Fig. 80-1A. Classic cutaneous manifestations of tuberous sclerosis. (A) A hypomelanotic macule, or ash leaf spot. (B) Facial angiofibromas. (C) Shagreen patch.
Fig. 80-1B. Classic cutaneous manifestations of tuberous sclerosis. (A) A hypomelanotic macule, or ash leaf spot. (B) Facial angiofibromas. (C) Shagreen patch.
Fig. 80-1C. **Classic cutaneous manifestations of tuberous sclerosis.**

(A) A hypomelanotic macule, or ash leaf spot. (B) Facial angiofibromas. (C) Shagreen patch.
Fig. 80-2. This mulberry astrocytoma adjacent to the optic nerve is typical of those found with tuberous sclerosis.
Fig. 80-3. Subependymal giant cell astrocytoma. With growth, this introduces potential for obstructive hydrocephalus.
Fig. 80-4. A neuropathologic hallmark of tuberous sclerosis is the nodular subependymal lesion, often visible on computed tomographic scans as a calcified nodule adjacent to the ventricular system.
Fig. 80-5. **Histology of a giant cell astrocytoma.**

Figure courtesy of Dr. E. Steve Roach, Ohio State University College of Medicine, with permission.
Fig. 80-6. A computed tomographic scan of a child with tuberous sclerosis demonstrates typical subependymal calcifications. A large calcified parenchymal lesion is present on the left and a hypodense cortical tuber is visible on the right.

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