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Case Report Open Access

Cystic Encephalomlacia-Mr Imaging

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Abstract

Encephalomalacia is sequelae to injury to the brain which can be haemmorage, ischemia, traumatic, infective etc. or end results of liquefactive necrosis of the brain causing its softening, cystic degeneration and surrounding gliosis [1,2]. We are presenting a case of cystic encephalomalacia in young adult with probable vascular insult in left MCA territory [1-3].

Case Report

We present a case of 32-year male presenting with right sided hemi pareses, focal seizure and headache. MRI imaging showed a well-defined multilobulated lesion seen left cerebral hemisphere and shows CSF signals on all pulse sequences without diffusion restriction or post contrast enhancement. There is presence of ex vacuo dilation of ipsilateral left lateral ventricle. Diagnosis of cystic encephalomalacia secondary to vascular insult in the remote past was made.

Discussion

Encephalomalacia is sequelae to injury to the brain which can be haemmorage, ischaemia, traumatic, infective etc. or end results of liquefactive necrosis of the brain causing its softening, cystic degeneration and surrounding gliosis [4,5].

Clinical Manifestations: Can be seen in any age group or sex, asymptomatic if focal or may present with focus of seizure, hemiparesis or paresthesias and headache [1].

Key Imaging Diagnostic Clues:

a) CT shows hypo attenuating areas with cystic changes with ex-vacuo dilation of ipsilateral ventricles [1,6].

b) MRI shows CSF signals on all pulse sequences with gliosis better appreciated on FLAIR sequence [5,6].

Conclusion

Cystic encephalomalacia have characteristic Computed Tomographic features of hypo attenuating areas with cystic changes with ex-vacuo dilation of ipsilateral ventricles. MRI shows CSF signals on all pulse sequences with gliosis better appreciated on FLAIR sequence.

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