Isolated Lateral Ventricle

Sumer N. Shikhare and Geoiphy G. Pulickal

**Key words:** isolated, lateral ventricle, ventriculitis

(Intern Med 55: 1823-1824, 2016)
(DOI: 10.2169/internalmedicine.55.6175)
A 30-year-old woman presented with a headache that had begun two weeks previously. Computed tomography (CT) of the brain showed a pineal gland mass causing moderate hydrocephalus due to an obstruction at the aqueduct of Sylvius (Picture 1). The patient underwent right extra-ventricular drain insertion with the tip in the frontal horn of the right lateral ventricle. A repeat CT brain scan showed effacement of the right lateral ventricle with dilatation of the contralateral lateral ventricle in keeping with an isolated lateral ventricle (Picture 2). This entity generally occurs due to foramen obstruction, post-treatment of hydrocephalus, and secondary to ventriculitis (1). In our case, endoscopic exploration of the ventricular system revealed debris in the ventricular system with a clot at the entrance of the foramen of Monro due to ventriculitis.

A closely similar, progressive unilateral hydrocephalus, as described by Oi et al., occurs due to foramen of Monro obstruction secondary to a tumor or vascular anomaly causing unilateral dilatation of the ipsilateral ventricle (2). A non-enhanced CT brain scan of a 43-year-old woman showed cavernous angioma at the foramen of Monro, causing unilateral hydrocephalus on the right side (Picture 3).

The authors state that they have no Conflict of Interest (COI).

References