Endoscopic Endonasal Management of Rathke’s Cleft Cyst: Technical Nuances and Surgical Outcomes

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Nothing to disclose
Introduction

• Rathke’s cleft cysts (RCC) are benign lesions derived from remnants of the Rathke’s pouch.

• Surgical resection is the gold standard for management of symptomatic RCC. In large series, the recurrence rate following surgical treatment is 16-18%.

• The factors predicting the recurrence of RCC are still debatable.
Methods

• We retrospectively reviewed the medical records of patients with RCC treated via endoscopic endonasal approach (EEA) at our medical center from July 2010 through June 2017.

• We included only cases in whom this was the first surgical procedure.

• Clinical data, radiographic evaluations, intraoperative findings, histopathological examinations, postoperative complications, and early clinical outcomes were recorded and analyzed.

• We aim to highlight the technical nuances and surgical outcome of a series of patients with RCC managed via EEA.
Results

• We identified 38 patients with RCC who underwent endoscopic endonasal resection.
• The average age of patients, including 12 males and 26 females, was 39.1 years.
• The anatomical location of RCC is shown in Figure 1.

![Figure 1. Anatomical location of RCC in the series](image)
Results (contd.)

- Clinical presentation is shown in Figure 2.

Figure 2. Clinical presentation of patients with RCCs
• Postoperative complications included transient diabetes insipidus (7.8%), central hypothyroidism (2.6%), epistaxis (2.6%), and DVT (2.6%).

• The overall postoperative CSF leak rate in the series was 5.2%.

• The recurrence rate in the series was 13.1%, and the mean time to recurrence was 37.1 ± 12.4 months.

• All recurrent RCCs were managed successfully via EEA.
Conclusion

- EEA is a safe and effective surgical modality for management of RCC in different anatomical locations.

- Excessive postoperative scaring process with subsequent closure of the marsupialized cyst is a main cause of recurrence.