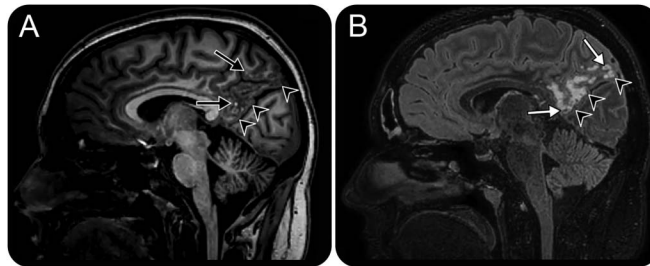


Multinodular vacuolating and neuronal tumor of the cerebrum

Figure 1 Sagittal T1-weighted imaging and fluid-attenuated inversion recovery (FLAIR) MRI

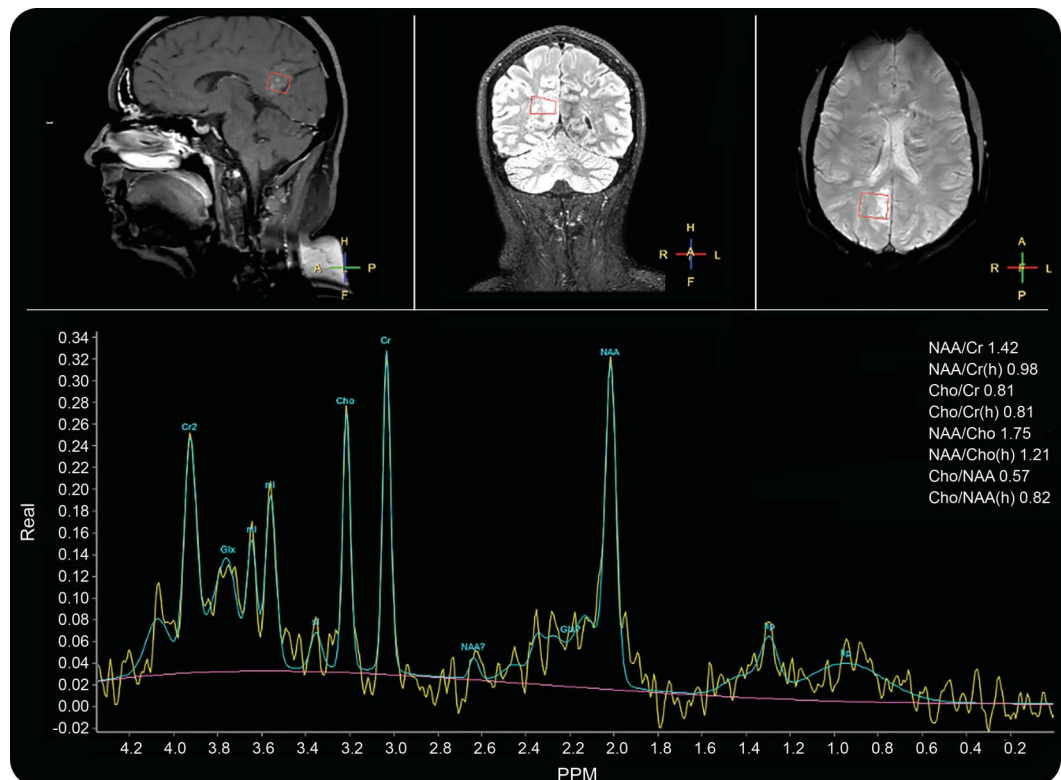


(A) Sagittal T1-weighted imaging and (B) FLAIR MRI. Right parietal lesion involves the deep cortical ribbon and the adjacent subcortical white matter (arrowheads), distributed into small coalescent nodules, hyperintense on FLAIR, hypointense with punctiform hyperintensities (black arrows) on T1-weighted imaging, characteristics of MVNT. Some lesions have a central FLAIR hyposignal (white arrows).

A 31-year-old woman presented with chronic headache. MRI revealed an atypical right parietal lesion involving the deep cortical ribbon and adjacent superficial subcortical white matter (figures 1 and 2).

There was no enhancement after gadolinium injection. Diffusion-weighted imaging, susceptibility-weighted imaging, and dynamic-susceptibility contrast showed no abnormality. Close follow-up was

Figure 2 Magnetic resonance spectroscopy



Magnetic resonance spectroscopy shows a mild decrease of NAA.

performed, showing no changes after 5 years, meaning the diagnosis of multinodular and vacuolating neuronal tumor (MVNT) was most likely. This diagnosis remains presumptive, since there was no pathologic confirmation. MVNT is a benign tumor that has only recently been recognized in the 2016 revision of the WHO classification of CNS tumors.^{1,2}

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