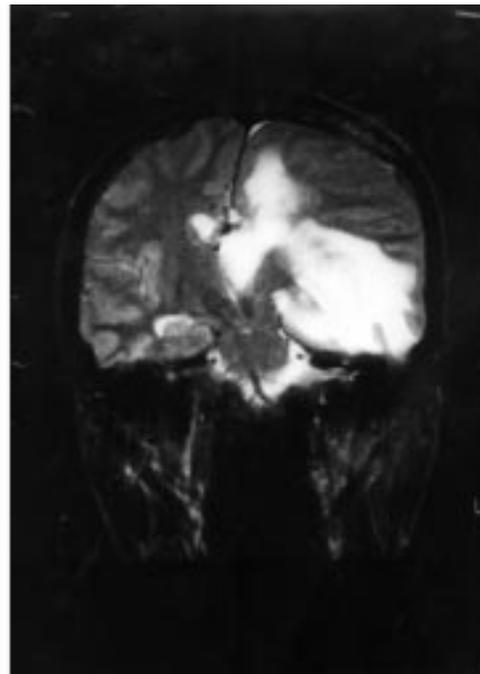
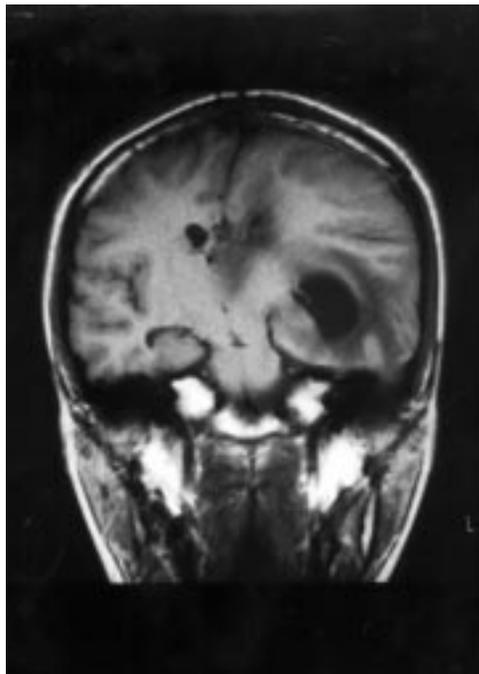


## NEUROLOGICAL PICTURE

## Evaluation by magnetic resonance imaging of the entrapped temporal horn syndrome



A 16 year old boy had an intraventricular haemorrhage caused by rupture of a large left parasphenial arteriovenous malformation (AVM). The AVM was totally resected through an interhemispheric approach. The postoperative course was unevenful. One month later, however, he noticed gait disturbances which deteriorated progressively. On neurological examination, he was alert but disoriented to place and time, and homonymous hemianopsia and hemiparesis, including facial weakness, were noted on the right side. Coronal MRI on T1 and T2 weighted images showed a cystic expansion of the entrapped temporal horn of the lateral ventricle (figure). With a diagnosis of entrapment of the left temporal horn, a ventriculoperitoneostomy was performed placing a shunt tube into the left temporal horn. The neurological deficits disappeared completely after surgery.

The entrapped temporal horn is caused by obstruction of the trigone of the lateral ventricle which seals off the temporal horn from the rest of the ventricular system.<sup>1</sup> To the best of our knowledge, only seven cases have been reported in the literature.<sup>1-4</sup> Among the eight previously reported cases including our own, hemiparesis, homonymous hemianopsia, and memory disturbance represented the most frequent symptoms.

The MRI findings indicate that hemiparesis, homonymous hemianopsia, and memory disturbance originate respectively from the compression of the internal capsule, Meyer loop and hippocampus, and interstitial oedema within these structures. These neurological deficits, which are caused by the anatomical change of the temporal horn, can be regarded as a characteristic triad for this entity.

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