lateral ventricles. Although slow growing and rarely large enough to create neurological symptoms, they can occasionally cause seizures, headaches, visual field defects, or gait disturbances. However, there is no specific evidence in the literature to suggest that any of these symptoms are definitely associated with those of the present case. The patient was admitted to hospital for further investigation, and the diagnosis of ependymal cyst was made.

The present case is one of a small number of reported cases of ependymal cysts causing neurological symptoms, including depersonalisation and diffuse sensory disturbances. The patient showed improvement postoperatively, with resolution of the symptoms related to the extirpation of the cyst. The relation between the cyst and the symptoms, which resolved postoperatively, is supported by the extirpation of a cyst exerting a mass effect in the right sylvian fissure.

Ependymal cysts, which are rare in adults, may remain asymptomatic until they become large, causing mass effects. The present case is an example of a rare but potentially serious condition that can be managed successfully with surgical intervention.
relevant question: does carotid ultrasound scan provide reliable indications of carotid disease.

I agree with Sellar regarding the signal gaps that appear on magnetic resonance angiography images. These gaps are not always indicative of carotid stenosis. The presence of signal gaps may be due to various factors such as the surgeon's expertise, the quality of the imaging equipment, and the patient's anatomy. Therefore, it is important to consider other clinical information, such as the patient's symptoms and risk factors, when interpreting the results of carotid ultrasound imaging. A multidisciplinary approach involving neurologists, neuroradiologists, and vascular surgeons is necessary to make an accurate diagnosis and determine the appropriate treatment for carotid artery disease.
Painless Horner's syndrome in cluster headache.

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