A 32-year-old man presented with a history of intermittent headaches. On examination, visual acuity was normal 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 x 4 cm) in the superior half of the cerebellar vermis. It appeared hypointense on T1 fat-saturated images, suggestive of fat content in the superior half of the cerebellar vermis (Figure 1). No evidence of mass effect or hydrocephalus was seen. These findings were suggestive of vermian lipoma. Superior vermian hypoplasia was also detected, but the corpus callosum appeared normal. No other abnormality was observed on MRI. Intracranial lipomas represent congenital malformations resulting from abnormal differentiation of the meninx primitiva. In most cases, as in our case, most intracranial lipomas are found incidentally. Symptomatic cases patients commonly complain of headache and psychomotor retardation. Seizures reported in cases patients with intracranial lipomas appear secondary to the associated anomalies. The pericallosal region, as well as the quadrigeminal cistern, and suprasellar cisterns are the common locations for intracranial lipomas. Vermian lipomas are rare, with only a few reported cases in the literature. The morphological variants of intracranial lipomas are the tubulonodular and curvilinear varieties. Intracranial lipomas reveal homogenous fat density (−60 to −120 HU) on plain computed tomography 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, including dysgenesis of the corpus callosum and vascular anomalies such as aneurysms, are better demonstrated on MRI and include dysgenesis of the corpus callosum and vascular anomalies.
Most cases do not require surgical excision.