Giant perivascular space in the anterior superior temporal gyrus: Imaging characteristics to avoid misdiagnosis

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Clinical Case

A 36-year-old female with migraine underwent magnetic resonance imaging (MRI) brain evaluation. An incidental subcortical cystic lesion was detected in the right anterior superior temporal gyrus [Figure 1]. Follow-up MRI confirmed stability over 3 years.



Figure 1: Magnetic resonance imaging (MRI) revealed a T2 hyperintense (a) subcortical cystic lesion (arrow) in the right anterior superior temporal gyrus inferior to the middle cerebral artery (arrow head). It is of cerebrospinal fluid signal intensity (suppressed on fluid-attenuated inversion recovery (FLAIR), b) and showed minor perilesional edema but no gadolinium enhancement was seen (c and d). FLAIR = Fluid-attenuated inversion recovery

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Giant perivascular spaces (PVS) may mimic cortically-based neoplasm such as dysembryoplastic neuroepithelial tumor. The recently recognized location in the anterior superior temporal gyrus adjacent to the middle cerebral artery is an important diagnostic clue.^[1,2] Giant PVS follow cerebrospinal fluid signal on all MRI sequences and do not demonstrate contrast enhancement; however, variable perilesional edema is observed, which may relate to adjacent gliosis or several adjacent tiny PVS^[1,2] Temporal stability is necessary to confirm its benign nature and avoid unnecessary intervention.

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Conflicts of interest

There are no conflicts of interest.

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