Editorial comment

Anthony J. Raimondi, Executive Editor

Arachnoidal cysts in general, and arachnoid cysts of the collicular cisterns in particular, are presently being reported in ever-increasing frequency, with authors polarizing around one of two treatment forms: (1) resection and marsupialization of the cyst wall or (2) shunting of the cyst cavity. Unfortunately, very extensive experience with arachnoidal cysts of the collicular plate has not been reported by any single author, so we are not able to compare different operative managements of this unusual clinical entity. Consequently, for the present we should consider the reality that equally reasonable clinicians choose either to excise the arachnoidal cysts, to shunt them, or to use the ventriculoscope for transventricular marsupialization into the trigone. Regarding shunting the cysts, some authors choose to shunt them into the cisterna magna and others into the venous system or the peritoneal cavity. Starshak et al. in their report put into relief the many difficulties encountered in managing these cysts. Specifically, they ended up treating both of their cases with cystoperitoneal shunts: the first was treated primarily with a ventriculoperitoneal shunt and then with the cystoperitoneal shunt; the second was treated with a cystopleural shunt after surgery and cysto-IV ventricle shunt failed. A review of the articles published on the management of arachnoidal cysts results in learning that these are extremely bizarre clinical entities, often necessitating totally different operations on the same patient: one operative procedure, whether a shunt or marsupialization, or cyst wall resection, has not yet been demonstrated to be universally effective.