A 17-month-old boy came to our attention for a left hemiparesis, without any other neurologic disorder. Brain MRI revealed a remarkable hypertrophy of the left thalamus. There were no differences with the right thalamus before and after using contrast, either a hypersignal in fluid-attenuated inversion recovery or restriction at diffusion-weighted imaging. In the same way, the spectroscopy showed normal metabolite peaks (choline and N-acetylaspartate)\(^1\) (figure, A and B). This hemithalamus leaves a mark on the left anterior ventricle with a dilation of the opposite one that could explain the clinical sign.

This is a rare case according to the literature.\(^2\)

**Author contributions**

Isabella Tristano: study concept and design, acquisition of data, analysis and interpretation of data, study supervision. Guido Cedrone: acquisition of data, analysis and interpretation of
data, study supervision. Fabiana Ursitti: analysis and interpretation of data. Anna Chiarelli: analysis and interpretation of data. Davide Maria Biancone: analysis and interpretation of data. Alberto Spalice: study concept and design, critical revision of manuscript for intellectual content.

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**References**
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