Colloid cyst endoscopy complications

Microsurgical resection of third ventricle colloid cysts was associated with a higher rate of GTR and a lower rate of recurrence, while there was a lower rate of postoperative complications, duration of surgery, and shorter hospitalization period in the endoscopic group [1].

Cerebral vasospasm, a possible complication of the craniotomy procedure, has not been reported as a complication of endoscopic removal of colloid cysts Yassin et al. report the first case of acute, transient cerebral vasospasm following endoscopic resection of a colloid cyst [2]

Intraventricular extruded colloid fragments can occur after endoscopic resection, with the possible risk demonstrated as cyst Hypointensity on preoperative T2-weighted images. The finding does not seem to result in any clinical morbidity, and radiographic involution is the rule. Migratory capacity, however, does exist and justifies a more frequent imaging surveillance schedule and consideration for removal [3].

A patient presented with headaches and was found to have a colloid cyst in the third ventricle and ventriculomegaly. The patient underwent endoscopic colloid cyst resection and third ventriculostomy without incidence. Prior to emergence, a blown right pupil was acutely noted, and bright red blood emanated from the ventricular drain that was routinely placed in the endoscopy tract at the conclusion of the procedure. CT angiography demonstrated active extravasation from the pre-pontine cistern into the third ventricle and subarachnoid space. Emergency DSA confirmed active extravasation from an avulsed thalamoperforator arising from the proximal right P1 posterior cerebral artery, which was immediately embolized without incident [4].

1)
Sayehmiri F, Starke RM, Eichberg DG, Ghanikolahloo M, Rahmatian A, Fathi M, Vakili K, Ebrahimzadeh K, Rezaei O, Samadian M, Mousavinejad SA, Maloumeh EN, Tavasol HH, Sharifi G. Comparison of microscopic and endoscopic resection of third-ventricular colloid cysts: A systematic review and meta-analysis. Clin Neurol Neurosurg. 2022 Apr;215:107179. doi: 10.1016/j.clineuro.2022.107179. Epub 2022 Feb 18. PMID: 35220036.
2)
Yassin A, Al-Mistarehi AH, Tremont-Lukats IW, El-Salem K, Shawagfeh A, Al-Hafez B, Levine N. Acute diffuse cerebral vasospasm as a complication of endoscopic resection of a colloid cyst: a case report. Br J Neurosurg. 2020 Sep 21:1-5. doi: 10.1080/02688697.2020.1820946. Epub ahead of print. PMID: 32955376.
3)
Abdel Latif AM, Souweidane MM. Extruded contents of colloid cysts after endoscopic removal. J Neurosurg. 2016 Sep;125(3):570-5. doi: 10.3171/2015.6.JNS142676. Epub 2016 Jan 8. PubMed PMID: 26745480.
4)
Turner RD, Chaudry I, Turk A, Spiotta A. Onyx embolization of an avulsed thalamoperforator following endoscopic colloid cyst and lamina terminalis fenestration. J Neurointerv Surg. 2014 Jul 25. pii: neurintsurg-2014-011292. doi: 10.1136/neurintsurg-2014-011292.rep. [Epub ahead of print] PubMed

PMID: 25063695.

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