Bilateral thalamic glioma

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An 80-year-old man presented with a 6-month history of daytime sleepiness. He had a 3-year history of tremor in the left fingers. He slept more than 9 hours during the night, but he always felt sleepy in the daytime. He had no abrupt sleep attacks, but he persistently napped for several hours or more in the afternoon. Consciousness was clear and neurologic examination was unremarkable except for tremor. Head CT showed low-density areas in the bilateral enlarged thalami (figure, A). T1-weighted MRI revealed bilateral thalamic enlargement with homogeneous low signal intensity and no contrast enhancement (figure, C and D). Both

Figure Brain imaging

(A) CT. (B) T2-weighted MRI sequence shows hyperintensity of both thalami. (C) MRI T1-weighted sequence shows hypointensity of both thalami. (D) MRI T1-weighted sequence with gadolinium shows no contrast enhancement.

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thalami showed high-signal intensity on T2-weighted images (figure, B). Histologic examination of a stereotaxic biopsy specimen identified fibrillary astrocytoma (grade II).

Bilateral thalamic glioma is rare.^{1,2} Previously reported principal symptoms have included personality change, confusion, memory loss, and dementia, but hypersomnia has not been reported.

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