Lipomas of the IAC are extremely rare tumours. Multiple theories have been put forward to explain their pathogenesis. The most widely accepted one explains that intracranial lipomas are the result of the abnormal persistence and lipomatous differentiation of the primitive meninges.

Cranial MRI findings useful in diagnosis are: hyperintensive lesion in T1, iso/hypointensive lesion in T2 not enhanced by contrast, as in our case. They grow slowly without any tending to become malignant.

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**Figure 1**
We report here on a female patient, 31 years of age, with tinnitus and hearing loss in the right ear. Threshold PTA revealed multiple-frequency sensorineural hearing loss at 50 dB. We requested a cranial MRI study that revealed a small lesion occupying the fundus of the IAC with a well-defined outlines and a maximum diameter of approximately 0.5 cm, isointensive in the T2 sequences and hyperintensive in T1 sequences, without enhancement by contrast (Fig. 1).

The patient was informed about the possibility of surgical treatment for exeresis versus check-ups. The patient decided to continue with check-ups.

A follow-up MRI scan one year later showed the lesion was stable (Fig. 2).