

Brainstem epidermoid cyst: An update

Sir,

The patient come back to us after 1-year with the same recurring symptoms of cranial nerve palsies.^[1] Repeat magnetic resonance imaging showed again recurrent lesion with enlarged brainstem [Figure 1]. We took her up for redo RMSOC and aspiration of the liquefied epidermoid. The lesion was surfacing at pontomedullary junction, which is same as that of first surgery. The liquefied tumor was aspirated through a small opening. The straw coloured liquid is less viscous compared with the previous surgery. The brainstem got decompressed after aspiration of 20 ml of fluid. Cerebrospinal fluid (CSF) reservoir was place through the entry point after aspiration in view of chances of early recurrence [Figure 2]. Prior to placement the holes at the distal end the reservoir catheter were enlarged to ensure aspiration of more viscous contents. Patient's cranial nerve palsies improved immediately after surgery and she had uneventful postoperative course. Since the fluid was becoming less viscous with recurrence, placement of reservoir facilitates aspiration of the contents thereby avoiding open surgery. The authors advocate placement of CSF reservoir in cases where the contents are liquefied, following the first surgical decompression itself.^[2] This would be a novel strategy to follow to avoid repeated open surgery while ensuring equally good results.

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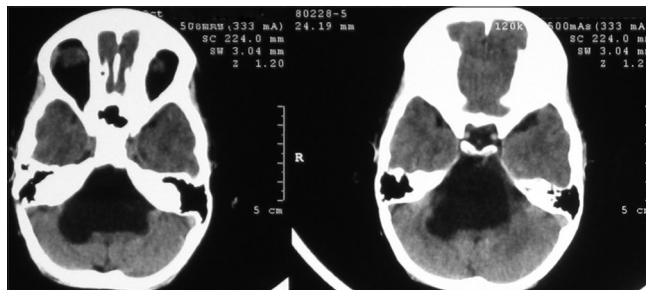


Figure 1: Computed tomography scan imaging demonstrating the epidermoid cyst which has reoccurred

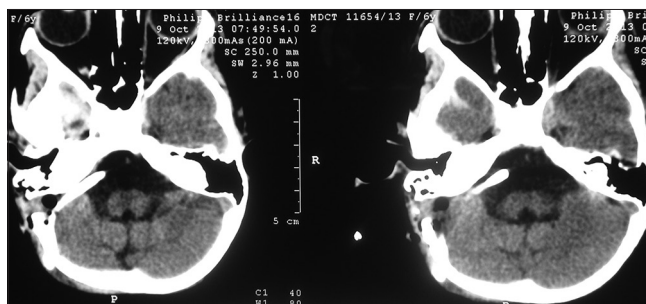


Figure 2: Postoperative computed tomography scan demonstrating the placement of Ommaya reservoir with the tip of the reservoir tube placed inside the cyst cavity

References

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