

ARACNOIDAL COINCIDENTAL CYSTS

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Object: 26 patients with coincidental arachnoid cysts (C) observed at imaging aged of 21 to 80 (median 44,30), 14 F/12 M were analyzed.

Results: Their ATCD; 23% hypertension, 12% hysterectomy, AF, degenerative disease, IGE, meningitis respectively of 8%, toxic dependency, hypothyroidism, smoker 4% respectively, 29% referred nothing.

Diagnosis: Headache 12pts or 46% (migraine 4, tension type 2, mixed CDH 3, secondary of HTA 2, of drug abstinence 1), 6pts or 24 % stroke (3 lacunars, 1 hemorrhagic, 2 ischemic), epilepsy 13%, MCI and CBD respectively 7%, Strumpell-Lorraine spastic paraplegia 4 %.

Disease duration at cyst detection was from months 19% to years 58%, 23% presented stroke or acute headache. Symptomatic C were 23% with seizures in 16 % (2 TLE, 2 Fmesial LE), 8% with ataxia from large FCP C. C were L or R side lateralized 34% / 30% , small L or R parasagittal C were equally 8%, cerebellar median 12% and R-medially cerebellar 8% . In addition T 35%, FCP 30%, F 23%, O 8%, choroid fissure 4%. At size classification; 46% small mostly on F followed by T, 38% middle and posterior in cerebellum then in O, the largest 16% (half in cerebellum as well in temporal polar) were symptomatic. Objectively 34% ascertained nothing, 12% dementia, weakness 38%, ataxia or sensory disturbance respectively of 8%. C were conservatively treated except of 4 cases of neurosurgery follow-up, the case of FCP cyst with F hematoma from mycotic aneurism died.

Conclusion: Coincidental arachnoid C were more frequent in headache, than in stroke or epilepsy. Symptomatic C were associated with seizures in F, T location or ataxia in the cerebellar. C were commonly in T, F and FCP. Small asymptomatic C prevailed amongst largest symptomatic ones.