



Case Reports & Case Series

Technique of redo endoscopic cystocisternostomy in Sylvian fissure arachnoid cyst



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ARTICLE INFO

Keywords:

Endoscopic fenestration of cyst
Endoscopic cystocisternostomy
Sylvian fissure arachnoid cyst
Redo surgery
Endoscopic technique

ABSTRACT

Sylvian fissure arachnoid cysts are known intracranial lesion in pediatric population. We describe a case of symptomatic cyst of Sylvian fissure that was managed with a standard endoscopic cystocisternostomy and re-endoscopy.

We also describe the techniques of fenestration of medial wall cyst and partial removal of arachnoid membrane over third cranial nerve in anterior part (region near Dolenc medial triangle) and posterior part (region near Fukushima superior (paramedial) triangle) prevent closure of fenestration and recurrence of hypertension.

A 6 years old girl presented with progressively increasing headache, left side hemiparesis, drug resistant of symptomatic epilepsy. MRI and CT scan showed right Sylvian fissure arachnoid cyst.

The first endoscopic fenestration of cyst was done on standard basis. After operation patient improve clinically and radiologically. Two years later the patient came back with recurrent symptoms. The operation was performed by prof. Sufianov A. Endoscopic reoperation showed closure of fenestration in arachnoid membrane. Endoscopic re-fenestration with partial excision of arachnoid on over third cranial nerve in anterior and posterior part was excised. The patient again recovered radiologically and clinically till last follow up.

In Sylvian fissure arachnoid cysts, endoscopic treatment with wide fenestration of medial wall of cyst preferably with partial removal of arachnoid may be very useful and preventing recurrent symptoms.

24/12/2018

Declaration of Competing Interest**Disclosure of funding statement**

There was no funding for the redaction of this case report. The authors have no financial disclosures to report.

The authors have no conflicts of interest to report.

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.inat.2019.04.007>.

Abbreviation: CT, Computed tomography; MRI, Magnetic resonance imaging

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<https://doi.org/10.1016/j.inat.2019.04.007>

Received 8 April 2019; Accepted 20 April 2019

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