NEURENTERIC CYST - CASE REPORT

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ABSTRACT
Cystic lesions of the Central Nervous System can pose considerable diagnostic difficulties. Presently available imaging facilities like CT and MRI help in the early recognition and differentiation of these from solid lesions. Surgical removal relieves the patients from all the symptoms in most cases. A case of neurenteric cyst is being discussed for its rarity.

Key words: Cyst, Spinal Cord, Neurenteric, Enterogeneous, Central Nervous System.

INTRODUCTION
Cysts in the brain and spinal cord are infrequent. Some are incidental and others symptomatic. Cysts occurring in the spinal cord can be detected by imaging facilities but a proper histopathological diagnosis is mandatory to confirm the clinical diagnosis. Neurenteric cysts have been variously designated as neurenteric, 'foregut', 'enterogenous', and 'teratomatous' cysts. Neurenteric cysts usually develop in the associated vertebral anomaly has also been recorded. A surgical pathologist has to recognize these cystic lesions.

CASE REPORT
A 22 years old female presented with long standing tetraparesis. MRI showed an anterolaterally lying cystic lesion in the cervical region of the spinal cord. During surgery, the lesion was found to be adherent to the surrounding dura and to cord. A provisional diagnosis of neurenteric cyst or Arachnoid cyst was made. The excised specimen was sent for pathological evaluation.

PATHOLOGY
Specimen received was cut open and on gross examination revealed white membranous cyst wall measuring 1.5 cm in length. A part of the cyst wall was very thick. Microscopic examination showed irregularly folded cyst lined in areas by ciliated columnar epithelium producing mucous and in places by flattened to in areas by ciliated columnar epithelium. Part of the cyst wall was hyalinized. There was no evidence of inflammation. No PAS positive granules or hyphae like aggregates were noted. Other cystic lesions including parasitic cysts were considered and excluded and a diagnosis of Neurenteric cyst was made.

DISCUSSION
Differential diagnosis must include all the cysts that have been described and documented so far. Epidermoid cysts occur later in life. Like dermoid cysts, they are lined by stratified squamous epithelium. Dermoid cysts in addition, contain sebaceous glands. Ependymal cysts are lined by mature ependymal cells. Simple cysts were excluded due to the absence of astroglial and Rosenthal fibers. Arachnoid cysts are loculated accumulation of CSF enclosed by fibroconnective tissues of the leptomeninges. The dural surface of the arachnoid cyst contains dura arachnoid cells. Respiratory epithelial cysts are lined by columnar ciliated epithelium with goblets cells but are found in the brain stem.

CONCLUSION
A diagnosis of Neurenteric cyst was made on the basis of histopathological findings. Lining epithelium of Neurenteric cyst is variable and along with the usual mucous producing columnar epithelium, bronchial type of epithelium also has been reported. Complete neurological recovery is expected following the operative procedure. This case is being presented for its rarity.

REFERENCES

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