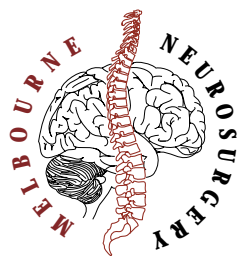


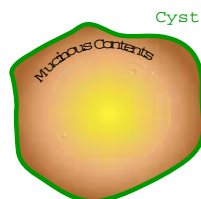
INFORMATION LEAFLET

COLLOID CYST



WHAT IS A COLLOID CYST ?

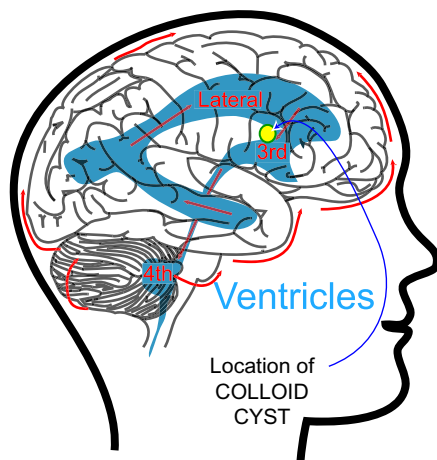
A Colloid Cyst is like its name in that it is a cyst. This means that it is a little like a grape in that there is an outer coating or skin that we call a membrane. This membrane produces a substance that fills the cyst. This has the appearance of a substance called colloid and hence the term.



WHAT CAUSES THE CYST ?

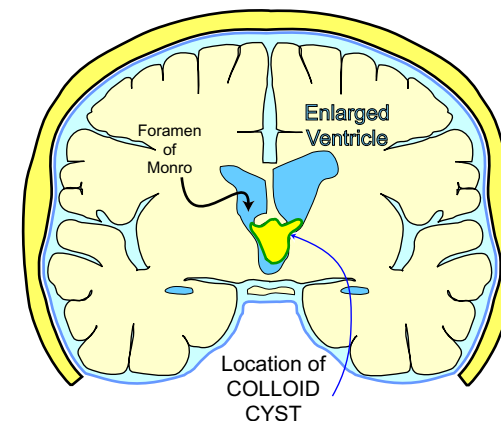
It is unsure what the actual cause is. It probably grows from part of the brain near where it occurs. The things that are possible are.

1. The membrane that lines the ventricles (see illus).
2. The special structure in the brain that produces the fluid which washes the brain (Choroid Plexus).
3. The other possibilities are structures from part of the paraphysis or diencephalon(difficult to explain in more detail)



WHERE IS THE CYST FOUND ?

The cyst is found in the roof of the Third Ventricle . Just at the point where the opening for the Lateral Ventricles drain their fluid(Cerebrospinal Fluid C.S.F.) into the third ventricle The holes are called the Foramen of Monro (see Illus).



WHAT PROBLEMS DO THEY CAUSE ?

These range from nothing at all to some things that can be very serious or life threatening.

As the cyst grows it can push onto certain structures around the cyst.

Memory Loss

The local affects of the pressure can cause memory loss. This is because the brain circuits that are responsible for this run around the foramen of monro.

Headaches

If the fluid flow through the foramen is blocked the pressure can build up behind this and cause the ventricles to enlarge. This pressure causes headaches. These may be worse in the mornings.

Drop attacks

The cyst is felt to act like a valve and the sudden acute blockage of the foramen may produce such a dilatation of the ventricle to make you unconscious. When the pressure drops you wake up. Some times the pressure may only affect the legs.

Sudden Death

If the pressure above does not reduce the brain eventually dies.

IS IT MALIGNANT(CANCER)

NO

It is a benign lesion. It does not turn malignant.

HOW IS THIS DIAGNOSED ?

Your doctor will usually make the diagnosis from the symptoms that you have. There can be similar symptoms with other diseases so there will need to be some tests done to confirm this. The first test is usually a Cat Scan. This will usually show the presence of the lesion. The ventricles may be enlarged (This is called HYDROCEPHALUS[water on the brain])

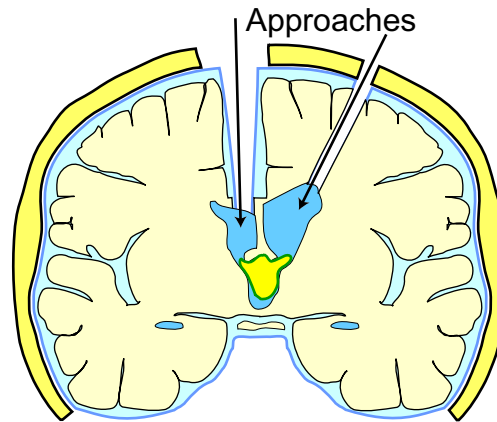
The next test is usually an M.R.I. (Magnetic Resonance Imaging)this produces pictures like the CAT scan but they are generated using a magnetic field and not using radiation. This usually confirms the diagnosis.

You are referred to a specialist after the CAT scan in most cases and they organise any further investigations.

HOW IS THIS TREATED ?

The treatment options are:

1. No intervention and watch the lesion to see if it is getting bigger or if the ventricles are enlarging.
2. Open Surgery. This is where a hole is made in the top of the head and we dissect down between the lobes of the brain to get to the lesion.
3. Endoscopic Surgery. This is where the lesion is approached through the ventricle and removed with a small tube(minimally invasive surgery).
4. Ventricular Shunting(Ventriculo - Peritoneal Shunt). This is where a tube is placed into each of the lateral ventricles and these are connected and tunneled down to the abdomen.



If the cyst was not causing any problems and has been found when looking for something else then it will usually just be followed with a series of scans.

If the cyst is causing symptoms it will need to be dealt with.

The normal procedure would be to operate down between the lobes of the brain as shown above. The aim of the procedure is to remove the cyst totally. The surgeon enters the ventricle and then through the foramen of monro the lesion is removed.

IS SURGERY ALWAYS NEEDED ?

This always depends on the type and severity of your symptoms.

If the lesion is causing any symptoms it may be safer to remove it.

In elderly people with larger ventricle there is usually no need for any intervention

FOR ABOVE PROCEDURES SEE THE RELEVANT PROCEDURE LEAFLET

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