PHOTO ESSAY

Lhermitte-Duclos Disease and Cerebellar Gangliocytoma—An Incidental Finding in a Patient with Gradual Vision Loss

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ABSTRACT

A 50-year-old male patient presented to the neuro-ophthalmology clinic with chief complaints of gradual decrease in vision in both eyes, more in the left eye, for 6 years. On general examination, the patient had a hemiplegic gait. His presenting acuity was 20/50 in the right eye and 20/320 in the left eye, not improving further. He had dense posterior subcapsular cataracts in both eyes, and fundus examination revealed pale discs. Humphrey visual field tests 30-2 revealed a vertical nasal midline defect in the right eye and grossly depressed fields in the left eye. Keeping in mind the above findings, the authors requested for a magnetic resonance imaging (MRI) of the brain. The brain MRI shows a large infarct in the right parieto-occipital lobe and a small circumscribed lesion in the left cerebellum. The radiologist opined that it could possibly be a gangliocytoma of the cerebellum, and a possible diagnosis of Lhermitte-Duclos syndrome was made.

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Keeping in mind the above findings, we requested for a magnetic resonance imaging (MRI) of the brain. The brain MRI shows a large infarct in the right parieto-occipital lobe and a small circumscribed lesion in the left cerebellum (Figure 1). This cerebellar lesion had a typical striated pattern with enlarged cerebellar folia.¹ This striated pattern is caused by the close apposition of cerebellar folia that have lost their secondary arborisation, thus resulting in bands alternating tissue intensities.

The radiologist opined that it could possibly be a gangliocytoma of the cerebellum, and a possible diagnosis of Lhermitte-Duclos syndrome was made. The patient has been referred to a neuro-

surgeon for further treatment. The neurosurgeon opined that this lesion could be observed for now. We plan to follow up the patient every 3 months to specifically look for any development of tumours of the mucocutaneous tissues and also have advised family screening.

Patients with Lhermitte-Duclos disease with cerebellar tumours can be observed because of the slow-growing nature of the tumour; however, they require regular follow-up to make sure that they haven't developed any other tumours of the thyroid, mucocutaneous tumours, etc.^{2,3}

Declaration of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the article.

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Figure 1. (a and b) MRI Brain without contrast shows the field defect. Brain MRI shows (c) a mass lesion in the left cerebellum with striated appearance and enlarged cerebellar folia, and (d) a large right parieto-occipital infarct.

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