

## Rare presentation of a choroid plexus papilloma

Mustafa Yesilyurt<sup>1</sup>

Ali Koksai<sup>2,3</sup>

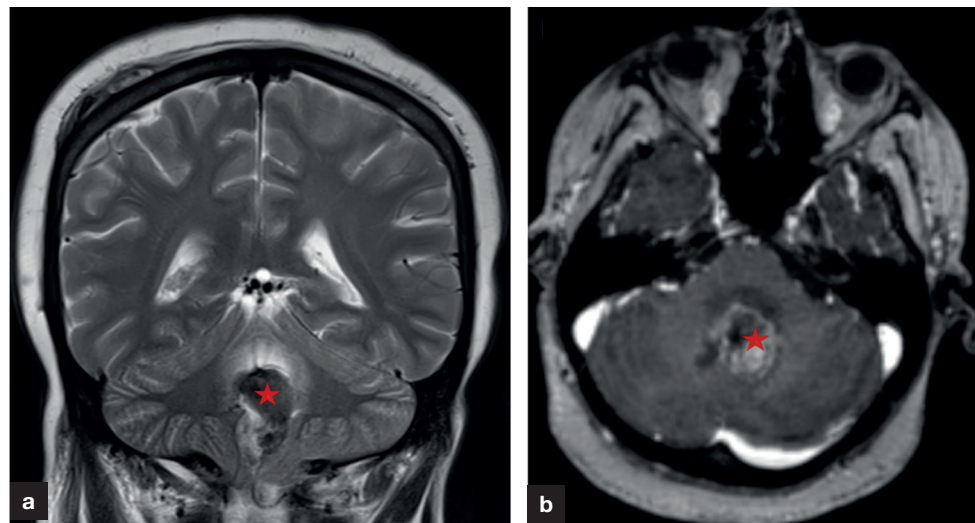
Hayri Ogul<sup>4</sup>

Author details can be found at the end of this article

Correspondence to:

Hayri Ogul;  
drhogul@gmail.com

A 34-year-old woman presented to the emergency department with complaints of a pressure-like headache, dizziness and vomiting. The patient had no medical or family history of brain lesions. Fundoscopy demonstrated bilateral papilloedema. Other systemic examinations were within normal limits. Magnetic resonance imaging demonstrated a well-defined solid lesion measuring approximately 4x3 cm in the fourth ventricle (**Figure 1a**). Contrast-enhanced T1-weighted axial imaging showed intense heterogeneous enhancement of the lesion (**Figure 1b**). Given the patient's age, the imaging features were consistent with ependymoma. The tumour was completely removed via the middle suboccipital approach. Histological characteristics of the specimen were consistent with a choroid plexus papilloma.



**Figure 1.** a. Coronal T2-weighted magnetic resonance imaging sequence demonstrating a well-defined solid lesion (star) in the fourth ventricle. b. Contrast-enhanced T1-weighted axial magnetic resonance imaging revealed intensive heterogeneous enhancement of the lesion.

Choroid plexus papillomas are extremely rare, accounting for approximately 0.4–0.6% of all intracranial tumours (Acharya et al, 2002). Most reports in the literature involve children, and most tumours are located in the lateral ventricle. The majority of tumours in the lateral ventricle are seen in children, whereas fourth ventricle tumours are equally distributed among all age groups (Wolff et al, 2002).

### Author details

<sup>1</sup>Department of Radiology, Medical Faculty, Duzce University, Duzce, Turkey

<sup>2</sup>Department of Radiology, Ankara Private Bayindir Hospital, Ankara, Turkey

<sup>3</sup>Department of Radiology, Vocational School of Health Services, Atılım University, Ankara, Turkey

<sup>4</sup>Department of Radiology, Medical Faculty, Ataturk University, Erzurum, Turkey

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