ISSN: 2637-885X



Journal of Radiology and Medical Imaging

Open Access | Clinical Image

Transient Diplopia as a Rare Presenting Feature of Interpeduncular Cistern Lipoma

Oubaddi Tlaite*; Lahfidi Amal; Jiddane Mohammed

Department of Neuroradiology, Specialities hospital, Mohammed V University, Rabat, Morocco.

*Corresponding Author(s): Oubaddi Tlaite Department of Neuroradiology, Specialities hospital, Mohammed V University, Rabat, Morocco. Email: tlaite.oubaddi@gmail.com

Received: Mar 05, 2025 Accepted: Mar 28, 2025 Published Online: Apr 04, 2025 Journal: Journal of Radiology and Medical Imaging Publisher: MedDocs Publishers LLC Online edition: http://meddocsonline.org/ Copyright: © Kheruka S (2025). *This Article is*

distributed under the terms of Creative Commons Attribution 4.0 International License

Keywords: Neuroradiology; CT scan; Intracranial lipoma.

Clinical image

A 21-year-old female patient with no medical history presenting with an occasional diplopia affecting the right eye associated with headaches, without nausea and vomiting.

Physical examination revealed a slight adduction limitation of the right eye, with no significant ptosis. The initial diagnosis was partial third cranial nerve palsy.

A Computed Tomography (CT) scan revealed well-defined interpeduncular cistern mass, located right of midline, with fat density, was approximately 10x4x8mm in size (Figure 1-3).

Intracranial lipomas are foci of adipose tissue found within the intracranial cavity and Cerebrospinal Fluid (CSF) cisterns, resulting from an embryonic differentiation anomaly of the meninx primitiva. Most intracranial lipomas remain asymptomatic and are typically identified incidentally during imaging studies. Pericallosal location is the most frequent, however lipomas of the interpeduncular cistern are very rare [1].

On CT scan, intracranial lipomas appear as lobulated masses with fat density, respecting adjacent structures, without enhancement after injection. On MRI, they appear as hyperintense masses on T1W and T2W images, while they are hypointense on fat suppressed images. In some cases, peripheral calcification may accompany these lesions. A biopsy is unnecessary, as the characteristic findings of intracranial lipomas on CT and MRI are sufficient for diagnosis [1].

In this case, due to the lipoma's small size, mild symptoms, and critical anatomical location, a conservative management approach was chosen.



Cite this article: Tlaite O, Amal L, Mohammed J. Transient Diplopia as a Rare Presenting Feature of Interpeduncular Cistern Lipoma. J Radiol Med Imaging. 2025; 8(1): 1101.



Figure 1: Axial CT scan showing hypodense well-defined interpeduncular cistern mass, with no calcifications.



Figure 2: Axial CT scan showing well-defined interpeduncular cistern mass, with fat attenuation.



Figure 3: Axial CT scan showing well-defined interpeduncular cistern mass, with fat attenuation.



Figure 4: Contrast enhanced CT scan, showing absence of enhancement of the mass.

References

1. Kalekar T, M S, Reddy L P, et al. Neuroimaging Spectrum of Intracranial Lipomas. Cureus. 2023; 15: e35063.