

## CASE REPORT: CSF Leak in Rathke's Cleft Cyst and its Management

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### ABSTRACT

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### Introduction

Rathkes' cleft cysts (RCCs) are cystic developmental remnants situated in and around the pituitary region. The natural history suggests spontaneous regression or non-progression.<sup>1</sup> The symptomatic cysts should be treated by transsphenoidal removal and careful judgement on recurrent cysts are to be made. Complications particularly csfrhinorrhoea may be dreadful if not treated on time.

### Case report

A 51 years gentleman presented with csfrhinorrhoea and intense headache for 1 month. His neurological assessment revealed no neuro deficit and visual field was intact. MRI of Brain revealed cystic lesion in the sphenoid region (Figure 1). Nasal discharge was positive for beta2 transferrin. The patient underwent transsphenoidal (TSS) endoscopic removal of the cyst and the floor of the sphenoid was sealed off with fascia and glue. Postoperative period was uneventful and the patient was symptom free.

### Discussion

Distinctive careful strategies have been chosen for RCCs.<sup>2,3,4</sup> Decompression and biopsy methods are normally performed for RCCs.<sup>2,3</sup> Then again, cisternostomy, with fenestration of the blister into the reservoirs, is for the most part attempted for suprasellar arachnoid cysts (SACs) to forestall

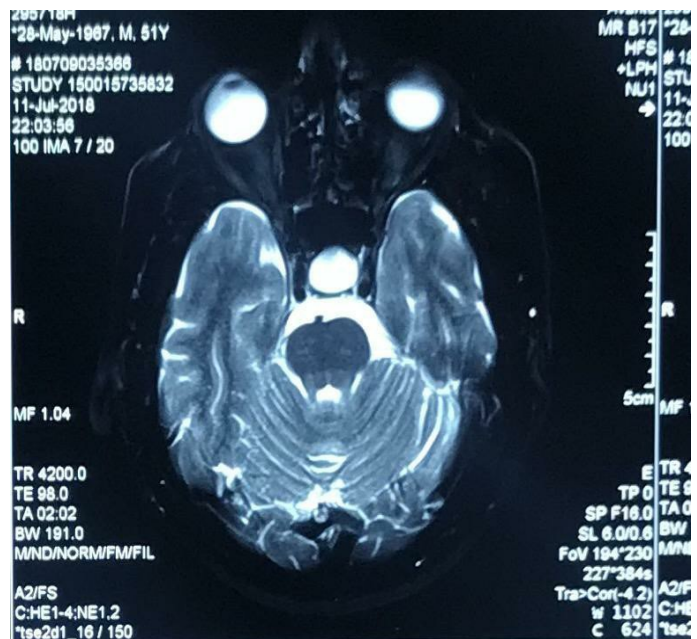


Figure 1: T2 axial image showing a cystic lesion in the sellar region.

repeat<sup>5</sup>. Nevertheless, CSF spillage after craniotomy by means of TSS actually stays an alarming issue<sup>6</sup>. Besides, complete resection of RCCs raises the danger of postoperative hypopituitarism.<sup>4</sup> Craniotomy subsequently has a danger of over medical procedure, particularly because of RCCs. A few ongoing reports have demonstrated the helpfulness of basic simple opening strategies for SACs by means of endoscopic transnasal TSS.<sup>6</sup> There are cases in which it is hard to separate among RCCs and SACs. In those cases, straightforward opening through TSS has been accounted for RCCs and removal of cysts are the mainstay of treatment strategy.<sup>7,8,9</sup>

## Conclusion

Early and prompt diagnosis of csf leak is key to success for management of those cases particularly to prevent meningitis and its dreadful complications. Transsphenoidal endonasal surgery for Rathke's cleft cyst is a safe and effective procedure.

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