Suprasellar arachnoid cyst clinical features

Suprasellar arachnoid cysts can be diagnosed as incidental in asymptomatic patients [1].

There are three reported cases of spontaneous disappearance of a suprasellar arachnoid cyst [2].

Obstructive hydrocephalus is the most common cause of initial symptoms and occurs in almost 90% of the patients with suprasellar arachnoid cyst [3] , and can have varied presentations with signs and symptoms of obstructive hydrocephalus by compressing the third ventricle that require urgent decompression. These patients may present with nonfocal symptoms that can quickly lead to a life-threatening condition if not accurately diagnosed and treated.

Urgent endoscopic third ventriculostomy results in normalization of intracranial pressure, return of normal CSF flow, and relief of symptoms [4].

Other clinical features

Visual disturbance

Endocrine disease.

Distortion of the pituitary infundibulum can also result in endocrine dysfunction

Gait ataxia.

Rarely bobble head doll movement [5] [6] [7] [8] [9].

Ramesh et al. present three cases with bobble-head doll syndrome associated with a large suprasellar arachnoid cyst and obstructive hydrocephalus [10].

Precocious puberty

Precocious puberty is rarely the presenting sign. It is characterized by early onset, patent symptoms and frequent association with growth hormone deficiency. The latter represents a further risk of short stature. Evolution of precocious puberty varied from one case to another, without any relation with the quality of control of the arachnoid cyst and associated hydrocephalus. Half-yearly follow-up of height and bone age allowed for deciding a suppressive treatment of precocious puberty and a substitutive growth hormone therapy when needed [11].

Various forms of symptomatic and idiopathic epilepsy and other psychoneurological disorders (disorders of behavior and emotions, obsession-compulsion syndromes, stereotypias, aggression, compulsive ideas and movements, anorexia or hypothalamic obesity) coincident with one or more endocrine disorders such as precocious or delayed puberty, multihormonal pituitary deficiency, panhypopituitarism and secondary hypothyroidism were detected [12].

Presenting with signs of normal pressure hydrocephalus. [13].

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