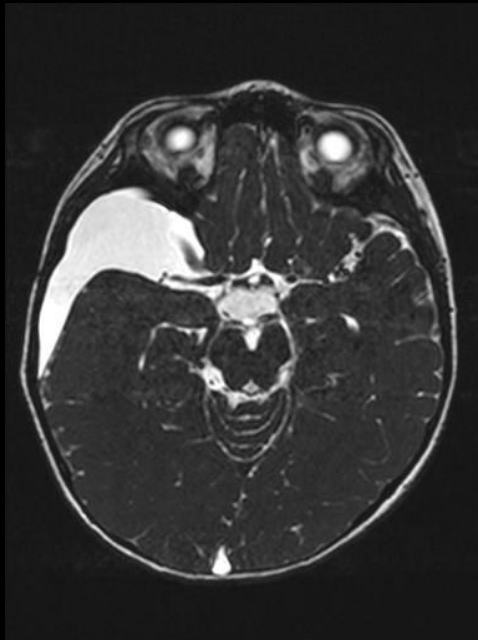


Arachnoid Cyst Management strategies : 5-year experience from Leeds



Asim Sheikh, G Sivakumar, A Tyagi, J Goodden, P Chumas

Department of Neurosurgery
Leeds General Infirmary, Leeds, UK

**IFNE Cape Town
2017**

MANAGEMENT STRATEGY

Asymptomatic
/ incidental

Conservative

Uncertain

ICP Monitoring
then

- Treatment
 - or
- Conservative

Symptomatic

Treatment

- Endoscopic fenestration
 - or
- Microsurgical fenestration

ARACHNOID CYST

- January 2008 – December 2016
- Electronic operative data record
- Leeds General Infirmary, Leeds , UK
- 56 patients in 9 years, underwent 77 procedures

- Excluded conservatively managed patients

DEMOGRAPHICS

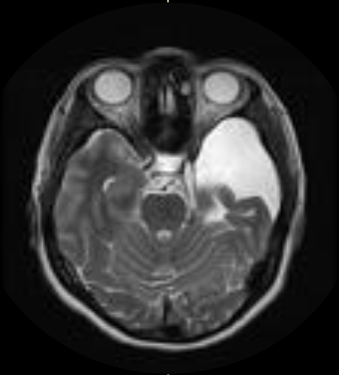
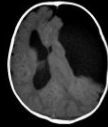
- Age 1 – 75 years (mean 15y)
 - Adults 20
 - Paediatric 36
- Male 38
- Female 18

LOCATION OF CYST

• Middle Fossa	27
• Right	17
• Left	10
• Intraventricular	11
• Posterior Fossa	11
• Frontal Pole	2
• Parietal Region	5

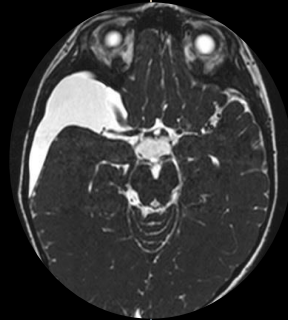
GALASSI

Middle fossa cysts



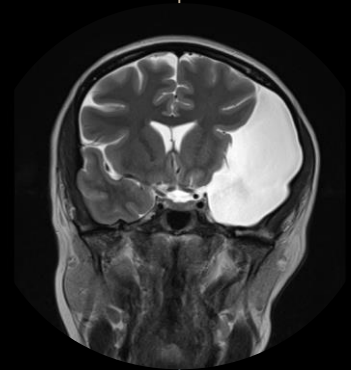
Galassi I

4



Galassi II

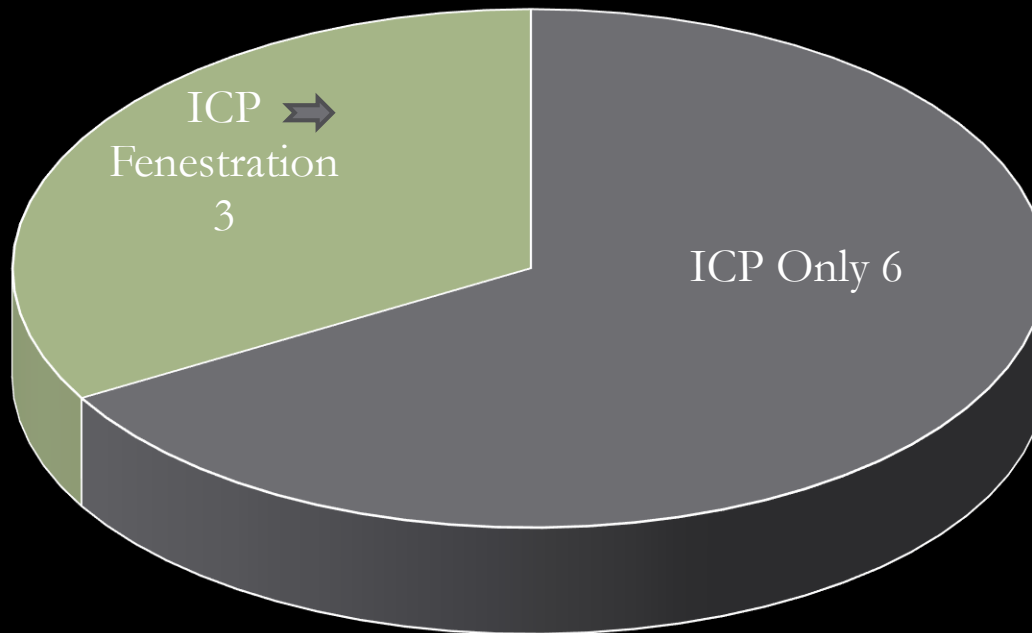
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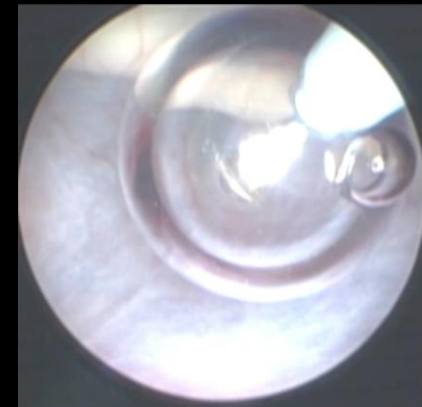
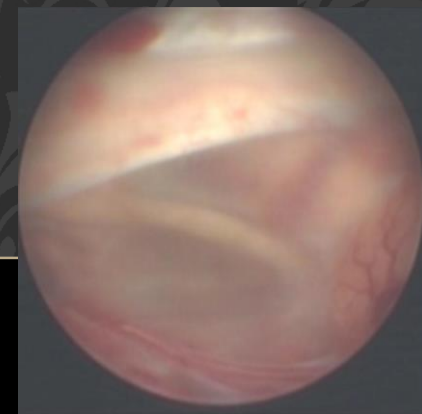
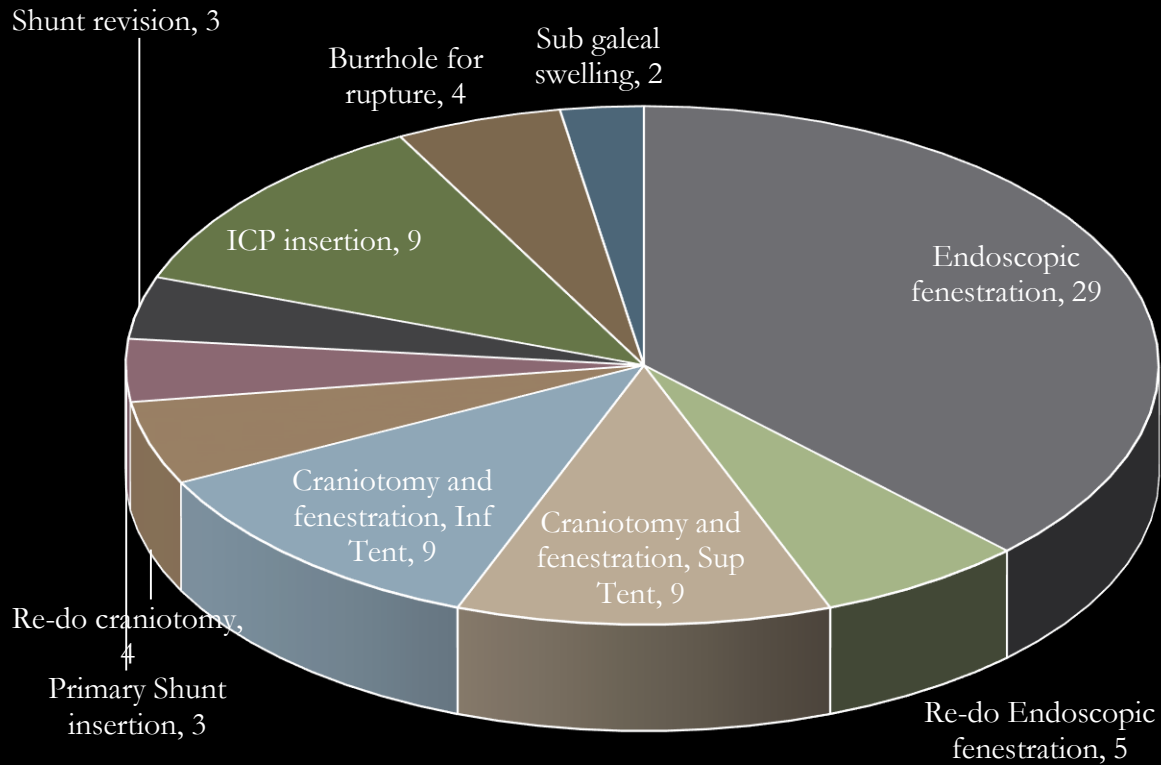
Galassi III

1 8

ICP MONITORING



ARACHNOID CYST PROCEDURES

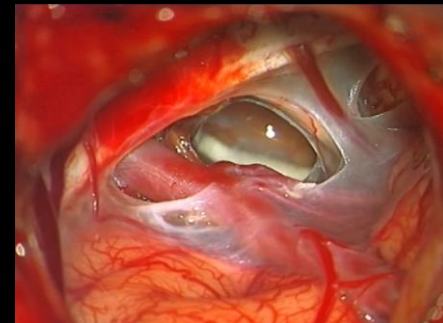
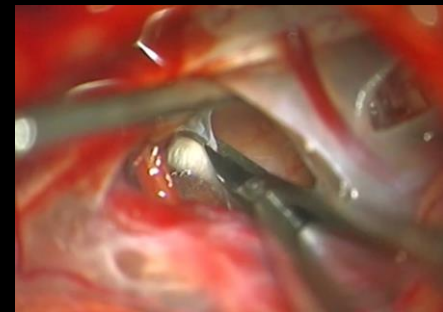
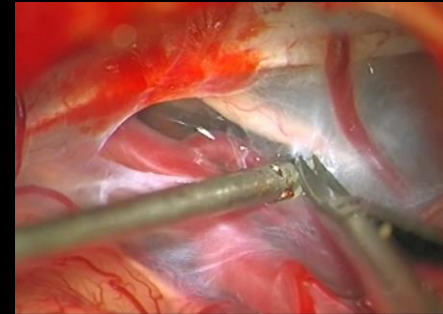
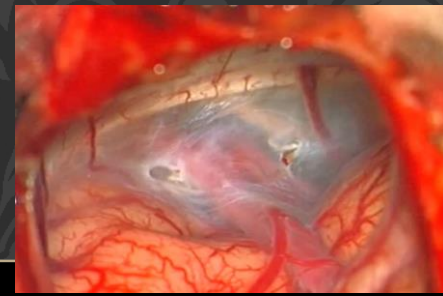


REVISIONS

Re-do procedures
(9/56) 16%

5 Re-do
Endoscopic
fenestration

4 Open
fenestration



COMPLICATIONS

- Death 0
- Stroke 0
- Significant morbidity 0
- Wound site pseudo-meningocele 2
 - Formal craniotomy to cover burrhole defect
 - Lumbar drain insertion

SUMMARY

- 77 Procedures in 56 patients
- Revision rate 16% (9/56)
 - Endoscopic fenestration 20% (5/24)
 - Open fenestration 44% (4/9)
- ICP monitoring in 9 patients
- 3 required subsequent fenestration (33%)
- No correlation of treatment with Galassi grade
- ***Treatment trend:***
 - Supratentorial cysts -> Endoscopic fenestration
 - Infratentorial cysts -> Open fenestration

CONCLUSION

- Wide range of treatment options available
- No clinical guide currently favouring particular option