

INTRODUCTION

Arachnoid cysts of the brain are rare entities comprising of 1% lesions in the brain. Infra tentorial arachnoid cysts are classified as 1)midline cerebellar,2)lateral ,retrocerebellar 3)cerebellopontine angle 4)clival and 5)Quadrigeminal cysts

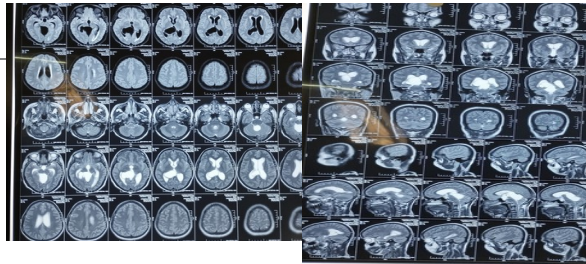
Quadrigeminal arachnoid cyst is a very rare subtype amongst all ,due to its location it throws a challenge in offering appropriate treatment strategy to the clinicians.

Here is a case of 40 year old lady presented with History of progressive headache since 6 months and on examination there were no deficits except for gross papilloedema in fundus examination

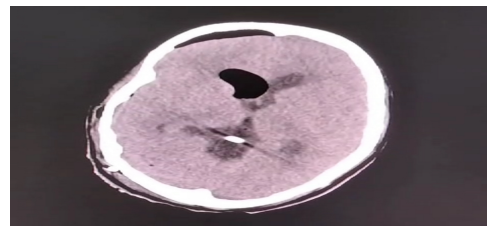
AIMS / OBJECTIVES

She underwent MR imaging of brain which was suggestive of non enhancing cystic lesion measuring around 44*38*30 mm at quadrigeminal cistern which was causing third ventricle compression resulting in obstructive hydrocephalus suggestive arachnoid cyst

MATERIALS / METHODS



Patient underwent Right parietal craniotomy in supine position and through transcortical transventricular approach , Cyst was noted in trigonal area extending to the midline. Cyst was thick and deroofing of the cyst was done ,clear fluid like csf with significant volume was drained communication with ventricle was established and ventriculo peritoneal shunt was placed in the same sitting.patient recovered well in the post operative period . She is in regular followup and her headache has subsided completely. Histopathology was suggestive of arachnoid cyst



RESULTS & DISCUSSION

Arachnoid cysts are non neoplastic csf filled cysts lined with arachnoid layer, Arachnoid cysts are more commonly seen middle cranial fossa ,there are also seen in quadrigeminal cistern with prevalence of 5% , usually asymptomatic with 10% being symptomatic.Quadrigeminal arachnoid cysts are classified as three types- 1)type 1 supra and infratentorial extension 2)type2 totally infratentorial 3)type 3cyst has lateral extension towards temporal lobe.our patient had Type 1 cyst.

Apart from raised ICP signs, these cysts can manifest as motor signs in form of hemiparesis, spasticity and also with eye signs , though most of cysts can be incidental finding and can be asymptomatic

Treatment options include observation(in case of incidental finding)microneurosurgery with decompression of the cyst and also endoscopic decompression .

CONCLUSION

One has to weigh in the options for treatment of arachnoid cysts from conservative to intervention and tailor the appropriate strategy beneficial for the patient

References

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- 2) Yemima ,Robert shen et al quadrigeminal plate arachnoid cyst presenting with eye movement related migraine: rare case report Medical journal of Indonesia 2023;32:129-136