

A CASE OF SYMPTOMATIC INTRACRANIAL ARACHNOID CYST

Muhammad Syahir Tajuddin, MD¹, Nelson KB Yap, Msurg (Neurosurgery)¹

¹Department of Neurosurgery, Sibu Hospital, Sarawak, Malaysia

Aim: Report a rare symptomatic intracranial arachnoid cyst.

Methods: A 23 years old man with no known medical illness, presented with left-sided on and off headache for 2 months associated with diplopia on right lateral gaze for 1 week. On examination, he was alert, pink and well built. Cranial nerves examination revealed numbness over the right side of his face with right sixth nerve palsy. Fundoscopic examination revealed papilledema grade III. Otherwise, there were no signs of meningism. Contrast CT brain and subsequently MRI brain revealed a cystic lesion sized 3x3x5cm at the left temporal fossa. The patient was then diagnosed to have a left temporal fossa arachnoid cyst.

Results: Lumbar puncture was done and the opening pressure was only 14mmHg with no evidence of infection. However, after the lumbar puncture, his symptoms persist. He was then scheduled for left temporal craniotomy and arachnoid cyst marsupialization. During the surgery, all the surrounding cisterns were fenestrated too. The cystic fluid did not show any infective picture and the cystic wall was confirmed to be an arachnoid cyst. Post-operative CT brain showed a significant reduction in the size of the arachnoid cyst. Most importantly, his symptoms resolved and he was able to be back to work. Fundoscopic examination at 2 months post operation revealed improving papilledema to grade I.

Conclusion: Arachnoid cysts are usually treated conservatively. However, symptomatic ones require thorough examination and investigation before we subject the patient to surgery. Cyst location is vital in determining the type and approach of surgery.