## Neuroimage

# Dilated Virchow Robin spaces mimicking cystic neoplasm of cingulated gyrus

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A 45-year-old male presented with history of severe headache since two months. He was investigated and brain magnetic resonance imaging (MRI) showed a multiloculated cystic lesion involving left cingulated gyrus [Figures 1 and 2]. Lesion was well-defined and extending up to the corpus callosum [Figure 3]. The lesion showed no calcifications, hemorrhage, enhancement or perilesional edema. Diffusion-weighted images showed no restricted diffusion. Considering the atypical location and appearance on MRI, a histopathological correlation was planned. Patient underwent neuroendoscopic interhemisperic biopsy of cyst wall. The cystic areas were histologically confirmed to be enlarged perivascular spaces.

Virchow-Robin (VR) spaces surround the walls of vessels as they course from the subarachnoid space through the brain parenchyma. Dilated VR spaces typically occur in three characteristic locations: Type I VR spaces found along the lenticulostriate arteries entering the basal ganglia; Type II VR spaces found along the paths of perforating medullary arteries as they enter the cortical gray matter over the high convexities; and Type III VR spaces in the midbrain. Occasionally, VR spaces appear markedly enlarged, cause mass effect, and assume bizarre cystic configurations.<sup>[1]</sup> Knowledge of the signal intensity characteristics and locations of VR spaces helps differentiate them from various pathologic conditions, including cystic tumors, parasitic cysts, cystic infarctions, non-neoplastic neuroepithelial cysts, cystic periventricular leukomalacia, multiple sclerosis, mucopolysaccharidoses, and arachnoid cysts.<sup>[1]</sup> Rarely,

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as seen in the present patient, they can also occur at an atypical location causing diagnostic confusion. In such cases, neuroendoscopic biopsy offers a safe effective treatment option.<sup>[2]</sup>



Figure 1: Axial T1-weighted magnetic resonance image showing a well-defined multiloculated cystic lesion in the left cerebral hemisphere. There is no perilesional edema seen. No solid component is noted within this lesion



Figure 2: Coronal T2-weighted image shows the multiloculated cystic lesion in the left cingulated gyrus

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Figure 3: Sagittal T2-weighted image showing the cystic lesion involving the cingulate gyrus with indentation of the body of the corpus callosum

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