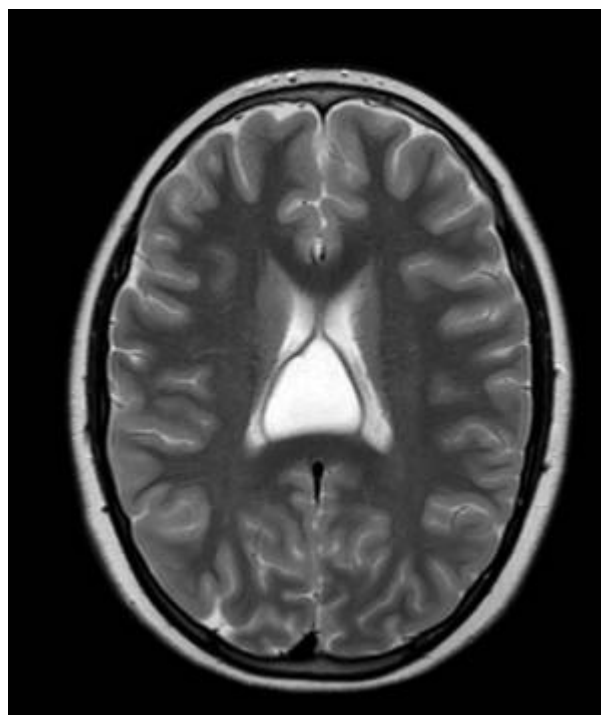


Cavum velum interpositum cyst treatment



Endoscopic ventricular **fenestration** is the treatment of choice for these as well as all other intraventricular and intracerebral **CSF cysts**, because it ensures communication between the cyst and the **ventricular system** and avoids definitive **shunting** of the cyst ¹⁾.

Tong et al., from the **UBC Hospital**, reported the clinical outcomes of a 3-year-old male patient and a 13-year-old female patient with symptoms and **Cavum velum interpositum** cysts on imaging who were treated successfully with **endoscopic fenestration**.

The developmental delay and occasional headache present in the 3-year-old male patient resolved after endoscopic fenestration; however, the 13-year-old patient who had neuropsychiatric symptoms did not improve.

This cases add to the literature describing the response to cyst treatment in symptomatic patients harboring CVI cysts. Symptoms due to CSF pathway obstruction may respond to cyst fenestration, while the response of symptoms in patents who do not have clear CSF circulation disorders is less predictable ²⁾.

Gangemi et al., from Department of Neurosurgery, School of Medicine, University Federico II, **Naples**, Italy, reported a 9-year-old boy with psychomotor retardation and epileptic **seizures** that had a large CSF cyst in the region of the **cavum velum interpositum**, diagnosed by CT and MR. The patient was treated by **endoscopic surgery**, with introduction of the endoscope into the **occipital horn** of the right lateral ventricle and multiple fenestrations from the right ventricle to the cyst, and then from the cyst to the left lateral ventricle. The surgery resulted in decrease in the size of the cyst and reduction of the frequency of seizures ³⁾.

References

1) 3)

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2)

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