

Subependymoma in the lateral ventricle

A 32-year-old man presented with [subependymoma](#) in the lateral ventricle causing intraventricular hemorrhage and manifesting as severe headache and disturbance of consciousness. Computed tomography on admission showed a massive intraventricular hemorrhage and acute obstructive hydrocephalus. Cerebral angiography revealed no abnormal findings. Emergency external ventricular drainage was performed, and his neurological deficits gradually improved. Magnetic resonance imaging at 5 weeks after admission showed a tumor arising from the septum pellucidum or the floor of the right lateral ventricle, appearing as a mixed-intensity solid tumor, which was partially enhanced following gadolinium administration. The tumor had arisen from the septum pellucidum and was totally removed via an interhemispheric anterior transcallosal approach. Histological examination found typical subependymoma, with little vascularity. Intraventricular hemorrhage from cerebral neoplasms is usually due to highly vascular tumors. Since subependymomas are quite benign and show poor vascularity, intraventricular or subarachnoid hemorrhages are very rare, but do occasionally occur ¹⁾.

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