Intracranial arachnoid cyst outcome

Most intracranial arachnoid cysts are probably present at birth, or develop soon after. Once they are formed, they are thought to remain stable, apparently in some kind of equilibrium with the rest of the intracranial space.

Not infrequently, cysts have been reported to disappear spontaneously [1].

Surgery can be performed with a fairly low risk of complications and yields significant improvement in quality of life correlated to postoperative improvement in headache and dizziness. These findings may justify a more liberal approach to surgical treatment [2].

Sports participation with arachnoid cysts

There is currently no consensus on the safety of sports participation for patients with an intracranial arachnoid cyst (AC).

A survey was prospectively administered to 185 patients with ACs during a 46-month period at a single institution. Cyst size and location, treatment, sports participation, and any injuries were recorded. Eighty patients completed at least 1 subsequent survey following their initial entry into the registry, and these patients were included in a prospective registry with a mean prospective follow-up interval of 15.9 ± 8.8 months.

A total 112 patients with ACs participated in 261 sports for a cumulative duration of 4410 months or 1470 seasons. Of these, 94 patients participated in 190 contact sports for a cumulative duration of 2818 months or 939 seasons. There were no serious or catastrophic neurological injuries. Two patients presented with symptomatic subdural hygromas following minor sports injuries. In the prospective cohort, there were no neurological injuries

Permanent or catastrophic neurological injuries are very unusual in AC patients who participate in athletic activities. In most cases, sports participation by these patients is safe [3].

1)
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2)
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3)
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