Teaching *NeuroImages*: Gravity reverses paradoxical herniation in the sinking brain syndrome

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Figure Axial and coronal views on head CT

CT image shows right-to-left midline shift of the right frontal lobe, resulting in subfalcine and uncal herniation (C, D) compared with a prior scan (A). The patient was placed in the right lateral decubitus position. (B) A repeat CT scan showed expansion of the previously effaced right lateral ventricle and improvement of the midline shift.

A 41-year-old man required right hemicraniectomy for cerebral edema from intracranial abscesses. Four months later, he had worsening left-sided weakness attributed to communicating hydrocephalus (figure, A). A large volume lumbar puncture led to clinical improvement, but 5 days later, he became obtunded, and the cranial flap was depressed. CT showed a shift of the right frontal lobe with subfalcine and uncal herniation (figure, C and D). The patient was placed in the right lateral decubitus position and became alert after 1 hour with repeat CT showing reversal of herniation (figure, B).

Paradoxical herniation after CSF drainage is a potential complication of craniectomy.^{1,2}

AUTHOR CONTRIBUTIONS

Dr. Jadhav: drafting/revising the manuscript, analysis or interpretation of data, and acquisition of data. Dr. Venna: study concept or design and acquisition of data.

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