

Teaching NeuroImages: Bruns syndrome caused by intraventricular neurocysticercosis

Abhijit Das, MD
Chandrasekharan
Kesavadas, MD
Venkataraman V.
Radhakrishnan, MD
N. Suresh Nair, MCh

Address correspondence and reprint requests to Dr. Abhijit Das, Department of Neurology, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum, India
abhijit.neuro@gmail.com

Figure 1 Sagittal T1 postcontrast MRI showing a cystic lesion in the fourth ventricle (arrow) with dilation of lateral and third ventricles



Figure 2 Axial three-dimensional constructive interference in steady state (CISS) sequence shows lesion within the dilated fourth ventricle showing cystic and solid components (arrow)



A 24-year-old woman presented with 2 months of episodic vertigo, vomiting, and headache triggered by abrupt head movements, lasting from a few minutes to 1 hour. She was asymptomatic between the attacks and had mild gait ataxia on examination. Brain MRI revealed obstructive hydrocephalus and a cystic lesion in the fourth ventricle (figures 1 and 2). Her symptoms subsided after cyst excision; a histopathologic diagnosis of neurocysticercosis was made. This clinical picture matches the Bruns syndrome, due to a mobile ventricular mass producing

episodic hydrocephalus on changing head posture.^{1,2} Cysticercosis of the fourth ventricle can be fatal and mandates prompt neurosurgical treatment.

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From the Departments of Neurology (A.D.), Imaging Sciences and Interventional Radiology (C.K.), Pathology (V.V.R.), and Neurosurgery (N.S.N.), Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum, Kerala, India.

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