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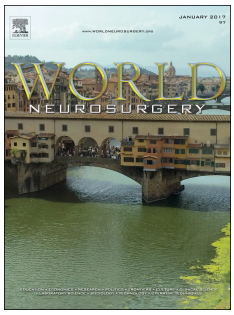

Cyst With a Twist!: a Diagnostic Dilemma

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PII: S1878-8750(18)30301-2

DOI: 10.1016/j.wneu.2018.02.031

Reference: WNEU 7446

To appear in: *World Neurosurgery*

Received Date: 2 August 2017

Revised Date: 4 February 2018

Accepted Date: 6 February 2018

Please cite this article as: kattepur ak, Moiyadi A, Cyst With a Twist!: a Diagnostic Dilemma, *World Neurosurgery* (2018), doi: 10.1016/j.wneu.2018.02.031.

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ACCEPTED MANUSCRIPT

A sixty two year old gentleman with a diagnosis of locally advanced squamous cell carcinoma lower alveolus post neoadjuvant chemotherapy, presented with gait ataxia, urinary incontinence and slowing of speech of 15 days duration. On examination, the patient was ataxic. There were no focal neurological deficits or pupillary asymmetry. An ulcero-proliferative growth over left lower alveolus with palpable cervical lymphadenopathy was noted. Computerised tomography (CT) revealed moderate hydrocephalus with a large well defined cystic lesion within the cerebellar vermis compressing both its hemispheres (Panel A). Magnetic resonance imaging (MRI) scan showed a well-defined midline cystic lesion of CSF signal intensity in all sequences in the posterior fossa involving the cerebellar vermis and extending into its bilateral hemispheres. Anteriorly, the lesion caused effacement of the quadrigeminal cistern, superior vermis cisterna and 4th ventricle with resultant supratentorial hydrocephalus, effacement of aqueduct of Sylvius and tonsillar herniation of approximately 6mm below foramen magnum. There was no significant perilesional oedema or enhancement. (Panel B). With the background of a locally advanced oral cancer, suspicion of cystic metastasis to the posterior fossa (though rare) was high. Moreover the patient had symptoms of mass effect warranting surgical intervention. The patient underwent a standard sub-occipital craniotomy. Intra-operatively, a large extra-axial cyst with a flimsy wall was noted in the cerebellum containing amber coloured fluid. The cyst was opened and contents evacuated. An Ommaya reservoir was also placed. Post-operative recovery was uneventful with CT scan showing reduction in hydrocephalus but persistent periventricular ooze (Panel C). Histopathological examination was suggestive of cysticercosis (Panel D). The patient was started on albendazole post operatively. The patient's neurological symptoms abated following treatment. The patient underwent surgery for his oral malignancy followed by adjuvant radiotherapy. Unfortunately, he succumbed to recurrent oral cancer despite treatment (neoadjuvant chemotherapy, surgery and adjuvant radiation) six months later.

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