

Rathke cleft cyst treatment

Typically treated via a [transsphenoidal approach](#) with [cyst fenestration](#) and [drainage](#). At present, there is limited [evidence](#) to guide [patient](#) selection for operative treatment. Furthermore, there is minimal literature describing factors contributing to cyst recurrence.

Cyst evacuation combined with or without biopsy/removal of the cyst wall is the optimal management strategy for symptomatic cases ^{1) 2) 3) 4)}.

1)

Aho CJ, Liu C, Zelman V, Couldwell WT & Weiss MH. Surgical outcomes in 118 patients with Rathke cleft cysts. Journal of Neurosurgery 2005 102 189-193doi:10.3171/jns.2005.102.2.0189.

2)

Baskin DS & Wilson CB. Transsphenoidal treatment of non-neoplastic intrasellar cysts. A report of 38 cases. Journal of Neurosurgery 1984 60 8-13doi:10.3171/jns.1984.60.1.0008.

3)

Benveniste RJ, King WA, Walsh J, Lee JS, Naidich TP & Post KD. Surgery for Rathke cleft cysts: technical considerations and outcomes. Journal of Neurosurgery 2004 101 577-584doi:10.3171/jns.2004.101.4.0577.

4)

el-Mahdy W & Powell M. Transsphenoidal management of 28 symptomatic Rathke's cleft cysts, with special reference to visual and hormonal recovery. Neurosurgery 1998 42 7-16doi:10.1097/00006123-199801000-00003.

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