

Corticospinal tract displacement due to a large malformation during cortical development

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A 24-year-old woman with refractory focal epilepsy was evaluated for epilepsy surgery. MRI showed an extensive malformation of cortical development (MCD) that involved the right perisylvian region and compromised the motor gyrus (*figure 1*). Functional MRI showed an abnormal location of the motor function with anterior displacement of the pyramidal tract on diffusion tensor imaging tractography (*figure 2*). Motor mapping using stereoelectroencephalography confirmed these findings. Large MCDs can potentially distort the normal anatomy of the major white tracts (Widjaja *et al.*, 2007; Hong *et al.*, 2017). In this scenario, when evaluating for epilepsy surgery, functional neuroimaging could help in performing a safer resection. □

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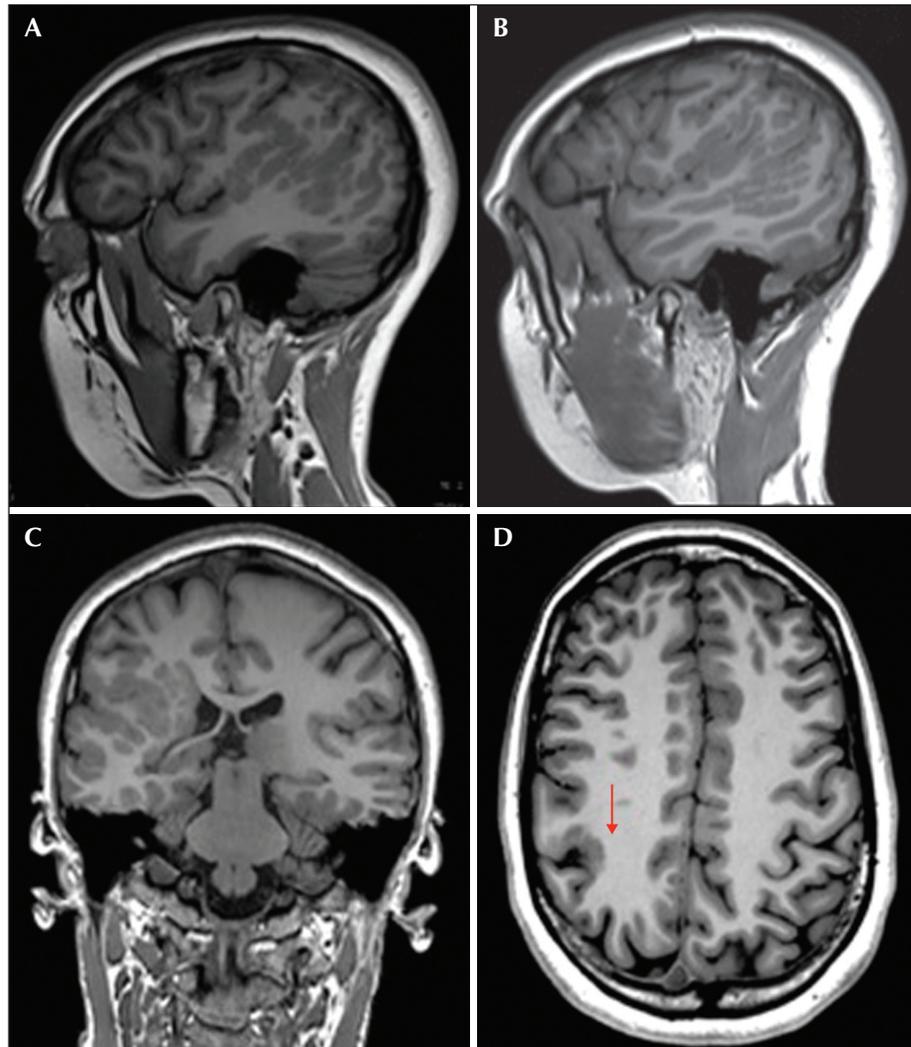


Figure 1. T1-weighted images demonstrating a large sublobar heterotopia with areas of polymicrogyria involving the right perisylvian region (A, B), the underlying white matter (C) and the right motor gyrus (D; arrow).

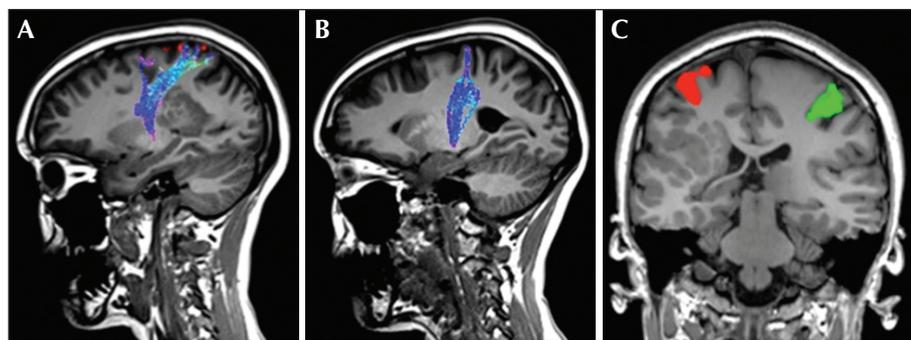


Figure 2. DTI bilateral tractography showing that the right corticospinal tract is “pushed” anteriorly by the heterotopia (A) while the motor activation of the left hand is displaced up and medially (C; red) compared to the normal pathway of the left tract (B) and right hand motor function (C; green).