Picture of the Month

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A 15-YEAR-OLD BOY WAS INITIALLY SEEN IN the emergency department with complaints of right facial twitching accompanied by drooling and inability to speak. The spells lasted for approximately 2 minutes, having occurred 3 times per day for the past 2 weeks, and were associated with mild headaches. There was no fever, nausea, vomiting, weight loss, or trauma. There was no medical history of seizures or family history of epilepsy. The patient had immigrated to the northeastern United States from Mexico 1½ months previously, where he had lived on a farm housing chickens and pigs. Vital signs were within normal limits for age. Mental status, strength, tone, and deep tendon reflexes were all normal. Cranial nerve examination demonstrated rightward deviation of the tongue but results were otherwise normal, as were results of cerebellar and Babinski tests. Complete blood cell count and serum electrolyte levels, including calcium, were normal. Cerebrospinal fluid contained 3 white blood cells and 143 red blood cells per microliter, a protein level of 37 mg/dL, and a glucose level of 56 mg/dL (3.11 mmol/L). Computed tomography (CT) (**Figure 1**) and magnetic resonance imaging (MRI) (**Figure 2**) of the brain were performed.

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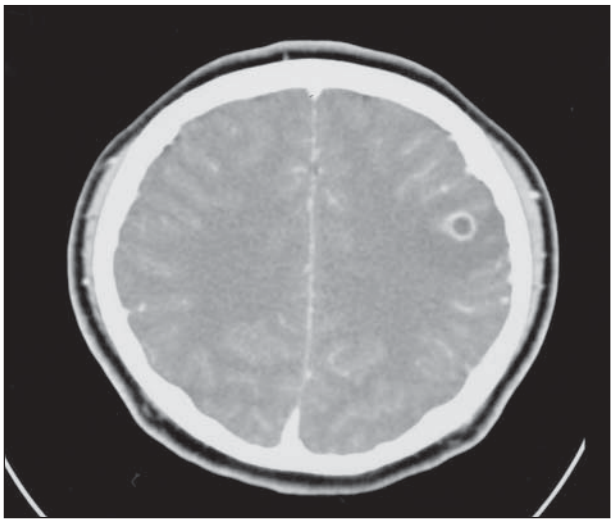

Figure 1. Contrast-enhanced computed tomographic scan of the brain, demonstrating a 1-cm focal hypodensity in the left frontal lobe with rim enhancement and an associated zone of vasogenic edema.

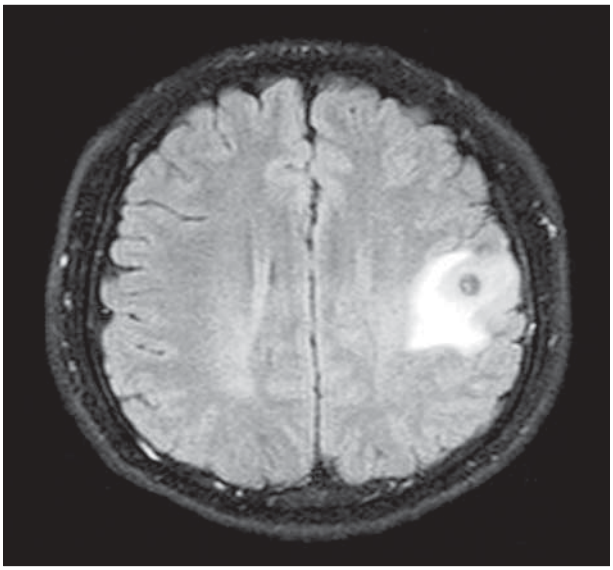

Figure 2. Sagittal midline view of postcontrast T1-weighted magnetic resonance imaging of the brain, demonstrating a left frontal cystic lesion with a thick rim of surrounding enhancement and surrounding vasogenic edema.