

Teaching NeuroImages: Striatocapsular infarct presumed due to intracranial lipoma

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A 27-year-old woman with no known risk factors for stroke presented with right hemiparesis. There was infarction of left corpus striatum on brain CT and MRI (figure 1). Imaging also showed an intracranial lipoma adjacent to the middle cerebral artery (MCA) (figure 2).

We presumed that striatocapsular infarction was due to occlusion of the orifice of a lenticulostriate artery originating from the MCA.¹ Intracranial lipomas may rarely occur adjacent to the MCA and may be associated with striatocapsular infarction.²

AUTHOR CONTRIBUTIONS

F.H. Besir: corresponding author who sees the cases first and performed the literature search. O. Onbas: consultant doctor of the Radiology Department.

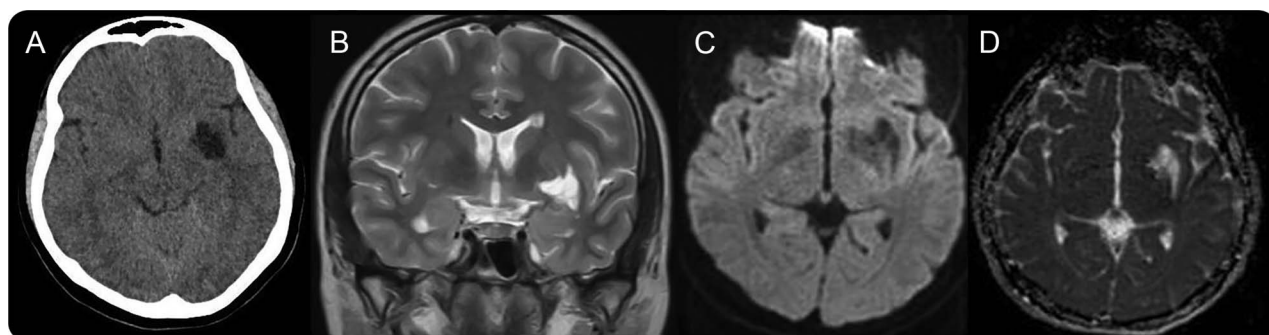
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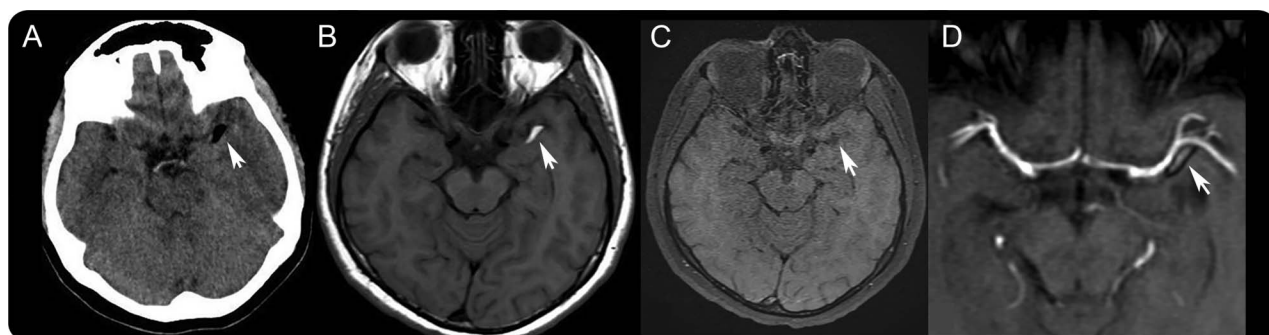
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Figure 1 Striatocapsular infarction on the left side



(A) Brain CT images, (B) MRI T2-weighted images, (C) diffusion-weighted images, and (D) apparent diffusion coefficient maps show chronic infarction.

Figure 2 Intracranial lipoma (arrow) located adjacent to the middle cerebral artery bifurcation



(A) The brain CT density of this hypodense lesion was measured as –80 HU. (B) T1-weighted MRI shows the hyperintense lipoma. (C) On T1-weighted image with fat suppression, intensity of the lesion is homogeneously decreased. (D) Reformatted time-of-flight magnetic resonance angiogram image shows lipoma caused chemical shift artifact at the origin of the lenticulostriate arteries.

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

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