19. Arachnitis Adhesiva or Arachnoid Cyst in Chiasma Region and Cerebellopontine Angle

Yasuji Yahagi, Fumihiko Miura, Kazuhiro Nomura, Jin-ichi Satoh and Kohji Kohno
Department of Neurosurgery, Toshima Metropolitan Hospital

In the last four years, we performed operations for twelve cases of arachnitis adhesive or arachnoid cyst in the chiasma region and twenty-two cases at the cerebellopontine angle. Many of these are hardly discriminated from pituitary or acoustic tumors. Subjective and objective symptoms, various diagnostic methods, operative effects and postoperative clinical courses are presented.

The chief complaints of arachnitis adhesiva or arachnoid cyst in the chiasma region are headaches and visual disturbance. Our examinations indicated that most of the patients showed defects of the visual field and deformity of the sella turtica. It is interesting that in two cases patients had anamnesis of head injuries and that in three others patients came to the hospital for unconscious attacks. Preoperative diagnosis showed pituitary tumor, craniopharyngioma, or arachnitis adhesive or arachnoid cyst. Thickening or adhesion of arachnoid, or cyst formation was shown by operation. Satisfactory operative results have been obtained. Nine of the twelve cases showed that visual acuity had been completely recovered. The twenty-two cases of arachnitis adhesiva or arachnoid cyst at the cerebellopontine angle included five cases of anamnesis of head injuries and the chief complaints were headache, dizziness, tinnitus and gait disturbance. Neurologically, there exist many cases which have nystagmus and disturbance of cranial nerve. Unrolling of the basilar artery by vertebral arteriography and symmetrical dilatation of lateral ventricles by pneumo-encephalography were observed at a high rate. Some are difficult to discriminate from acoustie tumor; however, recent progress in air study makes preoperative diagnosis possible in mot cases. Satisfactory operative results have been obtained. Also, various subjective and objective symptoms have improved. Operations in both cases consisted of freeing adhered arachnoids or opening cysts. Accurate preoperative diagnosis is desired; however, even if a tumor registers negative, our experience of satisfactory operative results indicates that operations should be performed.

Special cases illustrating a high increase in intracranial pressure, conspicuous digital impression, and extremely poor visual acuity are also presented.