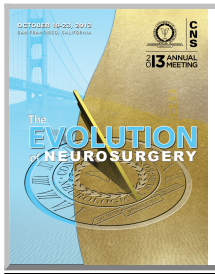

Colloid Cyst: An institutional Experience of 293 Cases

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Introduction

To analyze the clinical presentation, surgical outcome of 311 cases of colloid cysts surgically managed between Jan 1980 to November 2012.

Methods

Age range was between 9 to 66 years. Raised ICP headache was the most common initial presenting symptom in 74% followed by visual blurring in 7%, memory disturbance in 5.5%, intermittent headaches in 7.5%, drop attacks, gait unsteadiness in 4% and incidental in five patients(2%). Imaging with CT scan done showed the cyst to be hyperdense in 64%, isodense in 27% and hypodense in 4% of patients. Shorter duration of symptoms correlated with MRI T2 hyper intensity changes. While an interhemispheric transcallosal approach was used in 289, it was trans-cortical in 22 (endoscope assisted in 6 & endoscopically in 2).

Results

Out of the 289 patients operated through the transcallosal approach, the cyst was removed through transforaminal route in 226, interforniceal rote in 24, subchoroidal in 14 and suprachoroidal in seven. Twnty two patients underwent emergency surgery. Twenty eight patients had CSF diversionary procedure (14 patients referred with preoperative shunt done elsewhere and 14 required postoperative CSF diversion). Complications included impaired memory in 35, hemiplegia/ hemiparesis in 9 and seizures in ten. There was an operative mortality of 1%(3 cases). Eight patients had symptomatic recurrence out of which 6 had total excision at first surgery.

Conclusions

Conclusions: These potentially life threatening lesions can be removed safely through the interhemispheric transcallosal approach. Periodic follow-up with MR imaging is necessary as recurrence can occur even after apparent total excision.

Learning Objectives

Only limiting factor for a successful removal for a colloid cyst through the interhemispheric route was varied anatomy of the cortical draining veins, damage of which was the presumed cause for our surgical morbidity.

References