**SYMPTOMS AND LABS**

- Newly found brain/spinal cord mass or lesion with or without signs or symptoms (except for meningioma, which are to be referred to neurosurgery)
- Demyelinating lesion with focal neurological signs/symptoms
- Acute restricted diffusion positive lesion

**EXAM**: Asymptomatic OR seizure, HA, focal weakness or numbness, cognitive changes

**SUGGESTED PRE-VISIT WORKUP**

- Have films imported to IMPAX or sent to MMP Neuro STAT and have adult neurology review for scheduling
- Send to ER if patient is decompensating or has significant edema around the lesion

**HIGH RISK**

**SUGGESTED EMERGENT CONSULTATION**

- **SYMPTOMS AND LABS**
  - Newly found brain/spinal cord mass or lesion with or without signs or symptoms (except for meningioma, which are to be referred to neurosurgery)
  - Demyelinating lesion with focal neurological signs/symptoms
  - Acute restricted diffusion positive lesion

**MODERATE RISK**

**SUGGESTED CONSULTATION OR CO-MANAGEMENT**

- **SYMPTOMS AND LABS**
  - Known mass/lesion that has remained stable but never evaluated
  - Possible demyelinating lesion in patient < 60 who is asymptomatic
  - Subacute stroke or small vessel disease in patients with no known vascular risk factors
  - Ventriculomegaly, concerning for NPH
  - Atrophy out of proportion to age
  - Colloid or arachnoid cyst with or without symptoms
  - Chiari I malformation
  - Cavernous malformation

**LOW RISK**

**SUGGESTED ROUTINE CARE**

- **SYMPTOMS AND LABS**
  - “Small vessel disease” in patients with known vascular risk factor
  - Global atrophy without symptoms
  - Aneurysm
  - Pituitary adenoma

**SUGGESTED MANAGMENT**

- Management of vascular risk factors
- Refer aneurysm to neurosurgery or vascular neurology
- Refer pituitary tumors to endocrine and neurosurgery

**SUGGESTED WORKUP**

- Referral to adult neurology and patient will be seen next available
- Ensure all imaging has been sent or pushed to IMPAX before scheduling.

**CLINICAL PEARLS**

- It is common to see nonspecific T2 hyperintense lesions in the subcortical white matter in patients with risk factors for small vessel disease (hypertension, hyperlipidemia, tobacco use, diabetes). This is also common in older patients (> 70 y/o) or in patients with history of migraines.
- Not all newly discovered mass lesions necessarily need steroids. Steroids are needed based on clinical presentation— if patient is asymptomatic or mildly symptomatic, no need to reflexively start steroids.
- Ensure all images are either pushed to IMPAX or have been received at our office prior to scheduling a patient to discuss an abnormal MRI. Having MRI reports available is also helpful, but not as important as having the actual images.