

Clinical-Medical Image

Lhermitte-Duclos Disease: A Radiological Diagnosis to Remember

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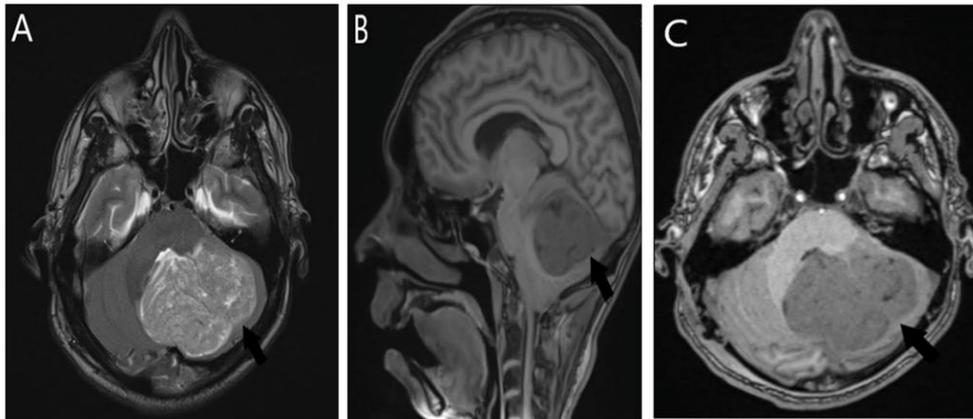


Figure 1: (A) T2-weighted axial MR image. The mass is predominantly hyperintense, with the typical alternate high- and normal-signal-intensity bands. The fourth ventricle and other cerebrospinal fluid spaces are compressed. (B) Sagittal T1-weighted MR image shows the typical striated appearance, with hypo- and isointense bands. The fourth ventricle is compressed and hence is not adequately depicted and the cerebellar tonsil is inferiorly displaced. (C) T1-weighted contrast material-enhanced axial MR image. The mass does not show any appreciable enhancement.

Clinical Image

Lhermitte-Duclos disease, also called dysplastic cerebellar gangliocytoma, manifests in young individuals. Most patients' symptoms stem from increased intracranial pressure and hydrocephalus. A slowly progressive cerebellar syndrome, megaloccephaly and mental retardation are less common clinical features. It is considered a hamartomatous lesion, often associated with Cowden's disease. On a CT examination, dysplastic cerebellar gangliocytoma presents as a low-density cerebellar mass, which may contain calcification and does not show enhancement. At MRI, it reveals most frequently as a left hemispheric cerebellar mass with folial or "tiger-striped" pattern (Figure 1). This tumor is typically iso- and hypointense on T1-weighted images and hyperintense on T2WI with characteristic alternating bands of different signal intensity relative to gray matter. Most cases demonstrate little or no enhancement, although patchy enhancement of the tumor has been described in some series probably related to the deep running veins between the folia seen on SWI. Treatment of choice is surgery. In symptomatic patients it may be necessary to place a ventricular shunt catheter to treat hydrocephalus.

Keywords: Lhermitte-Duclos; MRI; CT

Declaration of Interests

The authors declare that they have no competing interests.

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