Sir,

Intracranial lipomas are usually incidentally found on brain imaging. They are rare, seen in around 0.03-0.06% CT scans only.¹ Though generally asymptomatic, they may uncommonly be associated with fits, headaches or other behavioral disturbances especially in children.² Corpus callosum, quadrigeminal cistern, suprasellar cistern, cerebellopontine angle cistern and sylvian cistern are the most common sites.

A 3 years girl was brought to the hospital with a 6 weeks history of headache. She did not have any fits, fever, vomiting or irritability. Visual symptoms were difficult to assess. Normal developmental milestones had been achieved for her age and a detailed neurological examination was completely normal. Non-contrast CT scan of head showed a well defined ovoid hypodense area in the quadrigeminal plate cistern slightly to the right of midline having density of -90 HU (Figure 1). There was no associated obstructive hydrocephalus. The parents could not afford MRI scan. They were reassured about the nature of the radiological findings. The patient is being managed conservatively.

Lipomas in the quadrigeminal plate cistern may be associated with underdeveloped inferior colliculus. Neuroimaging is always diagnostic and other investigations are not required. On CT scan, it has a homogeneous appearance with negative hounsfield units (-50 to -100) reflecting fat content. There may be calcification in the periphery but there is no contrast enhancement. Both T1 and T2 weighted MRI images reveal a high intensity signals.³ Fat suppressed images show reduction in signals. The differential diagnoses of lipomas in the quadrigeminal cistern include arachnoid cysts, tectal plate cyst, tectal gliomas, supracerebellar abscess, dermoid and epidermoid cysts, ruptured P4 segment aneurysm of the posterior cerebral artery, and rarely pineal region mass.⁴ The homogenous appearance of lipomas is helpful in differentiating them from most other differentials. They are mostly asymptomatic, and as such, they do not require any specific treatment. Very uncommonly, they may produce obstructive hydrocephalus by obstructing the cerebral aqueduct and then require shunt procedure.⁵

REFERENCES