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Differential diagnosis of a vanishing brain space occupying lesion in a child

Sherifa A Hamed, Mohamad A Mekkawy, Hosam Abozaid

Abstract

We describe clinical, diagnostic features and follow up of a patient with a vanishing brain lesion. A 14-year-old child admitted to the department of Neurology at September 2009 with a history of subacute onset of fever, anorexia, vomiting, blurring of vision and right hemiparesis since one month. Magnetic resonance imaging (MRI) of the brain revealed presence of intra-axial large mass (25x19 mm) in the left temporal lobe and the brainstem which showed hypointense signal in T1W and hyperintense signals in T2W and FLAIR images and homogenously enhanced with gadolinium (Gd). It was surrounded by vasogenic edema with mass effect. Intravenous antibiotics, mannitol (2grams/12 hours/2days) and dexamethasone (8mg/12hours) were given to relief manifestations of increased intracranial pressure. Whole craniospinal radiotherapy [brain=4000CGy/20 settings/4 weeks; Spinal=2600/13 settings/3weeks] was given based on the high suspicion of neoplastic lesion (lymphoma or glioma). Marked clinical improvement (up to complete recovery) occurred within 15 days. Tapering of the steroid dose was done over the next 4 months. Follow up with MRI after 3 months showed small lesion in the left antero-medial temporal region with hypointense signal in T1W and hyperintense signals in

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