Cerebellopontine Angle Epidermoid Cysts: Lessons learnt

Presenting Author: Prof. Chagla Aadil M.S.,M.Ch

Supporting Authors: Dr. Gore Sandeep M.S.,M.Ch.
Dr. Patil Abhinandan M.S.
Dr. More Sandeep M.S.
We have no disclosures to make

[We or others in our families have no relevant financial relationship with any commercial interest].
Introduction

- Epidermoid cysts are the third most frequent tumor in the CP angle, after acoustic schwannomas and meningiomas.
- Slow cysts are slow growing lesions, most commonly located in the cerebellopontine angle (CPA).
- Surgery is the only form of treatment for these lesions.
- These lesions tend to encircle brain structures and invaginate into crevices, making radical excision at times fraught with danger.
Methodology

- Age of our patients ranged from 15 to 70 years with male predominance.
- Headache, imbalance on walking and trigeminal (hemi facial) pain were the most common symptoms.
- Patients were operated with retro sigmoid approach in semi-sitting or park bench positions.
- Magnetic Resonance Imaging was performed in all cases.
Total resection of the tumor was achieved in most of the patients (26 out of the 32 cases).

All patients improved symptomatically.

Four cases had chemical meningitis and treated symptomatically with good outcomes.

There was no mortality.

Recurrence: One Case – presented with lower cranial nerve paresis after four years.

No patient needed any cerebrospinal fluid diversion.
Fig. 1 Diffusion weighted

Fig. 2 Attenuation of the trigeminal nerve

Fig. 3 Superior extension into incisural space
**Fig. 4** Basilar artery is displaced anterioly off the braistem

**Fig. 5** Operative image of the tumor in the c p angle

**Fig. 6** Attenuated facial nerve with the trigeminal nerve displaced superio anteriorly
Fig. 7  Total excision of epidermoid cyst

Fig. 8  Showing intact cranial nerves of the c p angle
Epidermoid cysts are benign slow growing tumors, and at no cost must any perforator or cranial nerve be damaged during resection. Should the capsule of the tumor be adherent to these vital structures, no attempt must be made to pull it off. Sharp dissection may be attempted using all microsurgical principles. Micro bayonet, biopsy, suction and scissors used.
Final Thoughts

- Epidermoid Cysts of the cerebello pontine angle can pose surgical difficulties during total excision.
- Sharp dissection of the capsule may be safer than traction on tags of capsule attached to perforators.
- It is vital not to harm any perforator vessels or cranial nerves during the excision.
- Large, long standing or recurrent cysts may necessitate subtotal excision.