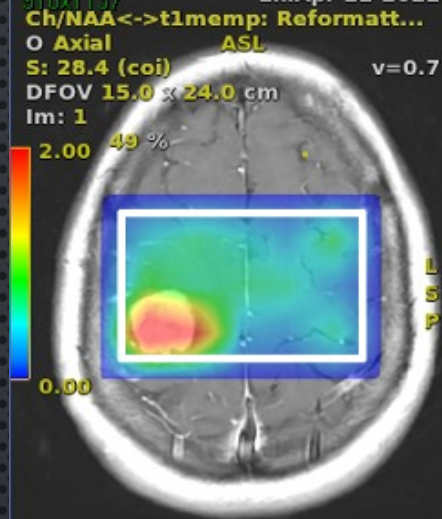
A 43-year-old patient with a history of a kidney transplant. A. Non-enhanced CT (NECT). Slightly dense mesial temporal mass, marginalized by vasogenic edema. B-H Brain MRI shows mesial temporal mass with some hyperintense areas on T1, with annular enhancement after contrast administration, peripheral restriction in diffusion, and foci of magnetic susceptibility, compatible with intralesional hemorrhage. I-J The perfusion study with ASL shows increased CBF in the lesion's periphery.



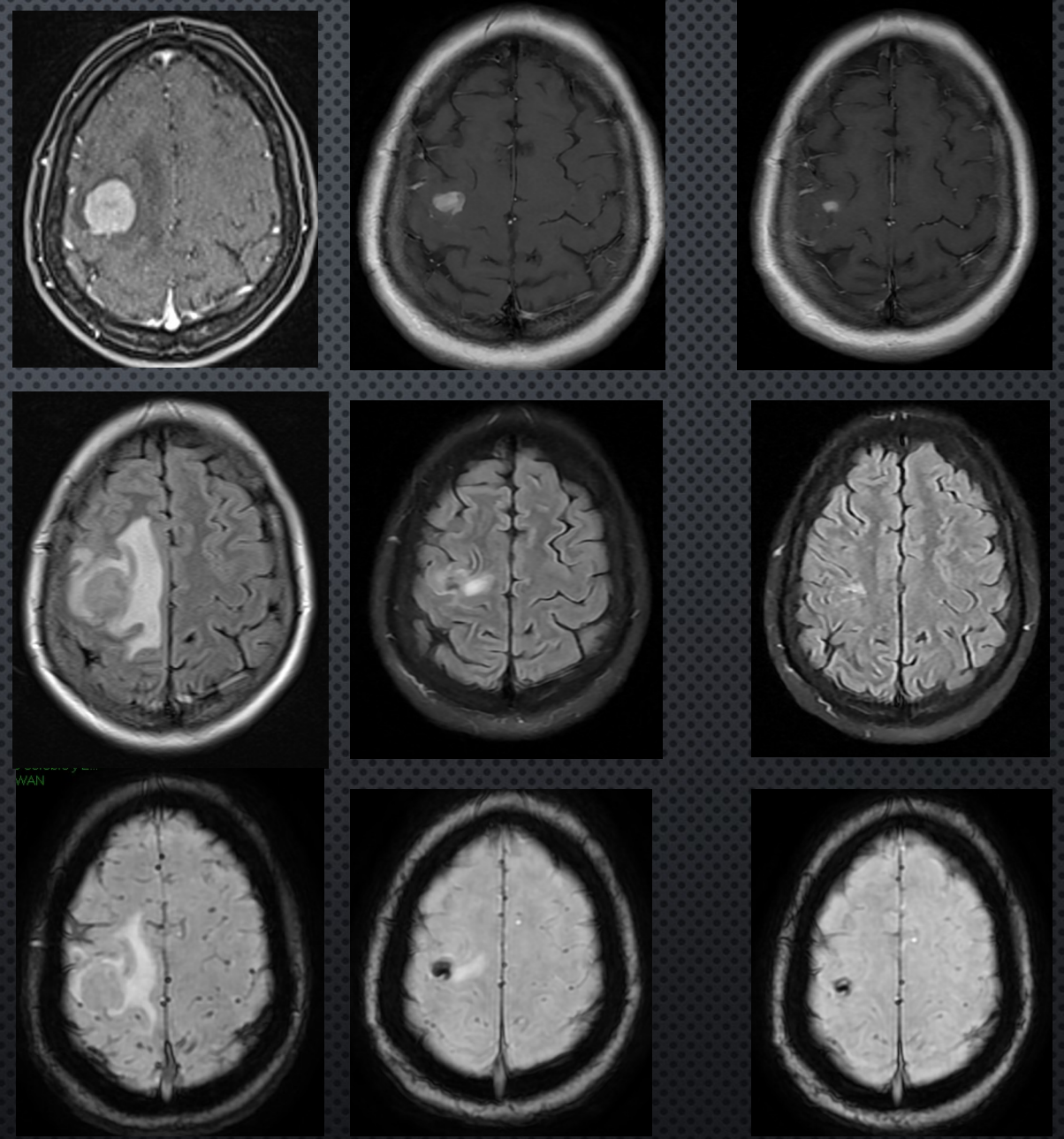
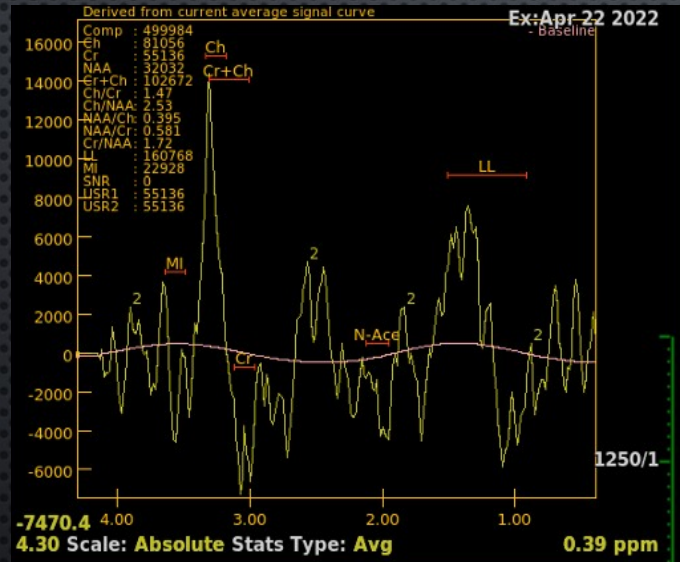
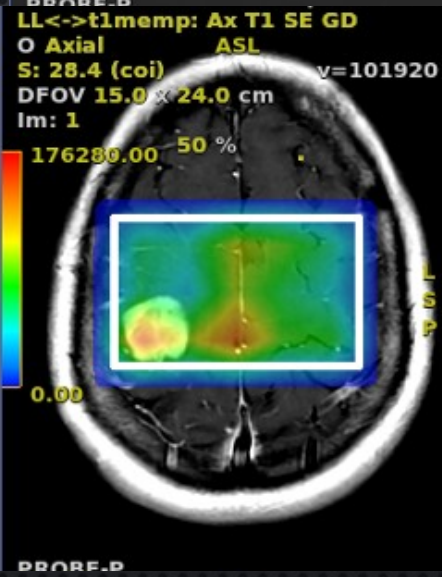
A 63-year-old patient, with a growth in the right upper parietal area. Non-enhanced CT (NECT) axial (A), coronal (B), and sagittal sections in soft tissue (C) and bone (D) windows. Lesion with soft tissue density infiltrates the calvaria in the right parietal. Biopsy: Diffuse large B cell non-Hodgkin lymphoma.



37-year-old patient with a history of mediastinal lymphoma. A and B. Chest enhanced CT. Voluminous mass with mediastinal soft tissue density that surrounds the vascular structures. C-J Brain MRI. Right superior frontal lesion shows to be hypointense on T1 with homogeneous enhancement after administration of contrast, hypointense on T2, marginalized by vasogenic edema..



Monovoxel spectroscopy (A) and color map (B and C) of the right frontal nodular lesion. Increase in the Cho/NAA ratio, and slight increase in lipid-lactate.



Initial lesion

2 months follow up

4 months follow up

Successive controls of the same patient. Selected slices in T1 sequences with gadolinium (upper), FLAIR (middle) and SWI (lower). Progressive decrease in size of the right superior frontal lesion, with the appearance of magnetic susceptibility, probably residual.