

Management of Intrasellar Arachnoid Cysts, Case Report

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蝶鞍內蜘蛛網膜囊腫之處理,病例報告

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Background

Intrasellar arachnoid cyst(IAC) is rare. The presenting clinical picture of IAC usually mimics that of nonsecreting cystic pituitary adenoma. Here we present a case with IAC treated by the transphenoidal approach.

Case Presentation

This 56-year-old male businessman with chronic hypogonadism had intrasellar arachnoid cyst with compression of chiasma. Endoscopic transsphenoid surgery was performed. Obliteration of the cyst cavity by fat tissue and with sellar reconstruction due to continuous CSF fistula between suprasellar and sellar space during operation. After operation, there was transient diabetes insipidus, but no CSF rhinorrhea or CNS infection was noted. Post operative MRI showed complete obliteration of the intrasellar cyst and optochiasmatic compression was also relieved.

Discussion

Intrasellar arachnoid cyst usually presents like nonfunctional cystic pituitary adenoma clinically. Headache, hypopituitarism and visual field defects are common presentation. For IAC management, the most important determinant of success is connecting the cyst and the normal CSF circulation.

Transsphenoidal surgery is the operative method most widely used. But, CSF rhinorrhea is one of the major complications associated with this procedure. Packing cyst cavity with fat tissue may prevent further CSF leakage and fistula formation. Endoscopic transventricular approach should be also considered to treat large IACs with suprasellar extension.

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