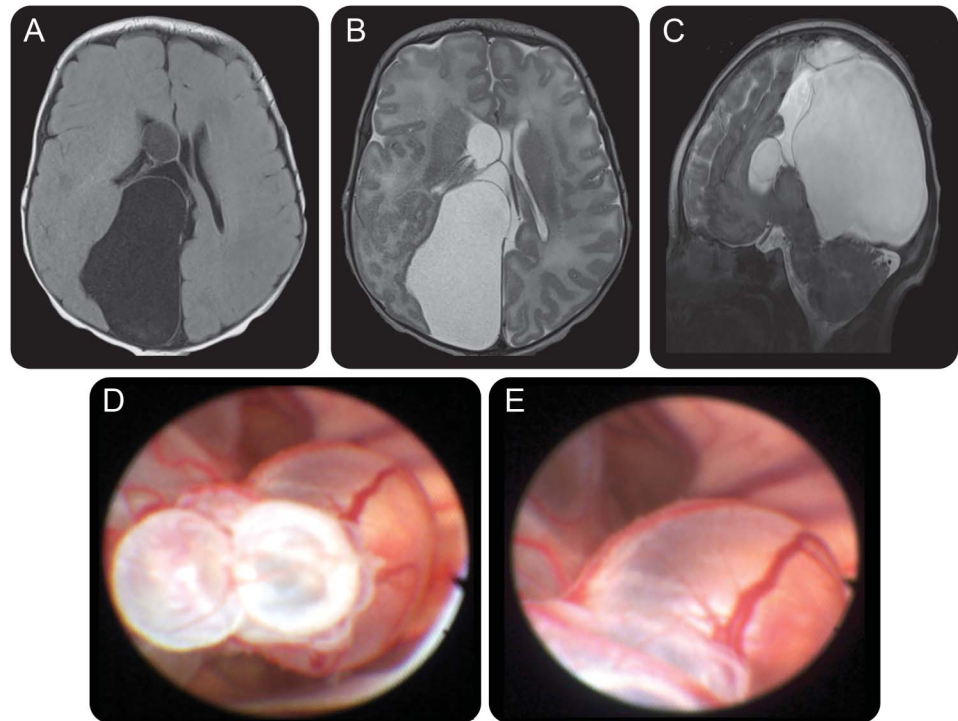


# Teaching NeuroImages: Interhemispheric multiloculated cyst with callosal dysgenesis in an infant

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**Figure** Brain MRI and perioperative endoscopic images



Axial T1- and T2-weighted (A, B) and sagittal T2-weighted (C) brain MRI demonstrated a large multiseptated interhemispheric cyst causing lateral and third ventriculomegaly. The large posterior interhemispheric cyst causes mass effect on the parietal and occipital lobes, which are flattened and displaced laterally. Note the dysgenesis of the corpus callosum. (D, E) Perioperative endoscopic images demonstrating the multiple cysts within the right lateral ventricle.

A 2-month-old male infant presented with macrocephaly and signs of raised intracranial pressure. On physical examination, anterior fontanelle was full, bulging, and tense with increased head circumference. An MRI revealed interhemispheric multiloculated cyst with callosal dysgenesis (figure, A–C). The patient underwent right endoscopic third ventriculostomy with choroid plexus cauterization and endoscopic fenestration of the cyst (figure, D and E). Interhemispheric multiloculated cysts with callosal dysgenesis are relatively rare lesions.<sup>1</sup> Neuroendoscopic management is a minimally invasive method creating communication among the cyst, ventricular system, and subarachnoid space thereby avoiding permanent shunting and microsurgery.<sup>2</sup>

## AUTHOR CONTRIBUTIONS

Writing the manuscript: Dr. Rajendra Shrestha. Review and discussion of the manuscript: Prof. Benjamin C. Warf, Dr. Rajendra Shrestha. Critical revision of the manuscript for important intellectual content: Prof. Benjamin C. Warf, Dr. Rajendra Shrestha.

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## DISCLOSURE

The authors report no disclosures relevant to the manuscript. Go to [Neurology.org](http://Neurology.org) for full disclosures.

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