Among the few reported arachnoid cysts of the pituitary region,\textsuperscript{5,7,9–11} there appears to be no instance of recurrence necessitating a second operation. The rarity of these cysts and the still greater rarity of long periods of postoperative observation have prevented formulation of a reliable concept of their prognosis. In the case described here, the lesion recurred 24 years after surgical decompression. Changes in visual acuity and visual fields led to a second operation, from which the patient recovered well and has been in good health for $2\frac{1}{2}$ years.

Case Report

In March, 1941, this 34-year-old man noted patchy loss of vision. Examination showed bitemporal hemianopsia (Fig. 1), slight pallor of the optic discs, and 20/20 vision in both eyes. Skull films showed enlargement and ballooning of the sella turcica. Left facial palsy had been present since the patient was 10 years old. Blood count, urinalysis, and serological tests for syphilis showed no abnormality. The cerebrospinal fluid pressure was normal; the fluid contained no cells, but the total protein content was 70 mg/100 ml, and the gold curve was 0112210000.

First Operation. On April 4, 1941, through a right transfrontal craniotomy, the dura was elevated from the floor of the anterior cranial fossa down to the sphenoid ridge and then incised, bringing both optic nerves and the chiasm into view. A large cyst with a blue dome was seen projecting between the optic nerves. When the cyst capsule was incised clear fluid was released, and excellent decompression of the optic nerves and chiasm was obtained. The cyst appeared to be of the arachnoid in the sella turcica.

Postoperative Course. The visual fields returned promptly to normal and the vision remained 20/20 (Fig. 2). During the subsequent 23 years the patient was seen often by various ophthalmologists. The vision remained 20/40 and 20/30, readily correctable with lenses to 20/20 bilaterally, and the visual

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![Fig. 1. Preoperative visual fields, March 1941: classic bitemporal hemianopsia.](image-url)
fields were full. In October, 1950, small superior temporal quadrant scotomata were noted bilaterally, with slight enlargement of the blind spot, but vision was correctable to 20/20 in both eyes (Fig. 3). In 1962 the vision was 20/40 and 20/30, correctable to 20/20, and the visual fields were said to be full.

Second Admission. On routine examination in December 1964, visual acuity was 20/50 and 20/20; the vision of the right eye could not be corrected, and the bitemporal field was again somewhat diminished. The optic disc appeared slightly pale. The old infranuclear facial weakness was essentially unchanged, and other neurological findings were normal. A plain film of the skull showed the old craniotomy flap and enlargement of the sella turcica. Right carotid angiography under local anesthesia demonstrated elevation of the anterior cerebral artery (Fig. 4).

Second Operation. On January 27, 1965, the right transfrontal craniotomy incision was re-opened to reexpose the optic nerves and chiasm. Thickened, greyish-blue arachnoid bulged between the optic tracts. As the dissection progressed, a protruding cyst could be seen from which approximately 20 ml of clear fluid was withdrawn through a ventricular

![Figure 2](image2.png)

**Fig. 2.** Visual fields full, May, 1941; 7 weeks after right transfrontal craniotomy.

![Figure 3](image3.png)

**Fig. 3.** Visual fields, October, 1950: small bilateral superior temporal quadrant scotomata, blind spot slightly enlarged; vision correctable to 20/20.