



## Giant Colloid Cyst: An Insidious Enemy in the Brain

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### Clinical Image

Colloid cysts are rare brain tumors which usually present in frontal and superior part of third ventricle (0.5% to 1%). They are mostly asymptomatic, can be detected incidentally or may come across with hydrocephalus or compression findings.

Incidentally recognized colloid cysts rarely can cause acute obstructive hydrocephalus or non-traumatic sudden neurological deterioration.

A male patient, age 32, comes to the emergency room with three days headache. In his anamnesis, it was learned that his headache progressively intensified within hours and accompanied by vomiting. There is no characteristic in his medical history. In physical examination, patient was disoriented, cooperation restricted, speech slow and mild dysarthric. In CT, it is seen that enlargement of 3<sup>rd</sup>, 4<sup>th</sup> and lateral ventricles and temporal horns and mass image at 3<sup>rd</sup> ventricle. In MRI, it is seen properly limited mass image at 3<sup>rd</sup> ventricle. Within hours, his inspiration was superficial and intubated. The patient was diagnosed as colloid cyst at 3<sup>rd</sup> ventricle and secondary obstructive hydrocephalus that exists within few hours.

Colloid cysts are composing approximately 20 percent of tumors located in the ventricle in the brain. It is mostly asymptomatic and incidentally diagnosed with scanning. They can cause rarely acute hydrocephalus. It may result in herniation and death after acute hydrocephalus. Our case seen with change of consciousness after severe headache in emergency room and detected colloid cyst at 3<sup>rd</sup> ventricle.

Colloid cyst is most commonly seen in the second and fourth decades. In our case, colloid cyst gives symptom and been complicated in 3<sup>rd</sup> decade.

Colloid cyst is diagnosed by CT and MRI. It get diagnosis location and according to the shape of lesion in scanning. In CT, colloid cyst is ovoid or round, sharp limited and generally isodense or hyperdense appearance. MRI images are varied. It is mostly in T1 images hyperintense, in T2 images hypointense. Inside colloid cyst depending on the density of the material can be seen in different densities. Contents are important for the surgical approach and to guide the treatment.

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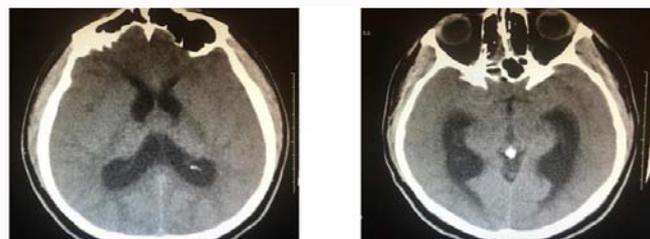


Figure 1: Hydrocephalus and edema in sulcus and gyrus at CT.

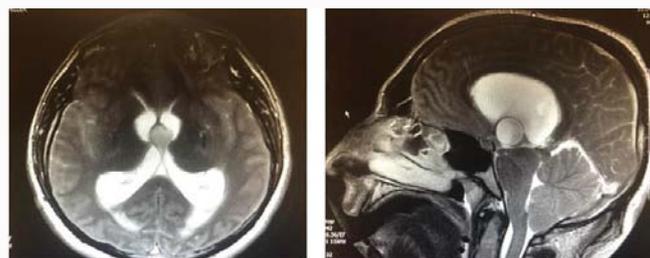


Figure 2: Colloid cyst with a uniformly defined mass image in the midline and hydrocephalus at Cranial MRI.

The definitive treatment is removal of the cyst and after this surgery improves hydrocephalus.

In our case, the patient got diagnosed with nonspecific headache for three days and change of consciousness in emergency room. Exists within a few hours before treatment plan can be done our case draws attention to the risk of sudden death and the insidious enemy in the brain [1-4] (Figure 1 and 2).

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