LETTERS TO THE EDITOR

Obstructive hydrocephalus due to benign cysts of the thalamus: report of two patients

Benign cysts of the thalamus compressing the posterior third ventricle are an unusual cause of obstructive hydrocephalus. We report two patients with symptomatic hydrocephalus due to such cysts and discuss the pathogenesis and treatment of these rare lesions.

A 35-year-old woman (patient 1) presented with a one-month history of intermittent and severe frontal headaches, nausea, difficulty reading, and numbness of the left arm and leg. Physical examination disclosed bilateral papilloedema and constriction of the temporal visual fields. Slight weakness was present in both upper limbs. Her left lower limb was hyperreflexic. The remainder of the neurological examination was normal.

Brain CT showed obstructive hydrocephalus due to a 3 × 3 × 2 cm cyst within the right thalamus compressing and shifting the posterior third ventricle to the left. Transspinal fluid (CSF) examination disclosed bilateral papilloedema and constriction of the temporal visual fields. Slight weakness was present in both upper limbs. Her left lower limb was hyperreflexic. The remainder of the neurological examination was normal.

Brain CT showed obstructive hydrocephalus due to a 3 × 3 × 2 cm cyst within the right thalamus compressing and shifting the posterior third ventricle to the left (figure). Transspinal fluid (CSF) was present. Brain MRI showed the cyst fluid to be similar in intensity to CSF on all pulse sequences; the cyst wall failed to enhance with gadolinium. No communication existed between the cyst and the third ventricle or subarachnoid space.

The presence of papilloedema prompted urgent placement of a right ventriculoperitoneal shunt. Two days later, CT guided stereotactic aspiration of the cyst yielded 16 ml of colourless fluid without evidence of tumour, haemosiderin, or infection.

Postoperatively, the headaches resolved and vision returned to normal. The weakness and numbness also abated. The cyst was fully collapsed on CT 48 hours after aspiration and remained unchanged 19 months postoperatively.

For five months, a 72-year-old woman (patient 2) experienced progressive gait ataxia, urinary incontinence, and disorientation. She denied headaches, nausea, vomiting, visual, or other complaints, or any previous history.

Physical examination showed her to be slow to respond and oriented only to person. Gait was unsteady and assistance was needed for ambulation. The remainder of the neurological examination was normal.

Brain CT and MRI of the head showed hydrocephalus due to a 2.5 × 3 × 2 cm cyst in the right thalamus identical in characteristics to patient 1.

A CT-guided stereotactic aspiration of the cyst was performed and 14 ml of colourless fluid obtained. A biopsy of the cyst wall showed a lining composed of a single layer of ependymal cells or choroidal cells, with or without cilia, classified as neuroepithelial cysts. These can occur throughout the CNS but are most common adjacent to the lateral ventricles or the subarachnoid space, especially of the frontal lobes. The persistence of the cysts in both of our patients after shunting shows the characteristic lack of communication of neuroepithelial cysts with the subarachnoid space and ventricles.

Obstruction of the posterior third ventricle by the mass effect of the thalamic cyst led to obstructive hydrocephalus in both patients. Presenting signs were of increased intracranial pressure with papilloedema, loss of visual fields, and headaches in patient 1 and gait disturbance, in patient 2.

Mri showed an obstructive hydrocephalus cyst 2.5 × 3 × 2 cm in size. At the latest follow-up, the patient was stable, and there was no recurrence of symptoms of obstructive hydrocephalus.

Axial T2-weighted MRI shows the cyst in the right thalamus compressing the posterior third ventricle. Transspinal fluid (CSF) examination was normal. The cyst fluid is similar in intensity to CSF.

Antineutrophil cytoplasmatic antibodies and the optic-spinal form of multiple sclerosis in Japan

A high incidence of the optic-spinal form of multiple sclerosis (OpS-MS) has been said to be one of the characteristic features of multiple sclerosis (MS) in Japan, whereas other aetologies such as vasculitis should be considered in patients diagnosed with OpS-MS. It has been suggested that antineutrophil cytoplasmatic antibodies (ANCAs) may be implicated in the pathogenesis of vasculitis, we investigated ANCAs in serum samples from 13 patients with a diagnosis of clinically definite multiple sclerosis in both countries. Two patients had transverse myelopathy and severe optic neuropa-thy (worse eye with maximal visual acuity less than 20/200). We also noted clinical improvement in the active phase of the disease (optic disc swelling and severe optic neuropathy). The optic disc swelling was seen in all of the 13 patients. Serum samples from 26 other patients with conventional multiple sclerosis, and from nine patients with mononeuropathy, transverse myelopathy of unknown aetiology, also in

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