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Symptomatic Rathke’s Cleft Cyst in an Old Patient
Case Report

By

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With 4 Figures

Summary

A 71-year-old woman with a symptomatic Rathke’s cleft cyst is reported. Our patient is unique in that both metrizamide computed tomographic cisternography and a transsphenoidal surgery were safe and successful procedures in spite of the advanced age of the patient.

Keywords: Rathke’s cleft cyst; pituitary cyst; transsphenoidal surgery.

Rathke’s cleft cysts are considered to be derived from distension of Rathke’s pouch. They may produce neurological and/or endocrinological symptoms and may be mistaken clinically for cystic pituitary adenomas, cystic craniopharyngiomas or other cystic lesions.

We are reporting an old woman with a symptomatic Rathke’s cleft cyst which was examined by conventional computer tomography (CT) and metrizamide computed tomographic cisternography (MCTC), and was safely and successfully evacuated by a transsphenoidal approach.

Case Report

This 71-year-old woman was admitted to a local hospital because of visual disturbance of one month’s duration. A bitemporal hemianopsia and bilateral optic atrophy were demonstrated and she was referred to us. On admission she was neurologically intact except for the above-mentioned visual disturbance. The
Fig. 1. Left: Plain CT scan shows a large low density lesion in the suprasellar cistern. Right: CT scan after intravenous injection of contrast material demonstrates the large mass without enhancement.

Visual acuity was 0.2 on the right, and 0.5 on the left. An endocrinological study revealed no abnormality. Plain skull films including polytomography demonstrated enlargement and ballooning of the sella. Conventional CT scans showed a large low density mass occupying both the intra- and suprasellar regions, which was not enhanced at all by intravenous injection of contrast material (Fig. 1). Axial MCTC showed a round filling defect in the suprasellar cistern. The sagittal and coronal reconstruction images clearly demonstrated that the cystic lesion extended both down into the sella and up into the suprasellar region (Figs. 2 and 3). The cyst was evacuated by a transsphenoidal approach and a few fragments of the capsule were removed for histological examination. The cavity was filled with fatty tissue as is usual. It took only about one and a half hours to complete the surgery. The postoperative course was very smooth and uneventful. The visual acuity improved up to 0.6 on the right and 0.7 on the left, and the visual field returned to normal soon after surgery. She was discharged without any abnormality. The surgical specimen consisted of a single layer of columnar to cuboidal cells, some of which were ciliated, and the diagnosis was a Rathke's cleft cyst (Fig. 4).