Corpus callosum lipoma

Figure Brain MRI

A large corpus callosum lipoma seen as a nonenhancing, homogeneous T1 hyperintensity (A) with signal attenuation on fat suppression images (B). There is associated severe dysgenesis of the corpus callosum.

A 24-year-old man was referred for uncontrolled generalized tonic-clonic seizures since childhood. Physical examination was unremarkable. Brain MRI revealed a large corpus callosum lipoma (CCL) and severe dysgenesis of the corpus callosum (figure). CCLs are not true neoplasms but congenital abnormalities, often found incidentally on imaging. A total of 50% of patients with CCL have epilepsy¹; however, epilepsy is attributable to the CCL in only 20%.² Surgical resection does not offer better seizure control and is associated with high perioperative mortality. With titration of oxcarbazepine and topiramate, this patient's seizure frequency has decreased to 2 per year.

Deepa S. Rajan, MBBS, MD, Alexandra Popescu, MD, Pittsburgh, PA

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Correspondence & reprint requests to Dr. Rajan: rajands@upmc.edu

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