

Intracranial cyst

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see also [Posterior fossa cyst](#).

Differential diagnosis

[Intracranial cyst differential diagnosis](#).

Treatment

An intracranial [brain cyst](#) is one of the most attractive targets for a minimally invasive procedure, thus avoiding conventional craniotomy.

Cysts and cystic-appearing intracranial masses have a broad imaging and pathologic spectra.

Osborn and Preece reviewed the pathologic findings, origin, radiologic appearance, and differential diagnosis of many different intracranial cysts. A diagnostic algorithm based on most common anatomic locations is presented that helps narrow the differential diagnosis ¹⁾.

Case series

Among the 78 patients, 36 (46.2%) were male and 42 (53.8%) were female. The mean age was 7 ± 5.4 years. The most frequent presenting complaint was a seizure (47.4%). Approximately one-quarter (28.2%) had mental and/or motor retardation. Nine (11.5%) of the children had a neuropsychiatric diagnosis. Most of the cysts were located at the midline (41%) with the majority located extra-axial

(71.8%) and supratentorial (78.2%). Arachnoid cysts were observed most frequently with a percentage of 64.1%, followed by pineal cysts (15.4%). The history of seizures, epilepsy, presence of mental retardation, and neuropsychiatric problems was evaluated according to the population ratios based on z approximation in which significantly higher rates were observed among cases with intracranial cysts.

Intracranial cysts should be taken into consideration for comorbid pathologies, especially in the childhood period. Early evaluation in patients with intracranial cysts for developmental delay and neuropsychiatric problems is important ²⁾.

¹⁾

Osborn AG, Preece MT. Intracranial cysts: radiologic-pathologic correlation and imaging approach. Radiology. 2006 Jun;239(3):650-64. Review. PubMed PMID: 16714456.

²⁾

Dirik MA, Sanlidag B. Intracranial cysts: incidental or neurodevelopmental? Childs Nerv Syst. 2022 Nov 2. doi: 10.1007/s00381-022-05724-z. Epub ahead of print. PMID: 36323954.

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