A 53-year-old man admitted to our emergency service with symptoms of intermittent vomiting and headache for a week. In the hospital the patient swiftly deteriorated to coma. Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) of the brain were performed. CT imaging showed a large intra-axial cystic tumour with solid component in the right frontal lobe with diffuse perilesional vasogenic edema. MRI scan showed a large frontal cystic mass with mass effect upon the right ventricle and leftward midline shift approximately 12 mm. In contrast MRI imaging, heterogeneous enhancement in the solid component of tumour was noted. He underwent biopsy of the lesion and verified the diagnosis of Primitive Neuroectodermal Tumor (PNET) (Figure 1).

**Figure 1:**Computed Tomography (CT) scans: Axial and coronal non-enhanced CT images showing a large, well demarcated cystic mass with a solid component (arrow) in the right frontal lobe.
Figure 2: Magnetic Resonance Image (MRI): A) Axial non-contrast T2 weighted images showing a large heterogeneous cystic mass with severe perilesional edema and compressing the ipsilateral lateral ventricle; B) Coronal post-contrast T1 weighted and; C) axial subtraction images showing enhancement of solid component.

References