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Unusual Fourth Ventricular Mass

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56 year old gentleman presented with a four year history of progressive weakness, ataxia, nystagmus and intention tremor.

A magnetic resonance imaging (MRI) of the brain showed a lesion expanding the fourth ventricle and compressing the brain stem.

The differentials of a cystic intra fourth ventricular mass including cystic neoplasm, parasitic cyst, arachnoid cyst, epidermoid cyst, hamartomatous lipoma and dermoid cyst were considered (1).

The near CSF signal of the lesion and the high signal on DWI suggested that the lesion was an epidermoid (2).

DWI can help in diagnosing an epidermoid cyst even when it is located in an unusual site.

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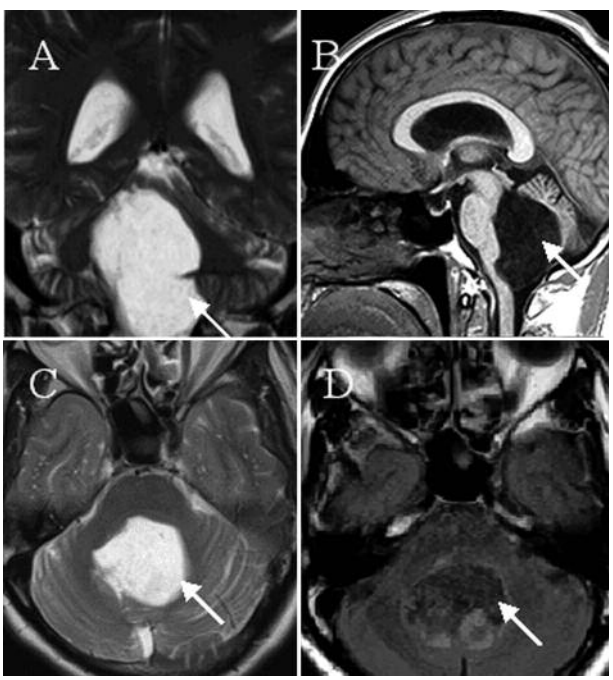

Fig. 1. — The fourth ventricular lesion was isointense to CSF on T2 weighted images (A, C), almost isointense on T1weighted SE (B), with lack of suppression on FLAIR (D).

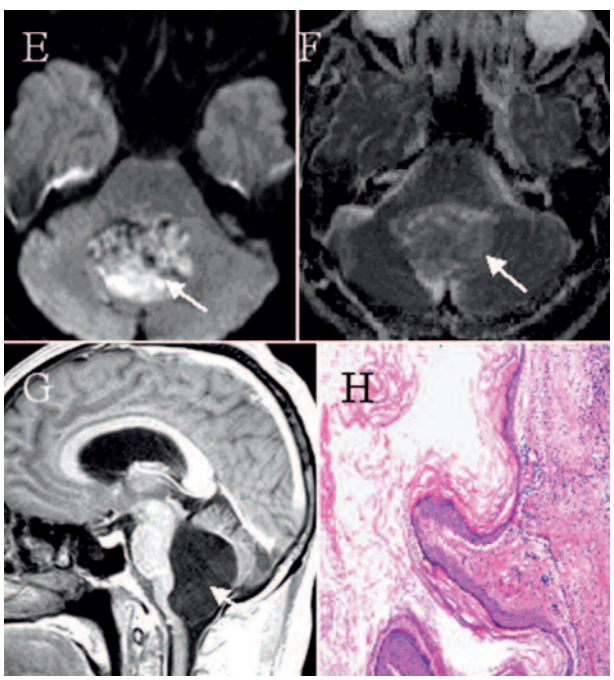

Fig 2- The lesion was clearly hyperintense on DWI (E), with ADC value of 1155 × 10-6 mm^2/s (F). There was no enhancement after Gadolinium injection (G). Cyst wall was composed of stratified keratinizing squamous epithelium (Haematoxylin-Eosin, × 90) (H).