Teaching Neuro*Images*: Bruns syndrome caused by intraventricular neurocysticercosis

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Figure 1 Sagittal T1 postcontrast MRI showing a cystic lesion in the fourth ventricle (arrow) with dilation of lateral and third ventricles

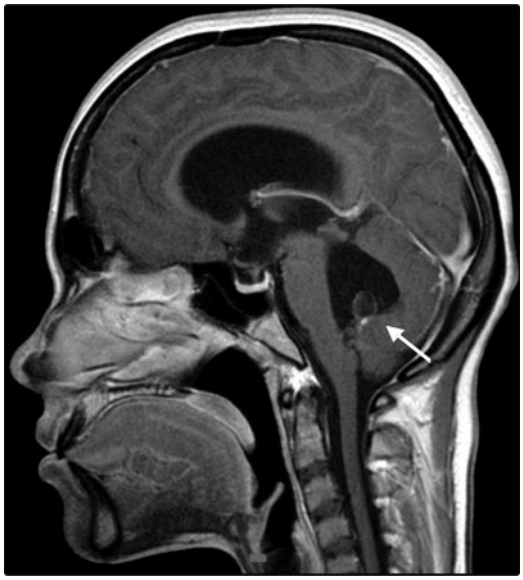
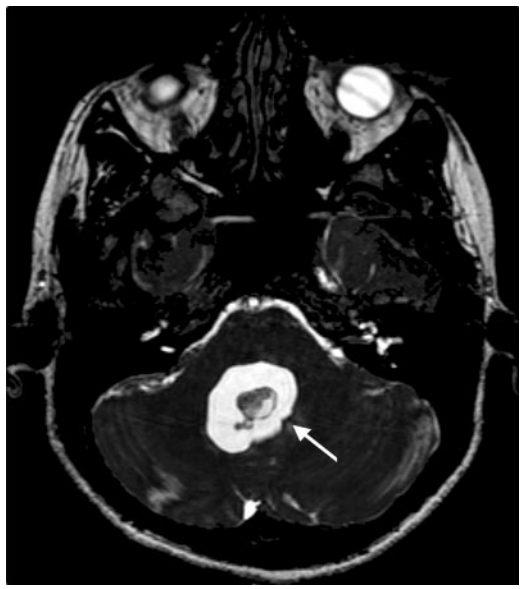


Figure 2 Axial three-dimensional constructive interference in steady state (CISS) sequence shows lesion within the dilated fourth ventricle showing cystic and solid components (arrow)



A 24-year-old woman presented with 2 months of episodic vertigo, vomiting, and headache triggered by abrupt head movements, lasting from a few minutes to 1 hour. She was asymptomatic between the attacks and had mild gait ataxia on examination. Brain MRI revealed obstructive hydrocephalus and a cystic lesion in the fourth ventricle (figures 1 and 2). Her symptoms subsided after cyst excision; a histopathologic diagnosis of neurocysticercosis was made. This clinical picture matches the Bruns syndrome, due to a mobile ventricular mass producing episodic hydrocephalus on changing head posture.[1,2] Cysticercosis of the fourth ventricle can be fatal and mandates prompt neurosurgical treatment.

REFERENCES

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