

Intrasellar herniation

A newly described variant of downward central herniation

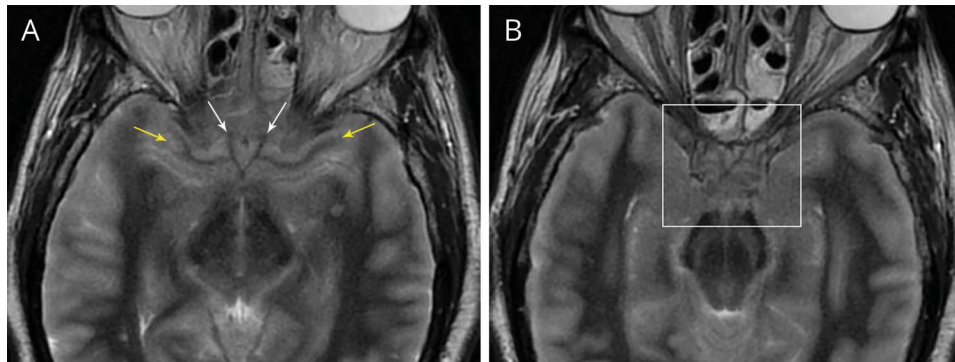
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Figure 1 Downward central herniation of basal frontal gyri into the sella



(A) Axial T2-weighted image shows gyri recti (white arrows) and posterior orbital gyri (yellow arrows) extended inferiorly and centrally towards the sella. (B) A puckered appearance of the herniated gyri is seen within the sella. Elsewhere in the brain, diffuse cortical T2 hyperintensity and swelling reflects cerebral edema.

A 72-year-old woman was brought to the emergency department in cardiac arrest. Return of spontaneous circulation was reestablished. She was subsequently comatose with absent brainstem reflexes. In the setting of diffuse hypoxic injury, MRI revealed diffuse cerebral edema and absent cerebral perfusion, suggesting brain death. Due to substantially increased intracranial pressure, there was downward central intrasellar herniation of the gyri recti, posterior orbital gyri, septal area, anterior third ventricle, anterior hypothalamus, and optic chiasm (figures 1 and 2). Several types of acquired herniation are well known and extensively discussed in the literature.^{1,2} Intrasellar downward cerebral herniation has not previously been described.

Author contributions

Dr. Pacheco: study concept and design. Dr. Nael: analysis and interpretation. Dr. Pawha: critical revision of the manuscript for important intellectual content and study supervision.

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Disclosure

The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

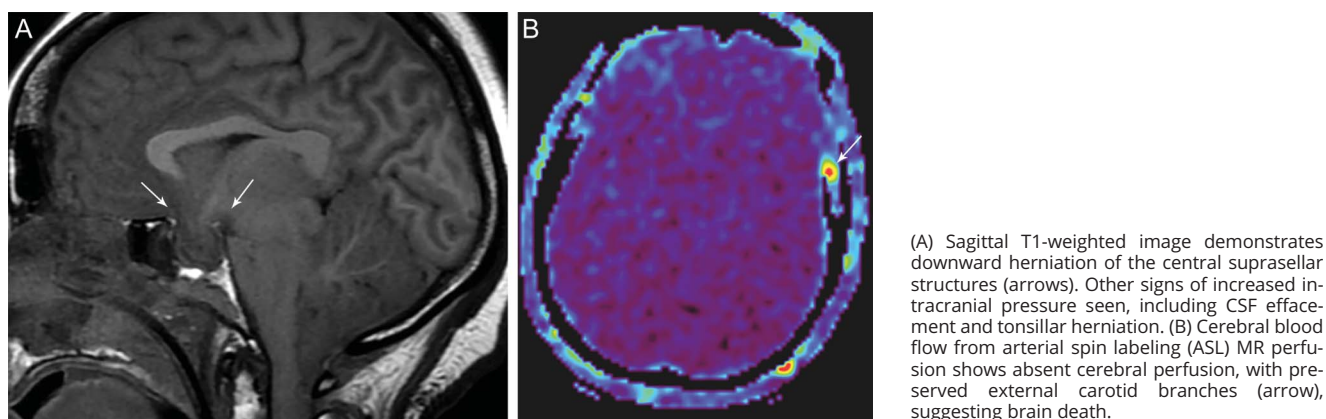
References

1. Laine FJ, Shedden AI, Dunn MM, Ghatak NR. Acquired intracranial herniations: MR imaging findings. *AJR Am J Roentgenol* 1995;165:967-973.
2. Johnson PL, Eckard DA, Chason DP, Brecheisen MA, Batnitzky S. Imaging of acquired cerebral herniations. *Neuroimaging Clin N Am* 2002;12:217-228.

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Figure 2 Diffuse cerebral edema and increased intracranial pressure causing intrasellar herniation



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