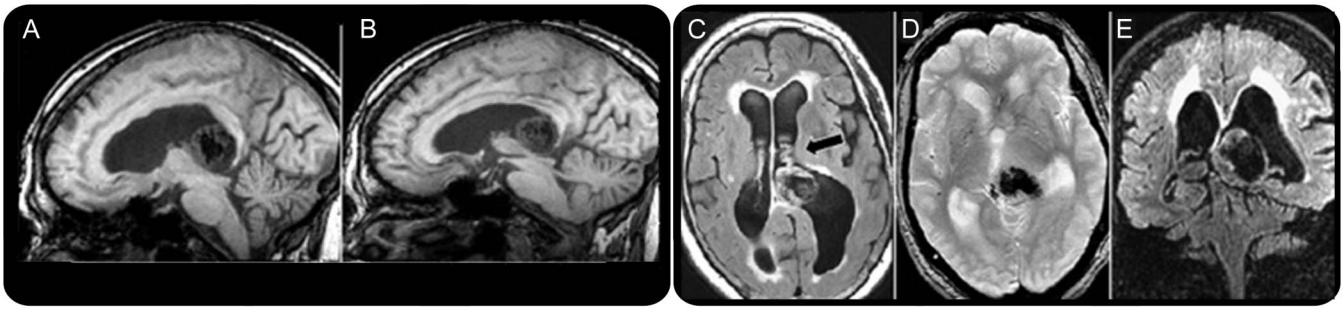
Intraventricular tumor presenting as progressive supranuclear palsy–like phenotype

Figure 3 Tesla brain MRI findings



Sagittal T1-weighted images (A, B): midbrain compression caused by a globular tumor. Axial fluid-attenuated inversion recovery (FLAIR) image (C): left lateral ventricle enlargement; vascular pedicle connecting the tumor to the choroidal plexus (arrow). Axial-GE-T2* image (D): tumor hypointensity by mineral accumulation. Coronal FLAIR image (E): left cerebral peduncle dislocation and transependymal CSF diffusion.

A 70-year-old woman presented with a 2-year history of progressive difficulty in walking with frequent falls. Neurologic examination showed postural instability with backward falls, vertical supranuclear gaze palsy with normal vestibular-ocular reflex, rigidity, and pyramidal signs in the right limbs. There was no clinical response to levodopa. Laboratory serologic tests had normal results. MRI displayed midbrain compression and dislocation caused by a large tumor in the left lateral ventricle (figure). Dopamine transporter SPECT showed normal striatal binding. The patient died before neurosurgery could be performed; there was no autopsy. Brain tumors should be considered in the diagnostic workup[1] of progressive supranuclear palsy–like phenotypes.

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