Loss of strength and imbalance complaints that a 57-year-old male patient started experiencing in the post-operative period increased in recent months, with speech disorder and difficulty in swallowing complicating the picture in the last few days. The patient had undergone a renal transplant due to chronic kidney failure a year ago. His medical history had diabetes mellitus type 2 and coronary artery disease. Neurologic examination showed dysarthria, decrease in gag reflex and left ataxic hemiparesia. Cranial MRI showed a 10x9x11 mm lesion consistent with acute hemorrhagic cavernoma in the right half of the pons (Images 1,2). Following a neurosurgical consultation, the recent clinical deterioration was thought to be due to intra-cavernous hemorrhage and follow-up was decided. The neurological examination performed a month later showed that his speech and ataxia had partly improved and his difficulty in swallowing had decreased.

The incidence of central nervous system cavernomas is between 0.4% and 0.9% (1). On the other hand, the frequency of detecting a cavernoma in the brainstem varies between 10% and 23%, with pons being the most common localization (2). Typical radiological findings in cranial MRI help diagnosis. While some authors recommend surgery in early stages in this localization, some prefer a conservative approach due to the high morbidity in the post-operative period (3).

Key words: Cavernoma, pons

References

Address for Correspondence/Yazışma Adresi: Nesrin Helvacı Yılmaz MD, Medipol University Faculty of Medicine, Department of Neurology, İstanbul, Turkey E-mail: drnesrin7@gmail.com

Received/Geliş Tarihi: 14.12.2012 Accepted/Kabul Tarihi: 27.02.2013