

Cerebellopontine Angle Lipoma Manifesting as Trigeminal Neuralgia



A 10-year-boy presented with episodic lancinating pain in the right cheek, aggravated with chewing. The stabbing pain was distributed over the second division of the trigeminal nerve. Each episode lasted for several seconds, and episodes occurred at a frequency of 20-30 times a day, occasionally awakening the patient. He could obtain partial relief by rubbing his cheek.

The patient's developmental history was normal. Motor and sensory examination of the trigeminal nerves was unremarkable, and no autonomic dysfunction was evident. Cranial magnetic resonance imaging was suggestive of right cerebellopontine angle lipoma indenting the trigeminal nerve (**Figure**).

A regimen of oral carbamazepine 50 mg 3 times/day was started. At a 3-month follow-up, the patient was pain-free and able to continue his studies. ■

Sanjeev Kumar Bhoi, MD, DM
Department of Neurology

Suprava Naik, MD
Department of Radiodiagnosis
All India Institute of Medical Sciences
Bhubaneswar, Odisha, India

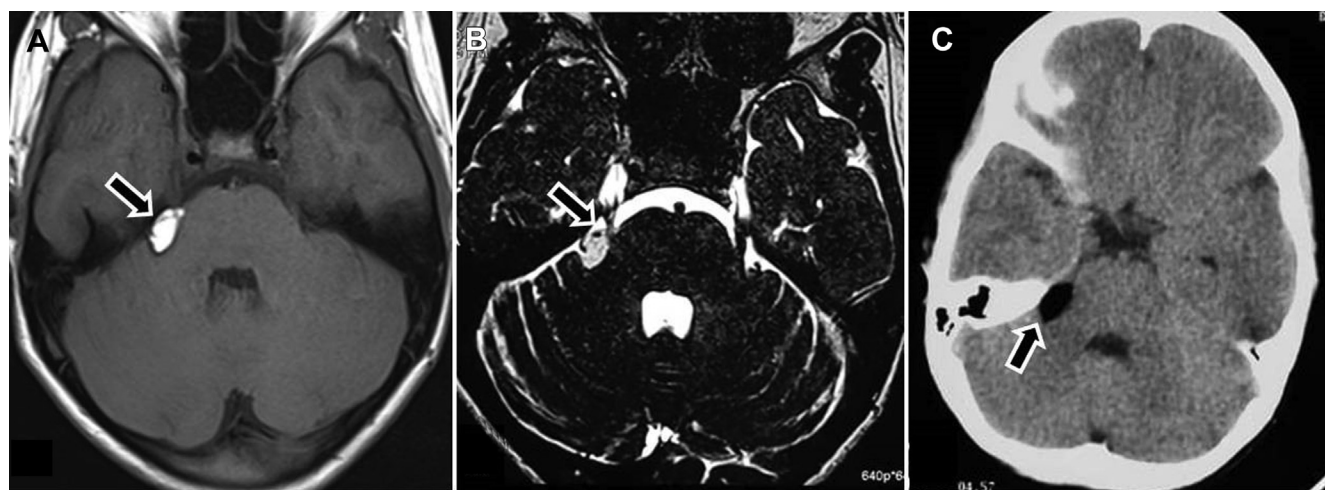


Figure. **A**, Axial T1-weighted magnetic resonance imaging of brain showing a well-defined hyperintense lesion in the right cerebellopontine angle (arrow). **B**, The lesion is causing indentation over the root entry zone of the right trigeminal nerve (arrow) and appears hyperintense on an axial fast imaging employing steady-state acquisition sequence. **C**, Axial noncontrast computed tomography scan showing fat attenuation of the lesion.

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Mediastinal Fat Necrosis



A 12-year-old boy was admitted to the emergency department with a 2-day history of left anterior lower pleuritic chest pain. No fever or other relevant

symptom was identified. No trauma was reported, and no comorbidity was registered in the patient's medical records. Physical examination findings were unremarkable. The electrocardiogram was normal. A chest radiograph obtained at another medical service on the day of onset of the pain revealed no significant finding. However, as the pain

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