Atypical subependymal giant cell astrocytoma and neonatal tuberous sclerosis

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Figure 1 Brain MRI

A 9-day-old girl had, on prenatal ultrasound, brain and cardiac lesions suspicious for tuberous sclerosis. Brain MRI demonstrated a large intraventricular and intraparenchymal mass centered on the foramen of Monro, which had unusual imaging findings: a homogeneous T1-hyperintense and T2-hypointense signal (figure 1, A and B) related to scarce myelination; remarkable venous drainage on susceptibility-weighted imaging (figure 1C); and apparent diffusion coefficient hypointensity, corresponding to blackout T2 effect (figure 2, A and B).

Figure 2 Brain MRI

Subependymal giant astrocytoma: (A) apparent diffusion coefficient hypointense; (B) diffusion-weighted imaging isointense related to blackout T2 effect; (C) spectroscopy (point resolved spectroscopy echo time 35) study shows choline (Cho) 3.2 ppm and myo-inositol (Myo) 3.5 ppm peaks.
Spectroscopy showed increased choline and myo-Inositol peaks (figure 2C). These findings are consistent with neonatal subependymal giant astrocytoma.\(^1\)\(^2\) Subependymal nodules, cortical tubers, and radial bands were also atypically T1-hyperintense and T2-hypointense (figure 1, A and B).

**Author contributions**
Laiz Laura de Godoy: study concept and design. César Augusto Pinheiro Ferreira Alves: study concept and design, critical revision of manuscript for intellectual content.

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**Disclosure**
The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

**References**

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