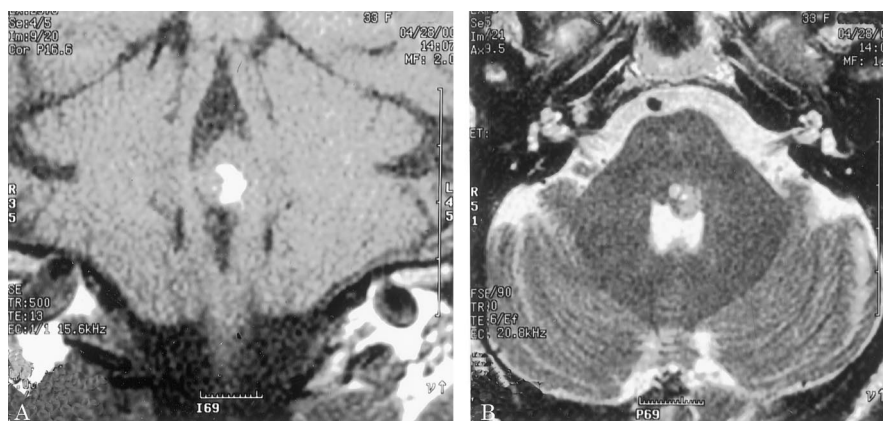


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## Neuro Images



*Figure. MRI of the brainstem (coronal T1-weighted image [A] and axial T2-weighted image [B]) demonstrate a hemorrhagic lesion expanding the left facial colliculus. The appearance is most consistent with a cavernous malformation. It was angiographically occult, as is typical for these lesions.*

### Cavernous malformation of the facial colliculus

Sean M. Lew, MD, Sami Khoshyomn, MD, Robert W. Hamill, MD, Bruce I. Tranmer, MD, Burlington, VT

A 33-year-old woman presented with acute-onset diplopia and facial droop. Examination revealed a complete left lateral gaze palsy. The eyes could not be driven past midline to the left with rapid head rotation, opticokinetic drum, smooth pursuit, convergence, or saccades. A left peripheral facial palsy was present. No other deficits were appreciated. On MRI a solitary cavernous malformation expanded the left facial colliculus (figure). A suboccipital craniotomy was performed which revealed a firm, well-circumscribed, lobulated purplish lesion with surrounding hemosiderin-

stained gliotic brain. The lesion was completely resected, and a cavernous malformation was confirmed by histology. Ocular motility and seventh nerve function gradually improved, and the patient was neurologically intact 3 months after surgery. Microsurgical resection of brain stem cavernous malformations has been met with favorable results in larger series and is advocated as a primary treatment for symptomatic lesions.<sup>1,2</sup>

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