Intrasellar herniation
A newly described variant of downward central herniation

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A 72-year-old woman was brought to the emergency department in cardiac arrest. Return of spontaneous circulation was reestablished. She was subsequently comatose with absent brainstem reflexes. In the setting of diffuse hypoxic injury, MRI revealed diffuse cerebral edema and absent cerebral perfusion, suggesting brain death. Due to substantially increased intracranial pressure, there was downward central intrasellar herniation of the gyri recti, posterior orbital gyri, septal area, anterior third ventricle, anterior hypothalamus, and optic chiasm (figures 1 and 2). Several types of acquired herniation are well known and extensively discussed in the literature.1,2 Intrasellar downward cerebral herniation has not previously been described.

Author contributions
Dr. Pacheco: study concept and design. Dr. Nael: analysis and interpretation. Dr. Pawha: critical revision of the manuscript for important intellectual content and study supervision.

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References
Figure 2 Diffuse cerebral edema and increased intracranial pressure causing intrasellar herniation

(A) Sagittal T1-weighted image demonstrates downward herniation of the central suprasellar structures (arrows). Other signs of increased intracranial pressure seen, including CSF effacement and tonsillar herniation. (B) Cerebral blood flow from arterial spin labeling (ASL) MR perfusion shows absent cerebral perfusion, with preserved external carotid branches (arrow), suggesting brain death.

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