LETTER TO THE EDITOR

Lipoma of the Choroid Plexus

Sir,

Most intracranial lipomas were previously diagnosed incidentally at autopsy examinations, but with the recent progress of the technology and widespread use of CT and MRI, incidental diagnosis with asymptomatic types of these lipomas in adults have increased in number. Intracranial lipomas are very rare tumours, accounting for 0.06-0.46% of all intracranial tumours, and for no more than 0.08% of tumours found on autopsy.1,2

Many intracranial lipomas are asymptomatic, but may cause seizures, headache, vertigo, intellectual disturbances, hemiplegia etc. They are mostly found in the mid-sagittal region, the most common of all being the vicinity of the corpus callosum, where approximately half of the total are found. Other sites where they have been reported to occur include the choroid plexus, the quadrigeminal cistern, the interpeduncular cistern, the ambient cistern and the cerebello pontine cistern.3,4

The CT and MRI characteristics of intracranial lipomas are pathognomonic and allow differentiation of intracranial lipomas from other mass lesions. On CT scanning, intracranial lipoma appears as a well defined, homogeneous and hypodense structure whose density corresponds to that of adipose tissue with attenuation values of -50 to -100 Hounsfield units (HU). Calcification may be detected and there is no contrast enhancement.5 On MRI these tumours show an adipose tissue-like signal with a short T1and T2 relaxation times, hyperintense homogenous signal in T1-weighted images and hypointense signal in T2-weighted images.6

This patient was a 51 years old female who was referred to radiology department for unenhanced CT scan for headache. There was no history of seizures, vertigo, visual impairment, intellectual disturbances, hemiplegia. The neurological examination was unremarkable. No particular problems were found in her family history. Unenhanced CT scan revealed a 0.7 cm x 0.6 cm area of homogeneous fat attenuation in the left choroid plexus (Figure 1 a and b).

The MRI was also performed using conventional spin echo (CSE) T1-weighted images (T1W1), fast spin echo (FSE) T2-weighted images (T2W1), fluid attenuated inversion recovery (FLAIR) and CSF T1W1 with fat saturation method was performed, showing a strong signal in left choroid plexus with CSE T1W1 and FLAIR (Figure 2 a and c), low signal on T2W1 (Figure 2b), while the signals from the fatty tissue were completely suppressed by the chemical shift selective images (Figure 2d). No accompanying anomalies were observed.

Findings were consistent; a lipoma of the left choroid plexus. The patient was managed conservatively with analgesics.

REFERENCES


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