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Figure. MRI of the brainstem (coronal T1-weighted image [A] and axial T2-weighted image [B]) demonstrate a hemorrhagic lesion expanding the left facial colliculus. The appearance is most consistent with a cavernous malformation. It was angiographically occult, as is typical for these lesions.

Cavernous malformation of the facial colliculus

Sean M. Lew, MD, Sami Khoshyomn, MD, Robert W. Hamill, MD, Bruce I. Tranmer, MD, Burlington, VT

A 33-year-old woman presented with acute-onset diplopia and facial droop. Examination revealed a complete left lateral gaze palsy. The eyes could not be driven past midline to the left with rapid head rotation, opticokinetic drum, smooth pursuit, convergence, or saccades. A left peripheral facial palsy was present. No other deficits were appreciated. On MRI a solitary cavernous malformation expanded the left facial colliculus (figure). A suboccipital craniotomy was performed which revealed a firm, well-circumscribed, lobulated purplish lesion with surrounding hemosiderin-

stained gliotic brain. The lesion was completely resected, and a cavernous malformation was confirmed by histology. Ocular motility and seventh nerve function gradually improved, and the patient was neurologically intact 3 months after surgery. Microsurgical resection of brain stem cavernous malformations has been met with favorable results in larger series and is advocated as a primary treatment for symptomatic lesions.^{1,2}

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