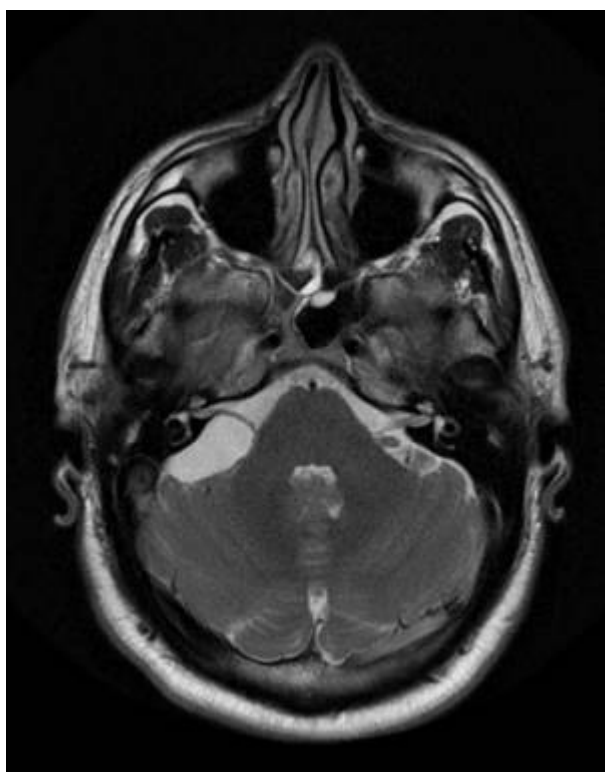


Cerebellopontine angle arachnoid cyst diagnosis

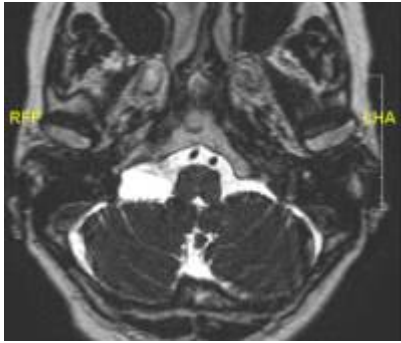
Magnetic resonance imaging

MRI (magnetic resonance imaging) scan techniques have led to [cerebellopontine angle arachnoid cysts](#) being more frequently diagnosed and with a higher degree of certainty. The need for further understanding of their [natural history](#) as well as for the development of a management rationale has been highlighted with this increased rate of [diagnosis](#).



In the series of Alaani et al., these lesions have a characteristic location in the posterior-inferior aspect of the CPA below the [facial nerve](#) and [vestibulocochlear nerves](#). These cysts did not show a change in size on repeated MRI scans and the patient's symptoms did not progress over the period of follow up ¹⁾.

Both [vestibulocochlear nerves](#) (VIII) with normal and symmetrical caliber and morphology are identified, with no evidence of areas of focal thickening that suggest the existence of intra or extracanalicular [vestibular schwannoma](#). The round image up to 21mm in the right [cerebellopontine angle](#) follows the [fluid signal](#) in all the sequences and displaces the origin of the the [facial nerves](#) (VII), and the [vestibulocochlear nerves](#) (VIII), anteriorly. Findings are suggestive of a right [cerebellopontine angle arachnoid cyst](#).



1)

Alaani A, Hogg R, Siddiq MA, Chavda SV, Irving RM. Cerebellopontine angle arachnoid cysts in adult patients: what is the appropriate management? J Laryngol Otol. 2005 May;119(5):337-41. PubMed PMID: 15949094.

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