

Suprasellar arachnoid cyst classification

In 2016 André proposed

SAC-1 may come from an expansion of the diencephalic leaf of the Liliequist membrane.

SAC-2 show a dilatation of the interpeduncular cistern and correspond to a defect of the mesencephalic leaf of the Liliequist membrane.

SAC-3 correspond to the asymmetrical forms expanding to other subarachnoid spaces. Surgical treatment is not always necessary. The recognition of the different subtypes will allow choosing the best treatment option ¹⁾

A suprasellar cyst can be a communicating cyst with a valve at the penetration of the [basilar artery](#) (BA) through the prepontine arachnoid membrane or be a noncommunicating cyst ²⁾.

Miyajima et al proposed a classification:

1) a noncommunicating intra-arachnoid cyst of the diencephalic [Liliequist membrane](#)

2) a communicating cyst that is a cystic dilation of the [interpeduncular cistern](#) ³⁾.

¹⁾

André A, Zérah M, Roujeau T, Brunelle F, Blauwblomme T, Puget S, Bourgeois M, Sainte-Rose C, Ville Y, Di Rocco F. Suprasellar Arachnoid Cysts: Toward a New Simple Classification Based on Prognosis and Treatment Modality. Neurosurgery. 2016 Mar;78(3):370-9; discussion 379-80. doi: 10.1227/NEU.0000000000001049. PubMed PMID: 26445374.

²⁾

Pierre-Kahn A, Capelle L, Brauner R, Sainte-Rose C, Renier D, Rappaport R, Hirsch JF: Presentation and management of suprasellar arachnoid cysts. Review of 20 cases. J Neurosurg 1990, 73:355-9.

³⁾

Miyajima M, Arai H, Okuda O, Hishii M, Nakanishi H, Sato K: Possible origin of suprasellar arachnoid cysts: neuroimaging and neurosurgical observations in nine cases. J Neurosurg 2000, 93:62-7.

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