



CLINICAL IMAGES

Intradiploic Pseudomeningocele

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Fig 1. Radiograph of the Skull (lateral view) Shows an Osteolytic Lesion in the Occipital Bone (arrow) with in-situ Cystoperitoneal Shunt

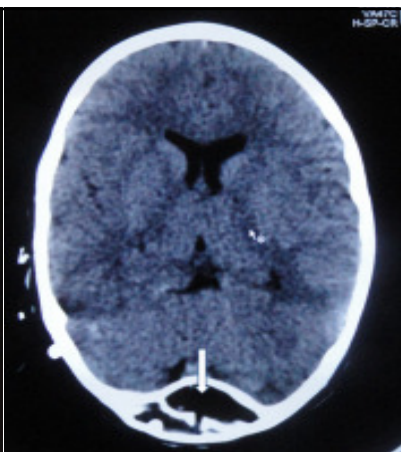


Fig 2. Non Contrast CT (axial) Shows Collection of CSF within the Diploic Space of Occipital Bone (long arrow).

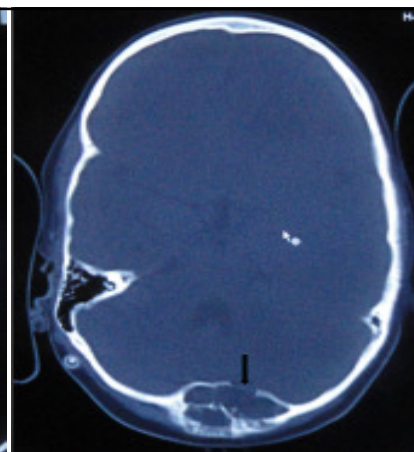


Fig 3. Non Contrast CT (bone window), Shows Fracture of the Inner Table of Skull, Widening of the Diploic Space & Bulging Outer Table (black arrow).

Intradiploic pseudomeningocele is a rare osteolytic skull lesion associated with head trauma in childhood. A pseudomeningocele is formed when there is fracture of the inner table with tear of the adjacent arachnoid and dura mater, leading to insinuation of the leptomeninges into the diploic space (1). This results in separation of the inner and the outer table of the skull with intraosseous CSF collection, termed as "intradiploic pseudomeningocele". The cyst grows by the pulsations of the CSF collection resulting in bulging of the outer table and flattening of the inner table of skull. Menku et al. preferred to name the entity as "pseudomeningocele" since the layering of the diploe interspace contains fibrous tissue instead of arachnoid membrane (2).

A 5 year old boy presented with complaints of progressive hard swelling in the occipital region following fall from height one year back. Plain radiograph revealed

a large lucent expansile lesion in the occipital bone (Fig 1). Plain CT scan which revealed fracture of the inner table of the skull involving the occipital bone, widening of the diploic space with thinned out, bulging outer table (Fig 2 & 3). A collection of cerebrospinal fluid (CSF) was seen within the intraosseous space. Based on these imaging findings, diagnosis of intradiploic pseudomeningocele was made and a cystoperitoneal shunt was placed.

References

1. Mahapatra AK, Tandon PN. Post-traumatic intradiploic pseudomeningocele in children. *Acta Neurochir (Wien)* 1989; 100:120-26.
2. Menku A, Koc RK, Tucer B, Akdemir H. Is skull fracture necessary for developing an intradiploic pseudomeningocele as a complication of head injury in adulthood? *Acta Neurochir (Wien)* 2004; 146: 623-27.

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