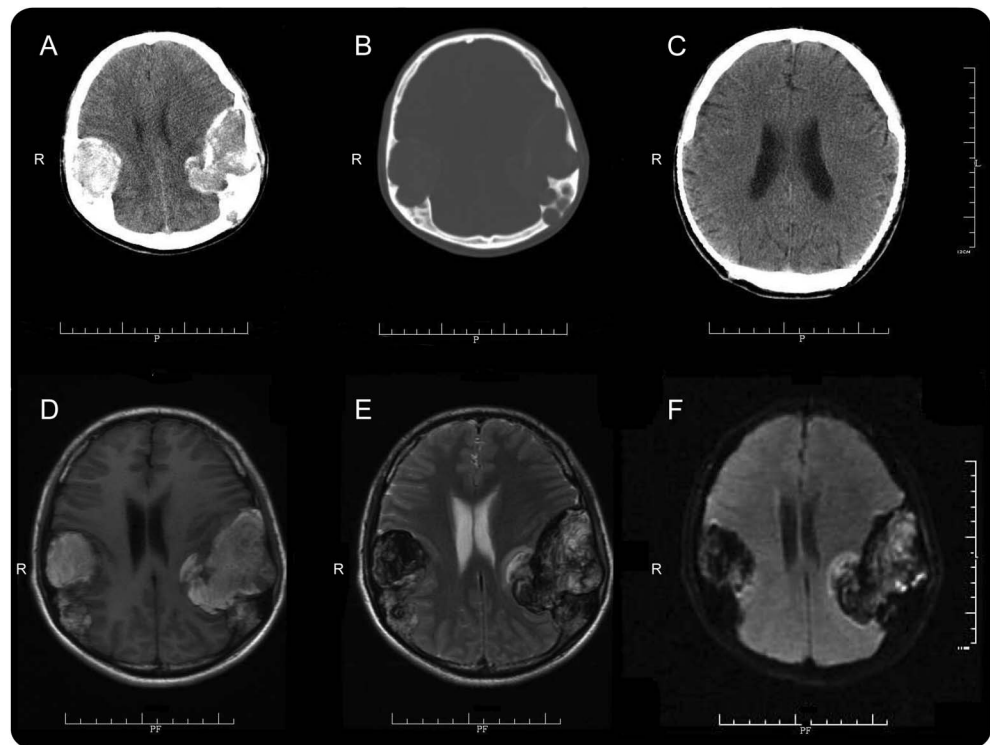


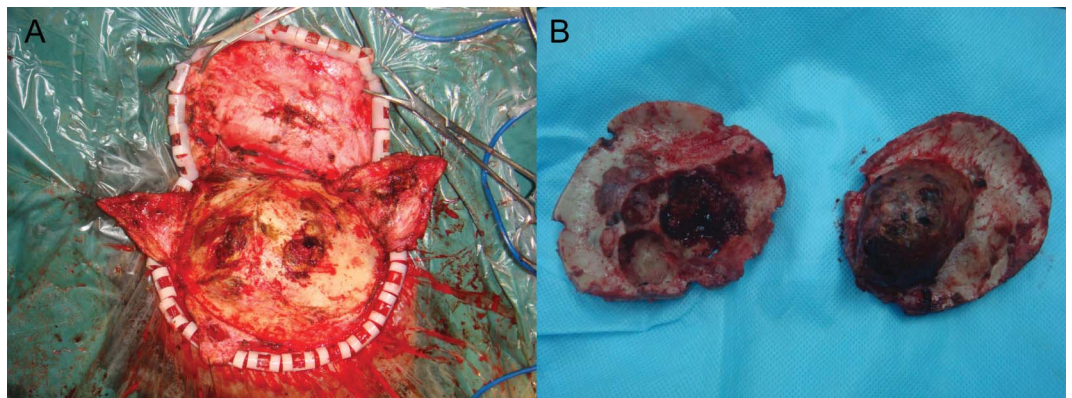
Bilateral cranial hemophilic pseudotumors

Figure 1 Cranial CT and MRI



Axial CT scan (A) demonstrates heterogeneous high-density lesions with irregular bone erosion when set to bone window (B). A 3-year follow-up CT scan (C) shows no sign of recurrence. T1-weighted (D), T2-weighted (E), and diffusion-weighted MRI (F) reveal heterogeneous extra-axial lesions on images consistent with chronic hemorrhage of varying ages.

Figure 2 Intraoperative photographs



At operation, hemophilic pseudotumors were observed with subgaleal and epidural extension (A). Resected surgical specimens (B) show multicystic masses containing clotted blood.

A 39-year-old man with mild hemophilia A presented with a 6-month history of repeated headache with mild difficulty in verbal expression. He had a history of pseudotumor in the left tibia, which had been treated by surgery 3 years ago. CT and MRI demonstrated bilateral extra-axial lesions with bone destruction (figure 1).¹ These extremely rare cranial hemophilic pseudotumors were totally resected after adequate replacement therapy (figure 2).² Histologic examination disclosed a coagulum of blood products surrounded by a fibrous capsule with hemosiderin-laden macrophages.

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