

Brain of a white-collar worker

Lionel Feuillet, Henry Dufour, Jean Pelletier

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Department of Neurology
(L Feuillet MD, J Pelletier PhD),
and Department of
Neurosurgery (H Dufour PhD),
Faculté de Médecine de
Marseille, Université de la
Méditerranée, Assistance
Publique hôpitaux de
Marseille—Hôpital de la
Timone, Marseille, France

Correspondence to:

Dr Lionel Feuillet,
Department of Neurology,
Faculté de Médecine de Marseille,
Université de la Méditerranée,
Assistance Publique hôpitaux de
Marseille—Hôpital de la Timone,
Marseille, France
lionel.feuillet@mail.ap-hm.fr

A 44-year-old man presented with a 2-week history of mild left leg weakness. At the age of 6 months, he had undergone a ventriculoatrial shunt, because of postnatal hydrocephalus of unknown cause. When he was 14 years old, he developed ataxia and paresis of the left leg, which resolved entirely after shunt revision. His neurological development and medical history were otherwise normal. He was a married father of two children, and worked as a civil servant. On neuropsychological testing, he proved to have an intelligence quotient (IQ) of 75: his verbal IQ was 84, and his performance IQ 70. CT showed severe dilatation of the lateral ventricles (figure); MRI revealed massive enlargement of the lateral, third, and fourth ventricles, a very thin cortical mantle and a posterior fossa cyst. We diagnosed a non-communicating hydrocephalus, with probable stenosis of Magendie's foramen (figure). The leg weakness improved partly after neuroendoscopic ventriculocisternostomy, but soon recurred; however, after a ventriculoperitoneal shunt was inserted, the findings on neurological examination became normal within a few weeks. The findings on neuropsychological testing and CT did not change.

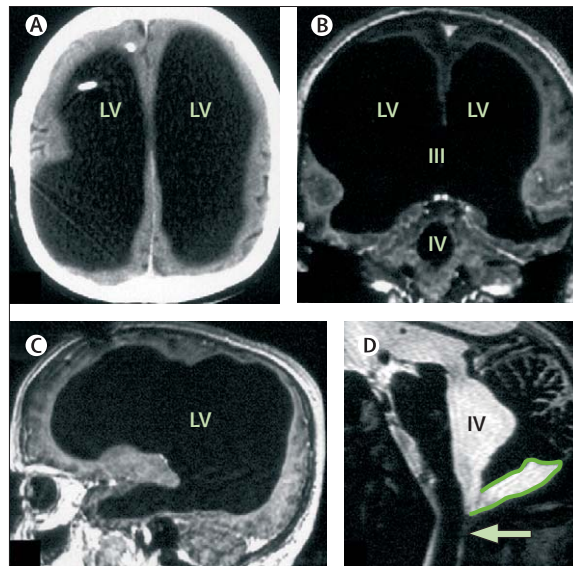


Figure: Massive ventricular enlargement, in a patient with normal social functioning

(A) CT; (B, C) T1- weighted MRI, with gadolinium contrast; (D) T2-weighted MRI. LV=lateral ventricle. III=third ventricle. IV=fourth ventricle. Arrow=Magendie's foramen. The posterior fossa cyst is outlined in (D).