Nasal Lipoma with Associated Abnormalities of the Corpus Callosum
S Sanka¹, K Krishnamurthy², A Vargas³, C Yale¹

CASE REPORT
This term baby was born with a left intranasal soft tissue
mass affecting part of the left nostril and left alar region (Fig.
1). The antenatal history was unremarkable. There was no
respiratory compromise. There were no other congenital
anomalies. Magnetic resonance imaging (MRI) scan showed
an intranasal mass with associated partial agenesis of the
corpus callosum and a callosal lipoma (Fig. 2). The lesion
was found to be sessile, arising from the nasal septum at
operation at four months of age. Histology confirmed it was
a lipoma. At 18 months of age, he is developing normally
with residual notching of his nostril.

Keywords: Corpus callosum abnormalities, nasal lipoma,
paediatrics

DISCUSSION
Although lipoma of the corpus callosum (LoCC) is rare, it is
the commonest type of intracranial lipoma (1). Half are
associated with partial or complete agenesis of the corpus
callosum (2) and one quarter with choroid plexus lipomas
(3). There is a significant association with frontal or midline
facial dysraphism, including frontonasal dysplasia, with
features such as median nasal clefting or nasal coloboma (3).
Unilateral nasal lipoma with associated callosal abnormality
has not been reported previously.

Lipoma of the corpus callosum may be an incidental
finding, but in 50% of persons it may cause symptoms in-
cluding epilepsy (often partial), headaches, vertigo, hemi-
paresis or behavioural problems (1, 4). Lipoma of the
 corpus callosum may be detected by antenatal ultrasound (3).
After birth, MRI is the preferred method of imaging (1, 5). Treat-
ment of the LoCC is symptomatic, as the results of surgery to
remove the intracranial lipoma are poor (3).

It is important to recognize that minor nasal abnormali-
ities (particularly if midline) can be associated with signifi-
cant intracranial pathology.

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