



A Rare Case of Headache: Intradiploic Pseudomeningocele



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Case Summary

A

23-year-old male presented with the history of intermittent headache not relieved by medications in the occipital region for 6 months. The patient also noticed a swelling in the occipital region which was progressively increasing over a period of 2 years.

On examination, a smooth hard lump was felt in the occipital region; however, the rest of his physical and neurological examinations were normal. He also reported having suffered a head injury from a motor vehicle accident when he was 15 months old.

Computed Tomography (CT) scans of the cranium revealed slimming of the inner table of the skull involving the occipital bone and widening of the diploic space with thinned out, bulging outer table. A collection of Cerebrospinal Fluid (CSF) was seen within the intraosseous space (Figures 1 and 2). Based on these imaging findings, diagnosis of intradiploic pseudomeningocele was made and the patient was referred to the neurosurgery department for surgical repair.

Intradiploic pseudomeningocele is a rare entity which is filled with CSF between pia and arachnoid. The most common site is the occipital region, although it can also

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Figure 1. Non-contrast CT (axial) showing the collection of CSF

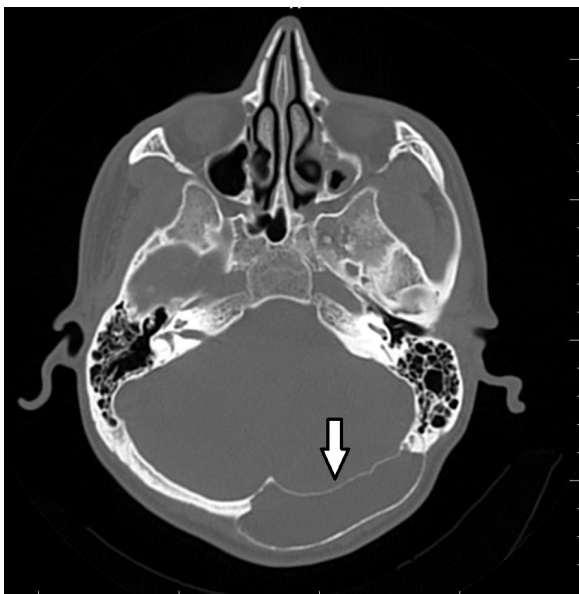


Figure 2. Non-contrast CT (bone window) showing slimming of the inner table

occur in other regions of the skull. Intradiploic pseudomeningocele is a rare sequela of skull fractures of traumatic or iatrogenic etiology occurring in infants and young children. Clinical presentation may include headache, ataxia, occasionally seizures, and slow-growing swelling [1, 2]. The lesion appears like a fluid-filled expansion of the diploic space on CT examination with the thinning of both outer and inner tables and the concomitant erosion of the latter. The treatment ranges from a

simple ventriculoperitoneal shunting to elaborate cranioplasty and dural repair [3].

Ethical Considerations

Compliance with ethical guidelines

The written consent was obtained from the patient presented in the study.

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Authors contributions

Conception and design: All authors; Acquisition, analysis, and interpretation of data: All authors; Drafting the article: All authors; Revising it critically for important intellectual content: All authors; and Approving the final version of the manuscript: All authors.

Conflict of interest

The authors declared no conflict of interest.

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