3 pediatric patients with CPA arachnoid cysts (2 with hearing loss and 1 with recurrent headaches) who underwent neurosurgical treatment at the authors' institution.

Four pediatric patients were diagnosed with CPA arachnoid cysts at the International Neuroscience Institute during the period from October 2004 through August 2012, and 3 of these patients underwent surgical treatment. The authors describe the patients' clinical symptoms, the surgical approach, and the results on long-term follow-up. RESULTS One patient (age 14 years) who presented with headache (without hearing deficit) became asymptomatic after surgical treatment. The other 2 patients who underwent surgical treatment both had hearing loss. One of these children (age 9 years) had recent-onset hypacusia and experienced complete recovery immediately after the surgery. The other (age 6 years) had a longer history (2 years) of progressive hearing loss and showed an interruption of the deficit progression and only mild improvement at the follow-up visit.

CPA arachnoid cysts are uncommon in pediatric patients. The indication and timing of the surgical treatment are fundamental, especially when a hearing deficit is present [1)]

2005

Alaani et al. present a series of five adult patients with different clinical presentations attributed to CPA arachnoid cysts. These lesions have a characteristic location in the posterior-inferior aspect of the CPA below the facial and vestibulocochlear nerves. These cysts did not show change in size on repeated MRI scan and the patients' symptoms did not progress over the period of follow up. The findings would support a conservative management approach to the majority of these cysts [2)].

1997

Five patients (three male and two female patients) with a mean age of 5.6 years have been operated on at the Department of Neurosurgery, New York University Medical Center, USA. since 1980 till 1997.

All five arachnoid cysts compressed the cerebellum or brain stem. One patient had associated hydrocephalus. Three patients presented with refractory headaches associated with nausea and vomiting. The remaining two patients presented with cerebellar signs. No patient had an initial cranial neuropathy.

All patients underwent a retrosigmoid suboccipital craniotomy and microsurgical resection and fenestration of the cyst walls. One patient underwent two procedures. A cystoperitoneal shunt was inserted at the first operation. After the shunting procedure, the patient's condition deteriorated; however, after the microsurgical resection and fenestration, his symptoms improved. With a mean 5.2-year follow-up, there has been no evidence of clinical or radiographic recurrence [3)].

1992

Two cases of arachnoid cysts of the cerebello-pontine angle. The otologic symptoms were unsteadiness, hearing fall and tinnitus. In the first case, the patient who presented a cerebellar syndrome was operated. Afterwards the hearing felt and he developed a transient hydrocephalus. The symptoms disappeared in 9 months. In the second cas, the patient was not operated. She was treated medically and supervised. Then the symptoms disappeared too. The authors review the paraclinic exams especially MR, relevant to the diagnosis and discuss the opportunity of a surgical operation [4)].

1984

Ten cases of arachnoid cysts of the ponto-cerebellar angle are presented. In most cases, local arachnoiditis is disclosed during surgery, directing the discussion toward acquired pathology, and perhaps toward local infection. The clinical symptoms are dominated by the cochleo-vestibular deficit, but the involvement of the V and the VII cranial nerves is inconstant and discreet. At the present time, C.T. scan allows a rapid diagnosis but the prognosis must be reserved, in account to the possibility of a local post operatory arachnoiditis [5)].

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