Cervico Medullary Junction Lipoma Causing Transient Cerebellar Mutism: An Uncommon Presentation Of A Rare Condition

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Citation

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Abstract

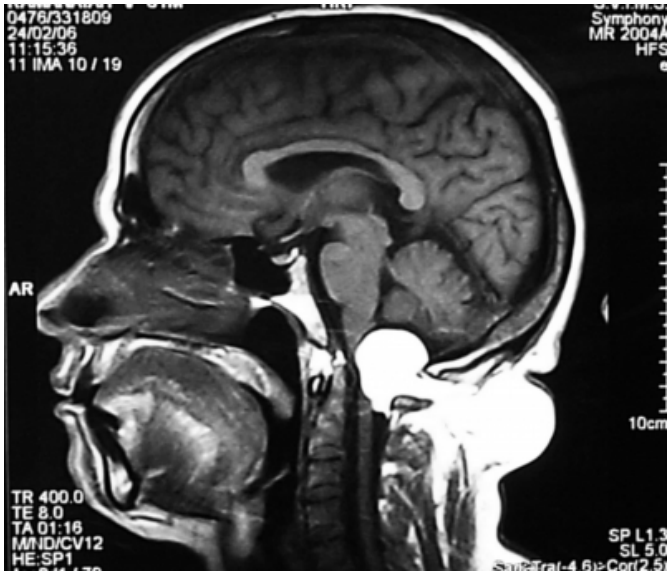
Cerebellar mutism is a documented complication of posterior fossa surgery in children. it occurs after resection of a cerebellar mass lesions, is delayed in onset after a brief interval of 1-2 days of relatively normal speech post surgery and there is transient mutism that lasts from 1 day to 6 months, followed by a severe dysarthria, which recovers completely in 1-3 months.It is frequently associated with other neurological manifestations, such as long tract signs and neurobehavioural abnormalities.1,2 We present a rare case where cerebellar mutism was the presenting feature of a Cervicomedullary junction lipoma which completely recovered after surgery.

CASE REPORT

A 45 year-old male was brought to the emergency department. He had been having progressive headaches over a three-week period. One day after a coughing episode patient developed inability to talk, however his comprehension was intact and he could express his answers by writing on a piece of paper. General physical examination revealed the presence of a soft pseudo fluctuant swelling in the nape of the neck suggestive of a lipoma. The neurological examination revealed mild gait ataxia, and fundus examination revealed papilloedema. Magnetic resonance imaging revealed a mass lesion in the cervico medullary junction in communication with the subcutaneous swelling which was hyperintense on T1 weighted images and hypointense on T2 weighted images with compression of the cervico medullary junction. (Figure 1).He underwent a midline suboccipital craniectomy, C1 arch excision and near total excision of the lesion . The lesion was yellowish in color, firm in consistency and moderately vascular. Histopathology was reported as lipoma. Patients mutism resolved completely by the seventh postoperative day.

Figure 1

Figure 1: Pre operative T1 Weighted images showing a hyper intense lesion in the cervico medullary region in communication with the subcutaneous lesion and causing compression at the cervico medullary region.



DISCUSSION

The aetiology of transient cerebellar mutism is still unclear. This entity was first defined by Rekate and Yonemasu in 1985.[3,4] Mutism is the total loss of ability to speak without any symptoms related to aphasia and without loss of consciousness. It is seen in up to 8.2% of children operated due to posterior fossa tumour [5] and usually arises several

days after surgery (mean 1.7 days) lasting for 4 days to 4 months (mean 6.8 weeks).[6] Reports have demonstrated the occurrence of a focal dysfunction of cerebral perfusion in children with cerebellar mutism after posterior fossa surgery.[7] Otherwise, Pollack reported that there is no correlation between the size of the tumour and length of vermian incision and the possibility of development of mutism.[2] Our case highlights the occurrence of cerebellar mutism as a presenting feature of a cervico medullary junction lipoma and its complete resolution in the post operative period.

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