SUMMARY AND CONCLUSION

Intracranial epidermoid cysts are rare congenital tumours that grow mainly in the basal cisterns . Collectively they constitute 0.5 to 1.5 % of all brain tumours .

Epidermoids may be seen in the suprasellar - chiasmatic region , parasellar sylvian , retrosellar cerebellopontine angle, and the basilar posterior fossa region . The retrosellar cerebellpontine angle is the most common site .

Epidermoids constitute the third common lesion in the cerebellopontine angle after acoustic neurinomas and meningiomas.

Epidermoid tumours occur equally in male and female and most often become symptomatic between the age of 20 to 40 years .

Epidermoid cysts grow slowly through gradual accumulation of normally dividing cells and often attain a large size before the onset of symptoms .

It can produce clinical symptoms by deformation of , compression of , and insinuation around the adjacent neurovascular structures .

Cerebellopontine angle epidermoid cysts have been known to cause trigeminal neuralgia , atypical facial pain , hemifacial spasm , hearing loss , tinnitus , cerebellar ataxia nystagmus ,

and lower cranial nerves affection .

High resolution computed tomography (CT) scan with thin - section axial images through the posterior and middle fossae are the optimal diagnostic procedure for evaluating epidermoid cysts. they appear as a homogenous low density non enhancing mass.It rarely contains areas of calcification ; when present , such areas are often located in the margins of the cysts .

The surgical treatment of cerebellopontine angle epidermoid cysts should be conservative , because the capsule is nearly always adherent to vital neurovascular structures. Complete removal is very difficult and unwise and should be avoided .

The surgical approach depends upon the extent of the tumour as determined by the pre-operative diagnostic studies . Most epidermoid cysts are readily accessible through retromastoid suboccipital craniectomy . If a significant portion is located in the parasellar medial temporal region the subtemporal transtentorial route should be chosen . If the main part is located around the clivus the subtemporal combined with suboccipital approach is the best choice .

During removal of the epidermoid cyst . It is advisable to avoid , as much as possible contamination of the surgical field and spillage of the cyst contents into the subarachnoid space or ventricular system . Seeding of these spaces cause a sever

chemical meningtis or / and ventriculitis . So irrigation of the surgical field with corticosteroid promptly alleviate these symptoms .

Dispite their slow growth , epidermoid cysts can recur , presumably from the rersidual tumour capsule , it may take 30 to 40 years for recurrent symptoms to develop , underscoring the need to avoid radical extision .

However if the lesion recurs soon after partial resection and displays contrast enhancement on follow up CT scan , malignant degeneration or infection may be present , necessitating further resection or depridment , respectively .

Post - operative radiation therapy for benign or malignant epidermoid cysts is not indicated , as recurrence has been documented with its use .