Intracranial dermoid cyst rupture with midbrain and thalamic infarction

Figure Various brain MRI findings of dermoid cyst rupture with cerebral infarctions

T1-weighted brain MRI shows cystic mass in the left cerebellopontine angle cistern (A, arrow) and multiple tiny fatty droplets on quadrigeminal, ambient, interpeduncular, and suprasellar cistern (B, arrow). Diffusion-weighted image (C, D) and apparent diffusion coefficient image (E, F) show small acute infarction in right midbrain and right medial thalamus.

A 39-year-old man developed dizziness and diplopia. Examination showed medial gaze palsy of the right eye. He had no headache, vertical gaze palsy, or skew deviation. A CSF examination was not performed. MRI (figure) showed cystic mass and acute infarction. After 7 days heparization, the mass was removed by surgery and pathology confirmed the dermoid cyst. After operation, the neurologic abnormality disappeared. Epidermoid cyst, arachnoid cyst, and cystic craniopharyngioma are differential diagnoses. Although intracranial dermoid cysts are rare benign tumors,¹ surgery is the only treatment and rupture of a cyst can lead to cerebral vasospasm or vasculitis.²

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