

Colloid Cyst of the Third Ventricle – A Rare Cause of Headache

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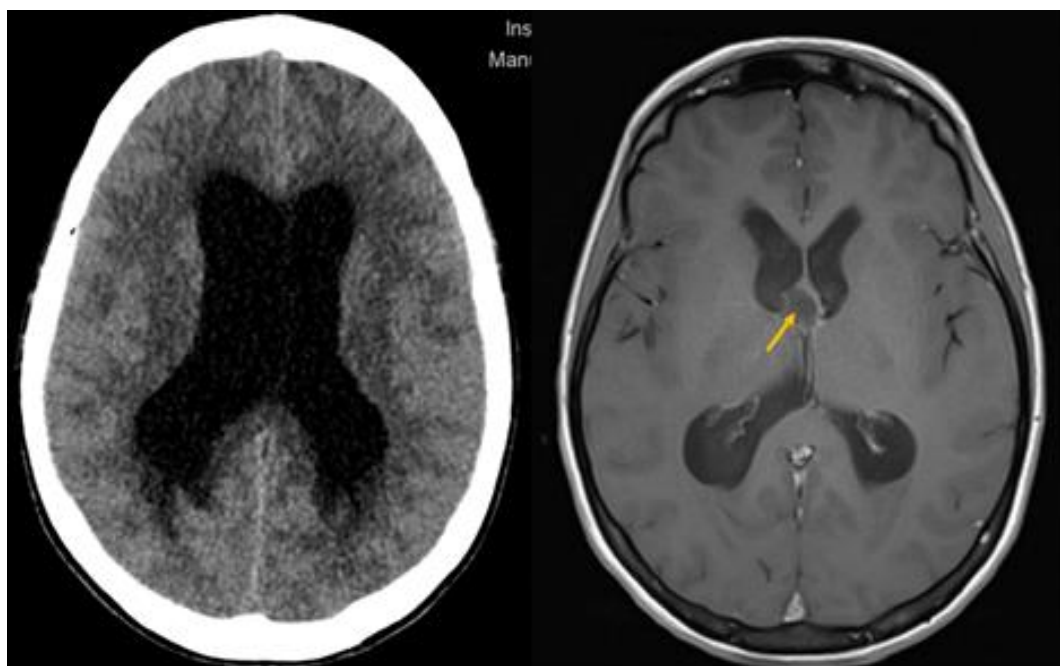


Figure 1: Hydrocephalus and dilation of the lateral ventricles identified in cranial computed tomography (left) and cranial magnetic resonance imaging showing a rounded obstructive lesion (yellow arrow) located in the region of the foramen of Monro, consistent with a colloid cyst (right).

We present the case of a 36-year-old woman with no comorbidities or chronic medication use, who presented to the emergency department with holocranial headache of progressive worsening over one week, rated 10/10 in intensity, accompanied by altered consciousness. On clinical examination, she appeared prostrate, with eye-opening only to verbal stimuli, limited speech, and motor response localized to pain. No fever, hemodynamic instability, respiratory compromise, meningeal signs, muscle strength deficits, sensory alterations, or abnormalities in plantar or deep tendon reflexes were observed. Laboratory studies revealed no significant abnormalities. Cranial computed tomography revealed significant hydrocephalus likely related to a hypodense lesion in the region of the foramen of Monro (Figure 1). An external ventricular drain was placed, and subsequent

magnetic resonance imaging confirmed a lesion consistent with a colloid cyst (Figure 1). Surgical excision of the lesion was performed via an endoscopic approach.

Colloid cysts are rare, benign intracranial tumors, accounting for 0.5–1% of primary brain tumors. They are most located in the third ventricle near the foramen of Monro; however, rare cases have been reported in the lateral ventricles, fourth ventricle, and outside the ventricular system [1]. These cysts grow slowly and are often asymptomatic. When symptomatic, they are typically associated with the development of hydrocephalus. Common clinical manifestations include headache (brief, lasting seconds to minutes, triggered or worsened by changes in position) and syncope [2–4].

Acute hydrocephalus caused by these cysts can result in sudden death. The most common imaging finding is a rounded mass in the anterior region of the third ventricle. On computed tomography, these lesions are typically hyperdense (iso- and hypodense cysts, as well as calcification, are uncommon). On magnetic resonance imaging, they present variable intensities, most frequently appearing hypointense on T2-weighted sequences and hyperintense on T1-weighted sequences [1].

The treatment of colloid cysts depends on the presence of symptoms, with several approaches available. Resection is the primary intervention for large symptomatic cysts or asymptomatic ones associated with hydrocephalus. However, spontaneous regression has been reported in some cases without treatment; thus, carefully selected asymptomatic cases may be monitored with regular neurological examinations and imaging studies. This rare phenomenon has been documented in 11 cases [5]. After complete resection, the prognosis is good, and recurrence is rare [6].

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