

Quadrigeminal cistern cysts are rare lesions.

The deep location and close proximity to the pineal quadrigeminal region nervous and vascular structures makes minimally invasive treatment of these cysts important. Moreover, these cysts are usually associated with hydrocephalus. This complication actually makes endoscopic treatment more technically feasible because of the large working area.

Different endoscopic approaches have been used to treat these cysts. The endoscopic approach is planned according to the extension of the cyst. The cyst can extend to the trigone cranially, to the supracerebellar cistern caudally and to the third ventricle anteriorly. Other endoscopic treatment options include cyst fenestration and removal via the suboccipital supracerebellar approach, lateral-ventriclecystostomy and third-ventriclecystostomy.

Neuroendoscopy is a safe and effective treatment option for quadrigeminal arachnoid cysts and should be seriously considered for the initial therapy. Neuroendoscopy can reduce the surgical trauma to a minimum, and craniotomies and shunt dependence can be avoided <sup>1)</sup>.

<sup>1)</sup>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4261413/>

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