A 32-year-old man presented with a history of intermittent headaches. Examination revealed normal visual acuity and no neurological deficit was seen. Magnetic resonance imaging (MRI) brain scan was performed for further evaluation and revealed a well-defined, curvilinear T1- and T2-hyperintense lesion measuring $1.2 \times 0.4$ cm in the superior half of the cerebellar vermis. It appeared hypointense on T1 fat-saturated images, suggestive of fat content. No evidence of any mass effect or hydrocephalus was observed. These findings were suggestive of vermian lipoma.

Superior vermian hypoplasia was also detected, but however, the corpus callosum was normal. No other abnormality was observed on the brain MRI brain scan. Intracranial lipomas represent a congenital malformation resulting from the abnormal differentiation of the meninx primitiva. Most intracranial lipomas are found incidentally, as was the case with our patient. In symptomatic cases, headache and psychomotor retardation are common complaints. Seizures reported in patients with intracranial lipomas appear secondary to the associated anomalies. The pericallosal region as well as the quadrigeminal and suprasellar cisterns are the common locations for intracranial lipomas. Vermian lipomas are rare, with only a few cases in the literature containing only a few such cases. The morphological variants of intracranial lipomas are the tubulonodular and curvilinear varieties. Intracranial lipomas reveal homogenous fat density (−60 to −120 HU) on plain CT scan and may contain calcific foci, especially in the tubulonodular variety. Intracranial lipomas display T1- and T2-hyperintense signals with suppression on fat-saturated images. The associated anomalies are better demonstrated by MRI and include dysgenesis of the corpus callosum and vascular anomalies like aneurysms. Surgical excision is not required in most cases.