**MRI OF THE BRAIN AND ORBITS**   
  
**History**: IgG4-ROD with lacrimal gland enlargement was sent to follow-up after treatment   
  
**Technique**:   
Sagittal T1W   
Axial T1W, T2W FS, DWI/ADC, SWI   
T2W FLAIR FS+Gd, T1W FS+Gd, THRIVE+Gd in 3 planes   
Thin slice axial and coronal T1W FS-/+Gd, T2W FS at orbits   
Thin slice axial T2W DIRVE at orbits   
  
**Comparison**: The prior MRI of the brain and orbits on 27/02/2022   
  
**Findings**:   
The study reveals again evidence of left lateral orbitotomy. There is an enhancing T1 and T2-isointense lesion with restricted diffusion at left superolateral aspect of left orbit, suggestive of recurrent disease. The lesion measures about 1.1 x 1.0 x 1.7 cm in AP, transverse and vertical dimensions. It abuts left lateral rectus muscle is seen.   
  
The ill-defined enhancing soft tissue thickening at surgical site of the left lacrimal fossa, lateral extraconal part of the left orbit and lateral preseptal area of the left eyelid is again seen, likely post-operative change.   
  
There is normal size and signal intensity of bilateral optic nerves. Normal wall thickness and clear fluid content of the globes are observed. The rest of the extraocular muscles are of normal size and enhancement. The rest retroorbital fat is clear. The superior/inferior orbital fissures and the cavernous sinuses are unremarkable.   
  
There are several small T2/FLAIR-hyperintense foci at subcortical, deep and periventricular white matter of bilateral frontoparietal lobes, representing non-specific white matter change. The tiny susceptibility focus at the right parietal lobe is unchanged could be old microbleed.   
  
Normal signal intensity of the rest brain parenchyma is seen. The ventricular system is within normal limits. No acute infarction, acute intraparenchymal hemorrhage, extraaxial collection, hydrocephalus or brain herniation is seen. The brainstem and the cerebellum are unremarkable. The calvarium and the skull base have normal marrow signal intensity.   
  
Increase in degree of mucosal thickening in all paranasal sinuses and multiple mucous retention cysts are noted.   
  
The nasopharynx, the rest paranasal sinuses and mastoid air cells are unremarkable.   
  
**Impression**:   
1. Evidence of left lateral orbitotomy with post operative change as described.   
2. Suggestive of recurrent disease seen as an enhancing lesion with restricted diffusion at left superolateral aspect of left orbit   
3. No change of several non-specific white matter foci at bilateral frontoparietal lobes and the old microbleed at right parietal lobe.   
4. Increased degree of mucosal thickening in all paranasal sinuses and multiple mucous retention cysts.