

Intracranial dermoid cyst mimicking a thrombosed giant aneurysm of the anterior communicating artery

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A 23-year-old woman with complaints of headache and vomiting was referred to the authors' radiology department for further examination. Magnetic resonance imaging showed a lesion, which was heterogeneously hyperintense on T1-weighted imaging. Susceptibility weighted imaging showed a blooming artefact within the mass, suggestive of thrombosis or haematoma. Computed tomography scan demonstrated a low-density (-25 HU) lesion in the anterior cranial fossa. The lesion had a close relationship with the anterior communicating artery (Figure 1a). Computed tomography angiography was performed because of an aneurysm was suspected, and the arterial anatomy was found to be normal (Figure 1b).

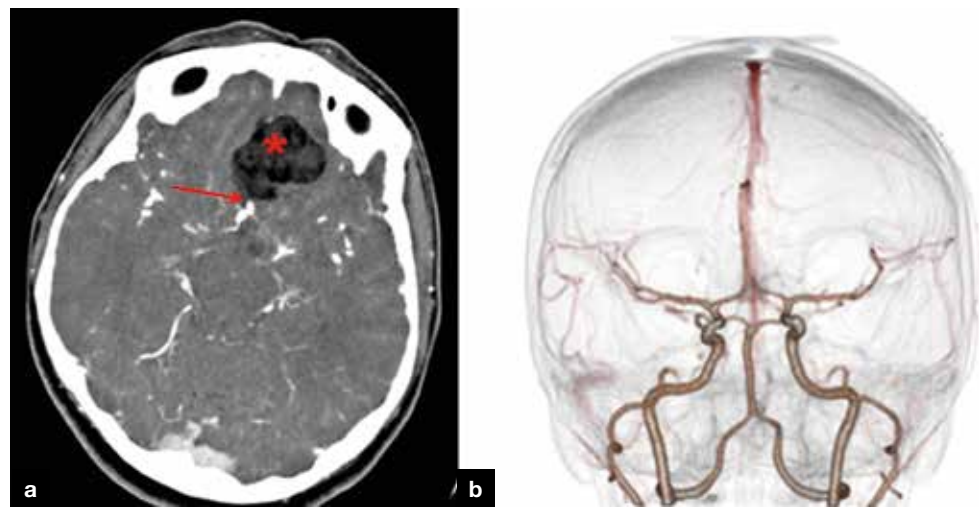


Figure 1. a. Computed tomography scan revealed a low-density lesion in the anterior cranial fossa. The lesion is close relationship with the anterior communicating artery (arrow). b. Computed tomography angiography showed normal cerebral arterial anatomy.

Intracranial dermoid cysts are rare slow-growing benign tumours, comprising 0.04–0.7% of intracranial tumours (Kucera et al, 2011). Dermoid cysts are usually hypodense on computed tomography scan, and hyperintense on T1-weighted magnetic resonance images (Kucera et al, 2011), so can mimic other intracranial lesions such as thrombosed aneurysms, haematomas and proteinaceous cysts (Canbaz et al, 2004).

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