Case series

Thirty-two children with symptomatic MCFACs were the subject of this study. The group included 23 boys and 9 girls, with a mean age of 3.6 years. All patients underwent operations using a purely endoscopic cystocisternostomy procedure through a transtemporal approach. RESULTS: Significant clinical improvement occurred in 28 cases (87.5%). Postoperative MR imaging showed a reduction in cyst size in 23 cases (71.9%), whereas in the remaining 9 cases (28.1%), the cyst size was unchanged. Minor intraoperative bleeding occurred in 3 cases (9.4%), which stopped spontaneously without any postoperative sequelae. Ipsilateral subdural hygroma occurred in 2 cases (6.3%) and resolved within a few weeks without surgery; transient oculomotor palsy occurred in 1 case (3.1%). During follow-up (mean 4.6 years), 3 patients (9.4%) experienced recurrence of symptoms and an increase in cyst size. Interestingly, all 3 patients who had recurrence had also experienced intraoperative bleeding at initial surgery. At a second endoscopic procedure, the fenestration was found to be closed in all 3 patients. CONCLUSIONS: Endoscopic cystocisternostomy is recommended in the treatment of MCFACs in children because it is simple, minimally invasive, and effective. It maintains the basic strategy of cyst fenestration into the basal cisterns without the invasiveness of open craniotomy. This procedure reduces operative and recovery times and is associated with low morbidity and mortality rates [1)]

1)
El-Ghandour NM. Endoscopic treatment of middle cranial fossa arachnoid cysts in children. J Neurosurg Pediatr. 2012 Mar;9(3):231-8. doi: 10.3171/2011.12.PEDS11298. PubMed PMID: 22380950.