

Stroke mimicking tumor

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Case description

We present two cases of suspicious malignant thalamic enhancing lesions with surrounding edema which were biopsy confirmed ischemic strokes.

Case 1: A 66-year-old woman encephalopathy, lack of motivation, fatigue and vomiting was diagnosed with Covid-19 infection. MRI Brain showing a T1 iso-intense, T2 hyperintense, heterogeneously contrast enhancing lesion with focal necrosis in the left anterior thalamus (Figure 1). Surgical pathology revealed brain parenchyma with necrosis and abundant macro-

phages, with no evidence of neoplastic process and most suggestive of sub-acute infarct. Follow up MRI revealed decrease in size of the left thalamic lesion, with increased ischemic gliotic changes.

Case 2: A 26-year-old male presented with two days of progressive right-sided weakness. MRI demonstrated T1 iso-intense, T2 hyperintense, minimally contrast enhancing left thalamic lesion extending to the superior cerebellar peduncle with corresponding restricted diffusion and vasogenic edema (Figure 2). Surgical pathology revealed Wallerian change.

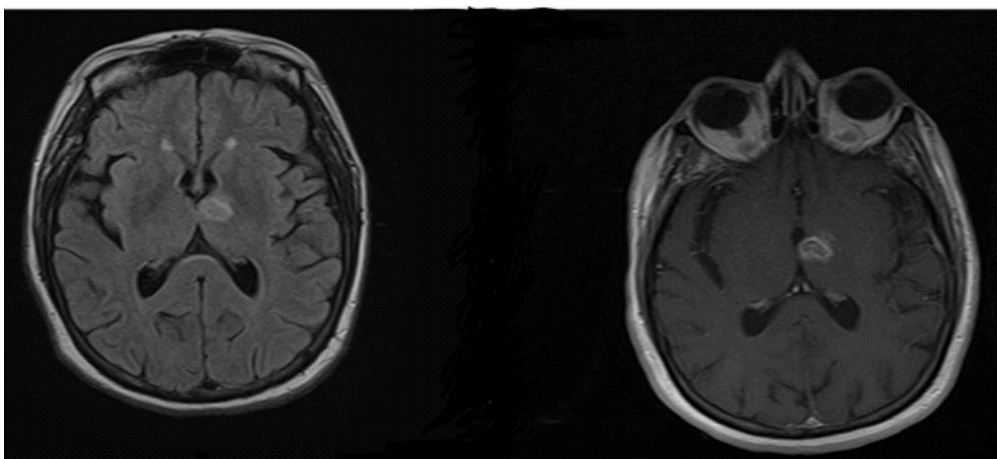


Figure 1: MRI brain axial view T2 FLAIR (left) and T1 with contrast (right) demonstrating well defined hyperintensity with peripheral rim enhancement in the left anterior thalamus.

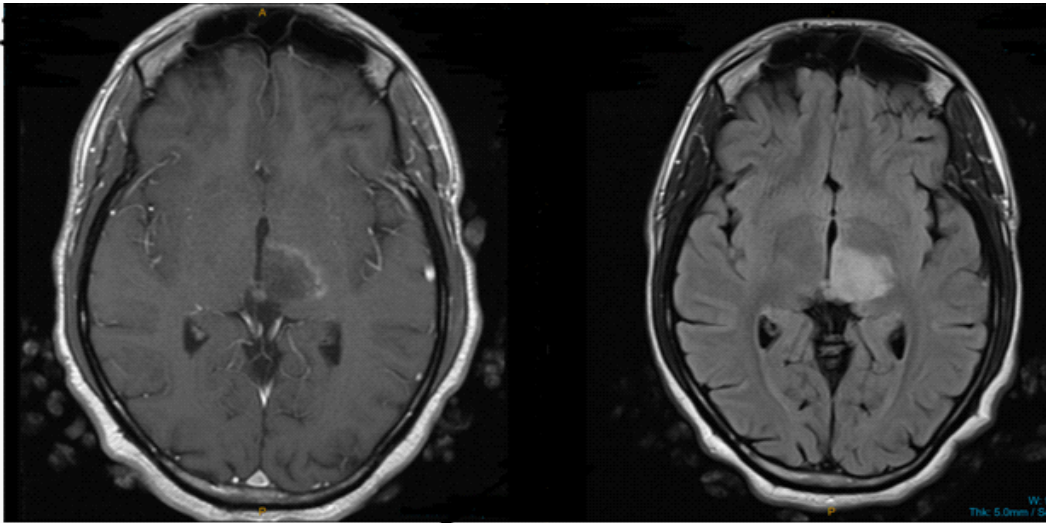


Figure 2: MRI brain axial view T2 FLAIR (left) and T1 with contrast (right) demonstrating hyperintensity with incomplete enhancement along the left thalamus.