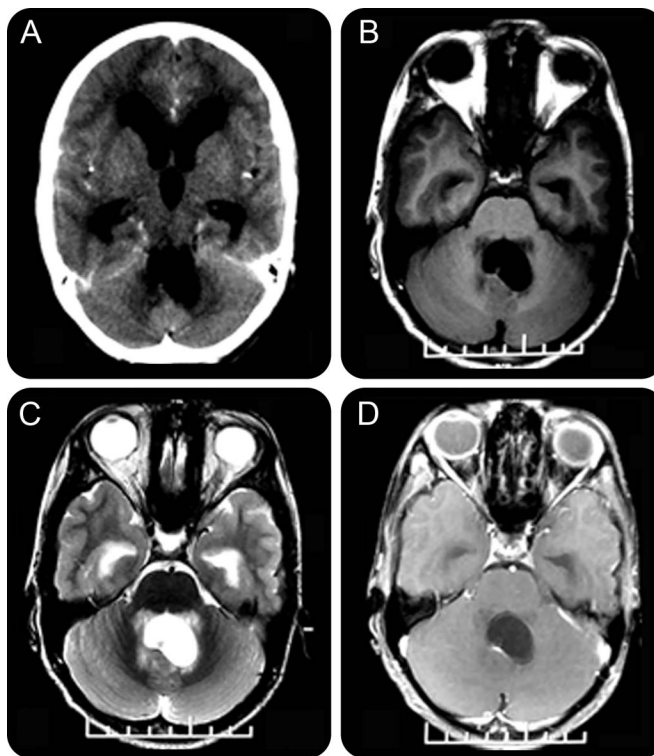


# Cystic lesion of the fourth ventricle

## Role of CISS

Figure 1 CT and MRI



(A) Contrast-enhanced CT and (B) T1-weighted, (C) T2-weighted, and (D) postcontrast T1-weighted MRI brain show a dilated and distorted fourth ventricle with a nodule.

A 13-year-old boy presented with headache of 1 month and vomiting for 10 days. Salient examination findings were left lateral rectus paresis and papilledema. A contrast-enhanced CT followed by MRI brain revealed an ill-defined fourth ventricular cyst with communicating hydrocephalus (figure 1). Subsequently, a constructive interference in steady state (CISS) sequence revealed a fourth ventricular cysticercus (figure 2).

Intraventricular neurocysticercus may be missed on conventional CT and MRI.<sup>1</sup> A distinctly visible scolex and CISS sequence, with its higher contrast-to-noise ratio and accentuation of T2 value between the cyst and CSF, rules out malignant radiologic differentials.<sup>2</sup>

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*Author contributions:* Dr. Saini and Dr. Chakrabarty worked up the patient and prepared the manuscript under the guidance of Dr. Gulati. Dr. Kumar provided the radiologic inputs.

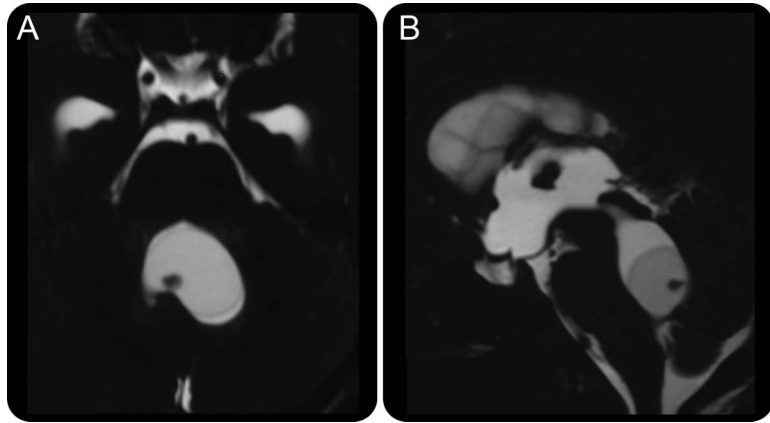
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**Figure 2** Constructive interference in steady state sequence



(A, B) Fourth ventricular cysticercus (mural nodule present).

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