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A Case Report: Intracerebral Hemorrhage of the Lateral Geniculate Body Presenting Only Hemianopsia

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INTRODUCTION

Lesions of the lateral geniculate body (LGB) are rare and may cause characteristic homonymous visual field defects depending on the vascular territory involved. Because of its small size and deep location, isolated LGB hemorrhage is uncommon and may be overlooked on routine neuroimaging. We report a case of focal intracerebral hemorrhage in the LGB presenting primarily with visual field disturbance, without other significant neurological deficits.

CASE

A 40-year-old man presented with visual disturbance that began 8 days prior to admission. He was in his usual state of health when he developed intermittent blurred vision followed by progressive right-sided visual field loss. At symptom peak, he was unable to perceive objects approaching from the right side, consistent with a right homonymous hemianopsia involving the outer visual field. He denied headache, seizure, trauma, alcohol consumption, or smoking, and had no significant past medical history.

On neurological examination, the patient was alert with intact orientation. Extraocular movements were full without nystagmus. There was no facial palsy, dysarthria, motor weakness, or sensory deficit. Cerebellar function tests were normal, and Babinski signs were absent bilaterally. Visual field examination initially revealed a right-sided hemianopsia predominantly affecting the outer visual field, which showed partial improvement during hospitalization.

Brain MRI with diffusion-weighted imaging demonstrated a focal intracerebral hemorrhage in the left lateral geniculate body without evidence of acute infarction (Fig. 1). Magnetic resonance angiography showed no vascular abnormality. Neurosurgical consultation concluded that no acute surgical intervention was indicated, and conservative management with close observation was recommended. The patient remained neurologically stable. At an outpatient follow-up visit 2 weeks after discharge, visual field testing demonstrated interval improvement from a right outer hemianopsia to a right superior outer visual field defect.

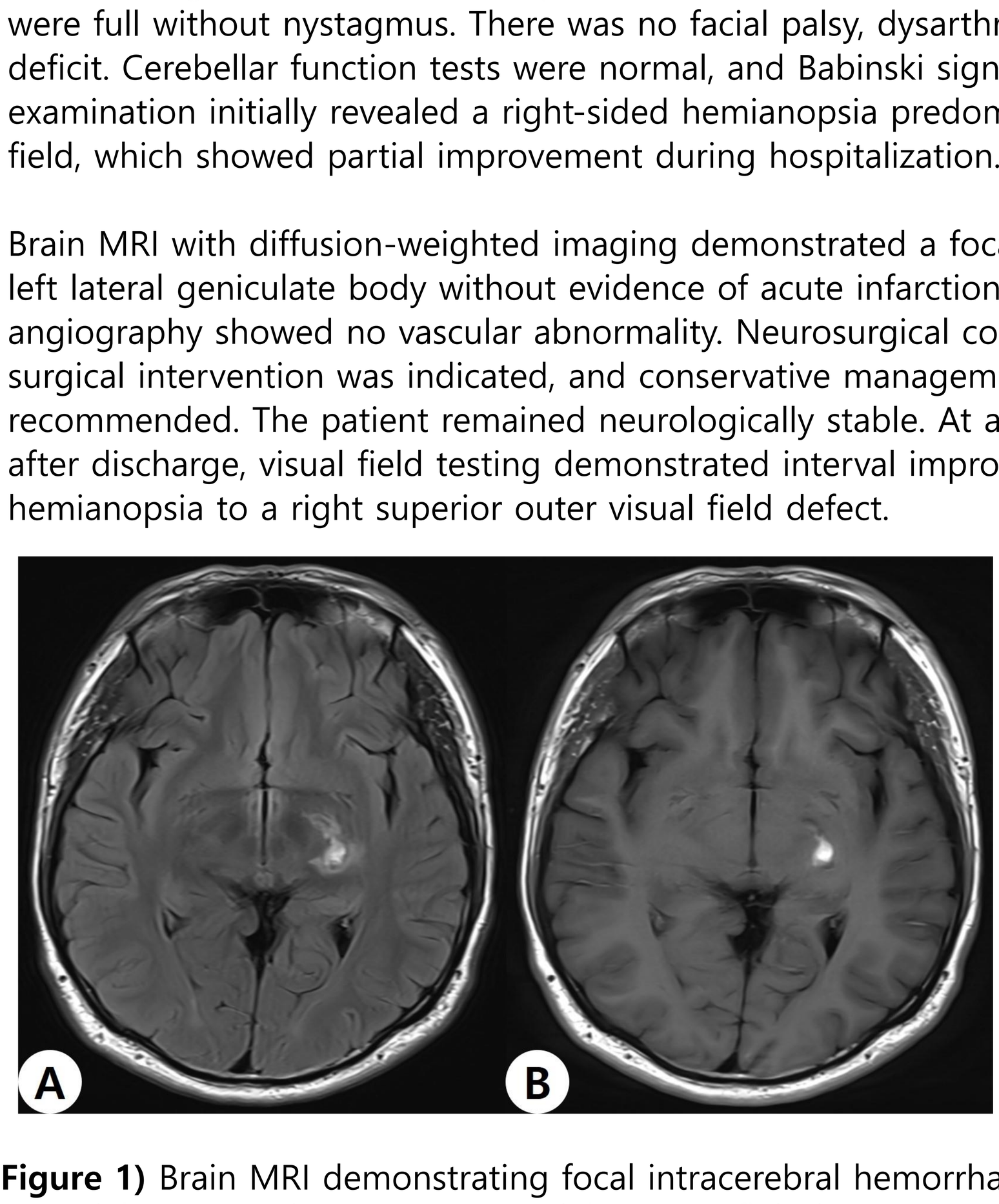

Figure 1) Brain MRI demonstrating focal intracerebral hemorrhage in the left lateral geniculate body. (A) Axial T2 FLAIR image and (B) Axial T1 dark-fluid image shows a focal lesion with signal abnormality in the left lateral geniculate body, corresponding to a small intracerebral hemorrhage.

CONCLUSION

This case highlights that isolated intracerebral hemorrhage of the lateral geniculate body can present predominantly with visual field defects in the absence of other focal neurological signs. Partial evolution and improvement of visual field defects may occur during the clinical course. Careful evaluation of the LGB region on neuroimaging is essential in patients presenting with acute or subacute hemianopsia. Awareness of this rare entity may facilitate accurate diagnosis and appropriate management.