Letter to Editor

Figure 2: EEG showing periodic lateralized epileptiform discharges (PLEDs) confined to the left hemisphere

complete resolution of the granuloma.

SE can rarely be the presenting feature of SCG. Patients with diffuse neurocysticercosis have shown EEG changes suggestive of PLEDs. PLEDs are thought to be ictal phenomena and this hypothesis has been strengthened by demonstrating increased cerebral blood flow in the region of origin of PLEDs, with the help of SPECT studies. PLEDs occur in the later stages of SE. Others believe that PLEDs may be considered as a manifestation of an increased neuronal excitability caused by different etiologies but not an ictal pattern. PLEDs are thought to indicate an adverse clinical outcome. In an earlier study, about half the children with PLEDs died and the majority of survivors developed epilepsy. In a recent study, out of 13 children with PLEDs, two died and six had neurological sequelae. However, in the current report, the child had an excellent outcome. The good outcome in this child suggests that the prognosis in patients with PLEDs is determined by the underlying cause. If the etiology is a benign condition like SCG, the outcome may be excellent.

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Intracranial dermoid cyst mimicking a giant thrombosed aneurysm

Sir,

Dermoid tumors are dysembryogenetic cysts derived from ectodermal inclusions of primitive pluripotent cells. They frequently occur in the midline, but parasellar and frontobasal regions are also involved. We describe a case with histopathologically proven intracranial dermoid cyst which resembled a giant thrombosed aneurysm.

A 24-year-old female had severe headache and left earache for 4 months. There was no other symptom. Neurological examination revealed no evidence of focal deficit, but the patient had hyperactive right deep tendon reflexes, and positive Hoffmann and Babinski sign on the right side. Plain CT scan showed an approximately 7.5 x 7 x 6.5 cm iso-hypodense mass located in the left temporal lobe. MRI, showed an extra-axial lesion, which was heterogeneously hypointense on T1-weighted and hyperintense on T2-weighted images (Figure 1a, b). The images suggested lamellar organized hemorrhagic components within the lesion. Another 2.5 cm nodular lesion was connected with a narrow neck to the superior part of the main lesion (Figure 1c). There was no lesion surrounding edema. DSA was done as the imaging features mimicked a giant thrombosed aneurysm. It did not reveal any vascular abnormality (Figure 2). At surgery, a dermoid tumor with hair follicles and keratin like material was identified and was radically resected. The patient was well after surgery and postoperative CT scan showed no residual tumor. Histopathological examination confirmed that the lesion was a dermoid cyst (Figure 3).

Dermoid cysts are well-circumscribed lesions lined by stratified squamous epithelium. They include a viscous greenish brown fluid, which comprises lipid metabolites, whorls of hair, calcifications, and decomposed epithelial cells. These contents of the cyst determine its characteristic appearance on MRI studies. They are usually hypodense on plain CT scan. The magnetic resonance appearance includes typical high sig-

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Figure 1: T1-weighted (a) and T2-weighted (b) MR imaging demonstrates heterogeneously hypointense and hyperintense pattern respectively. Coronal MR imaging (c) noted 2.5 cm nodular lesion connected to the upper part of the main lesion.

Figure 2: DSA image shows the displacement of anterior and posterior vascular territory of the brain and no aneurysmal dilatation. There is avascular mass effect.

Figure 3: Histopathological section of the lesion discloses the typical lamellar structures of dermoid cysts.

The fat content is seen strongly hyperintense on T1-weighted imaging while the other contents appear hypointense. On T2-weighted sequences, the fat component demonstrates hypointensity similar to subcutaneous fat. A thin rim of calcification is frequently present. Additionally, curvilinear hypointense elements may be seen if the lesion contains hair. The mixed composition of the tumor gives it a characteristic non-homogenous appearance.

A giant thrombosed aneurysm was considered preoperatively due to the unusual location and the lamellar pattern of the lesion simulating a clot in different stages of organization.

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Organo-phosphate induced delayed neuropathy: Report of two cases

Sir,

Organophosphates are the most common cause of acute poisoning in India. Organophosphate induced delayed neuropathy (OPIDN) is common following exposure to OPC’s, which have weak cholinergic activity, little insecticidal activity and are of use in chemical warfare. The presently used organophosphates have potent cholinergic activity and are...