CYST OF A CEREBRAL HEMISPHERE TREATED BY INTRAVENTRICULAR DRAINAGE

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It is now 8 years since a large cerebral cyst of unknown pathology, at the time responsible for symptoms of extreme intracranial pressure, was drained into the lateral ventricle. The patient has remained well, and the artificial opening has kept patent, a communication still existing between a cystic space and the ventricular system.

The case is considered to be of unusual interest both from the speculative point of view as to pathology and because of the satisfactory result of a simple form of treatment.

CASE REPORT

The patient was a soldier aged 23 who was well developed and had been quite well until 9 months before admission. During this period he had suffered frontal headache of increasing severity, and at time of admission this was intense.

During the same period he had gradually lost the vision in his left eye, which had become practically blind. More recently his right eye had suffered severely.

During the previous 6 months he had suffered occasional attacks of an uncinate nature described as unpleasant smells and vague indescribably remote memories.

Examination. He was found to have bilateral high-grade papilloedema; perception of light only was present in the left eye and finger counting only in the right eye. There was a slight sustained tremor of the right arm. Otherwise his central nervous system was normal.

X-rays showed some destruction of the clinoid processes. Lumbar puncture pressure was over 400 mm. water; the fluid was normal.

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In view of the paucity of signs a pre-operative diagnosis of a midline lesion was made.

At ventriculography a large high-pressure ventricle was entered on the right and on the left a cyst containing several hundred cc. of pale yellow fluid. This fluid did not clot on standing.

Ventriculograms showed a very large cyst situated in the left parieto-occipital region and occupying most of this part of the hemisphere. There was considerable displacement of the right ventricle (Figs. 1 and 3).

Operation. A large parieto-occipital bone flap was turned down, the dura opened and the cystic cavity found at a depth of 3 cm. from the surface. The cortex was incised and lighted retractors were introduced into the cavity, whose walls could be seen well. The cyst lining was uniformly glistening and smooth, with no suggestion of neoplastic excrescence.

A brain cannula, passed through the medial wall of the cyst, struck the ventricle after passing through about 5 mm. of tissue. This communication was enlarged.

No protein estimation was made of the fluid from the cyst at time of operation as the operation was performed under army service conditions.

Course. He made a good recovery except for permanent and almost complete loss of vision. He is well rehabilitated and leads a useful life. He suffers occasional epileptic seizures.

A recent encephalogram showed a normal ventricular system still communicating with the cystic space in the left hemisphere (Figs. 3, 4 and 5).

His CSF contained 50 mg. of protein.