# Cerebellar abscess diagnosis

## CT

A hypodense area with an air fluid level within it of approximately 4.4 cm x 3.6 cm is visualized, in the left cerebellar hemisphere, which enhances after IV contrast and causes a mass effect on the fourth ventricle and an increase in the ventricular size of the lateral horns, in relation to cerebellar abscess with secondary hydrocephalus. Content is visualized inside the left mastoid. Hypodense foci in subcortical white matter, predominantly bilateral frontoparietal, in semioval centers, corona radiata, and periventricular, nonspecific, which could be related to small vessel ischemia, being very numerous for the patient's age. Hypodense foci in the left external capsule suggest Virchow-Robin spaces vs. chronic lacunar infarction.

Findings in relation to an abscess in the left cerebellar hemisphere that causes hydrocephalus, especially of the lateral ventricles.

## MRI

Conventional MRI sequences are able to diagnose most of the benign-appearing posterior fossa lesions, however, adding advanced MRI sequences like diffusion-weighted imaging and Proton magnetic resonance spectroscopic imaging helps us to differentiate and diagnose various posterior fossa lesions even closer to the actual histopathological diagnosis [1)].

1)
Tamilchelvan P, Boruah DK, Gogoi BB, Gogoi R. Role of MRI in Differentiating Various Posterior Cranial Fossa Space-Occupying Lesions Using Sensitivity and Specificity: A Prospective Study. Cureus. 2021 Jul 12;13(7):e16336. doi: 10.7759/cureus.16336. PMID: 34395119; PMCID: PMC8357022.