

## Colloid cyst in Third Ventricle

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### ABSTRACT

Colloid cyst are relatively rare benign intracranial tumor located in the front part of third ventricle at foramen of monro. Clinical presentation may be non-specific and heterogeneous may produce hydrocephalus, brain herniation and may lead to sudden death. We describe case of Road traffic accident in which colloid cyst was diagnosed accidentally with no associated hydrocephalus.

**Key words:** Colloid cyst, Hydrocephalus, third ventricle

### Introduction

Colloid cyst are rare congenital and benign intracranial tumors, representing upto 2% of all intracranial neoplasm[1-3]. Location is usually in the anterior and anterosuperior part of the third ventricle[4,5] occurring in 3<sup>rd</sup> to 5<sup>th</sup> decade of life. The cyst may cause obstruction of the foramen of monro leading to hydrocephalus and may lead to sudden death. The symptoms may be non-specific on related to rate of hydrocephalus[4,6]. Colloid cyst may be a complete accidental finding as well, when the patient performs imaging of the head due to the complaints that are unrelated to the cyst. The incidence of colloid cyst is increasing owing to extensive use of modern diagnostic methods such as CT and MRI of head[4]

### Case Report

A 22 year old male patient underwent Road traffic accident CT Brain was done which revealed multiple fracture involving superior wall, lateral wall of left maxillary sinus, lateral wall of left orbit and nasal bone with left maxillary and left sphenoidal hemossinus with well defined hyperdense lesion measuring 6.5x4.9mm taking density of 66 HU to 75 HU just below the septum pellucidum at foramen of monro suggestive of ? Colloid cyst ?? Hematoma repeat CT was advised. on repeat scan colloid cyst was confirmed. Patient complaint of slight headache.

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Under general anaesthesia in supine position, endoscopic excision of the cyst was done. The interior of the cyst is aspirated followed by removal of the cyst, wall and material and was sent for histopathological examination. Postoperative the patient was neurologically intact with no sign of raised intracranial pressure and was discharged a week later.



Fig. 1 : Axial CT Image

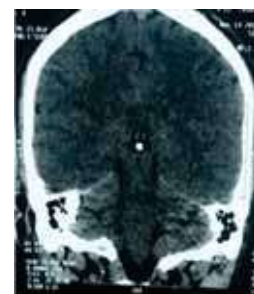


Fig. 2 : Coronal CT Image



Fig. 3 : Sagittal CT image



Fig. 4 : Axial CT Image

### Discussion

Colloid cyst of the third ventricle are rare lesion comprising upto 2% of primary brain tumor[1-3]. Most commonly found posterior to the foramen of monro in the anterior aspect part of third ventricle[4,5]. Its location in the third ventricle help to distinguish the colloid cyst from other cyst such as enterogenous cyst, ependymal cyst and Rathke cleft cyst that superficially resemble it but occur in different location. Because of its location, it can cause obstructive hydrocephalus and increased intracranial pressure. Most reported cases occur in the 3<sup>rd</sup> to 5<sup>th</sup> decade of life[3]. Familial cases of colloid cyst are extremely rare. Patient can be asymptomatic .Symptoms include headache relieved by a change in position, vertigo, memory deficit, diplopia, behavior disturbances and in extreme cases sudden death. Cyst are 3-40mm in diameter. Spherical and smooth walled. Cyst size does not appear to be reliable predictor of outcome, as even small ones may result in sudden death[6]. Both CT and MRI imaging may be used in the diagnosis of colloid cyst. MRI features are variable and may show intracystic fluid levels may show isosignal intensity. On CT scan, most are well defined hyperdense. Calcifications are rare in colloid cyst. Early detection and total excision of the colloid cyst through an open craniotomy , or by endoscopy, as in our case carries an excellent prognosis. Acute hydrocephalus associated with the colloid cyst may require emergency drainage.

### Conclusion

Early detection and prompt treatment with complete removal of he cyst led to improvement of symptoms and excellent prognosis.

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