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Figure 3  Post-procedural venous-phase lateral digital subtraction angiography shows complete occlusion of the aneurysm (arrow).

Figure 4  (A) Anteroposterior and (B) lateral control magnetic resonance venography of the brain at 2 years show complete occlusion of the right transverse sinus aneurysm with mild stenosis of the sinus (arrow).

contralateral side, it was decided to proceed with careful coiling and to abort the procedure if the coils migrated. The aneurysm was located near the confluence of the sinuses far from the sigmoid segment and inner ear, which might explain the absence of tinnitus. The sharp shooting headache in the present case was probably due to the aneurysm-mediated tension on the dura. The present study shows that TS aneurysms can present with symptoms other than pulsatile tinnitus and be successfully treated by coiling.

Conflict of interest statement

The authors report no conflict of interest.

References


Solitary lytic skull lesion revealing an eosinophilic granuloma in an adult

A 32-year-old woman, ten weeks pregnant, presented with headaches. A cerebral MRI was performed and did not show any cerebral parenchyma anomaly. One month later, the woman developed a scalp swelling of the right frontal region. This was not painful, and there was no history of trauma. The patient had no neurologic symptoms. A new MRI was performed and revealed a solitary calvarial intradiploic lesion in the right frontal region, with a double-contour appearance, which appeared isointense on Fluid Attenuated Inversion Recovery (FLAIR) images, hypointense on T1-weighted images with a rim, isointense to white matter (Fig. 1) and hyperintense on T2-weighted images with a less intense rim. The lesion extended through the skull defect both intra- and extra-cranially. A meningeal thickening was observed opposite the lesion. T1-weighted images following gadolinium injection were not performed because of the pregnancy. A CT-scan was performed and revealed a well-defined osteolytic lesion in the right frontal region (Fig. 2), with an adjacent extra-cranial soft tissue mass. No marginal sclerosis was observed. A slightly hyperdense meningeal thickening was also observed on CT. Retrospectively, the first MRI revealed a very small intradiploic lesion in the frontal region, which appeared isointense on FLAIR and diffusion-weighted images and hyperintense on T2-weighted images.

The patient underwent surgical resection, and histopathological diagnosis was eosinophilic granuloma (EG) of the skull base.

Langherans cell histiocytosis (LCH) is a rare disease, which occurs most commonly in children. The localized form of LCH is referred to EG and accounts for approximately 70% of cases of LCH. The etiology remains uncertain and...
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Figure 1  Coronal T1-weighted MR image performed one month after the beginning of the symptoms shows a solitary calvarial intradiploic lesion in the right frontal region.

Figure 2  Axial CT image shows a well-defined osteolytic lesion in the right frontal region.

could be related to undefined immunologic disturbance [1]. Solitary LCH may occur in any bone: the skull is the most frequently involved, with the calvaria affected more often than the skull base, especially in the frontoparietal region [1,2]. In the skull, the typical appearance of an EG is a well-defined lytic lesion, with nonsclerotic margins, involving both inner and outer table, resulting in a double-contour appearance, sometimes associated with an adjacent soft tissue mass. A "button sequestrum" was once thought to be characteristic of skeletal LCH but it may be seen in metastatic disease, radiation necrosis, dermoid and epidermoid cysts, fibrous dysplasia and meningioma [1,3]. Most patients present with symptoms (local pain, mass) less than two months duration, although lesions may also be clinically silent.

The question has been raised regarding the link between histiocytosis and pregnancy. LCH is rarely associated with pregnancy. Reports on pulmonary EG in pregnant woman showed no exacerbation of the disease [4]. It has been reported that when LCH and pregnancy occur simultaneously, diabetes insipidus may appear or worsen [5,6].

In conclusion, although uncommon, EG may be seen in adults and must be considered as differential diagnosis in case of an osteolytic calvarial lesion.

Conflict of interest statement
None.

References

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Sténose bilatérale non tumorale des foramen de Monro
Nontumoral bilateral occlusion of the Monro foramina

La sténose non tumorale des foramen de Monro est une pathologie rare. Elle est le plus souvent unilatérale responsable d’une hydrocéphalie monoventriculaire, exceptionnellement bilatérale s’associant à une hydrocéphalie biventriculaire. L’imagerie en coupes, en particulier l’IRM, joue un rôle important dans l’orientation diagnostique, en éliminant surtout une cause tumorale. L’endoscopie permet, d’une part, de confirmer le diagnostic et, d’autre part, de traiter l’hydrocéphalie.