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Unique presentation of a ruptured arachnoid cyst with subdural hygroma formation and midline shift in a 10-year-old girl**Michail Sergentanis, Ariana Spungina and Sanjay Raina**
The Princess Alexandra Hospital, UK

The majority of intracranial arachnoid cysts are asymptomatic and are detected incidentally. They are benign congenital cavities arising in the subarachnoid space. Rupture may result in symptomatic presentation, the most common symptom being headache. Raised intracranial pressure is a rare complication requiring surgical treatment. A 10-year-old girl presented to a district general hospital with a 2-month history of a strange sensation in her head during any physical activity. A week prior to admission she heard a “pop” in her head while performing a cartwheel, developed nausea and headache that was eased when standing up or tilting her head to the right. On examination, the patient was neurologically intact with no signs of raised intracranial pressure. However, MRI brain showed a ruptured 3.8×2.9×2.3 cm left middle cranial fossa arachnoid cyst with extensive subdural hygroma and mass effect (Image 1, 2). She was managed with burr hole drainage. Information was collected from the patient, parents, notes and hospital databases. It is essential to pay attention to the history, which may appear to be trivial on presentation (a sensation of “pop” while doing cartwheel) to avoid missing burst arachnoid cysts that may have disastrous consequences.

Biography

Michail Sergentanis has been a Paediatrician for 10 years, 4 of which he has worked at the District General Hospital of Chania in Crete in Greece and 6 years in UK. He is currently working as a Paediatric Registrar at the Princess Alexandra Hospital in Harlow in UK. He has published more than 10 papers in reputed journals.

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