

Right Side Arachnoid Cyst

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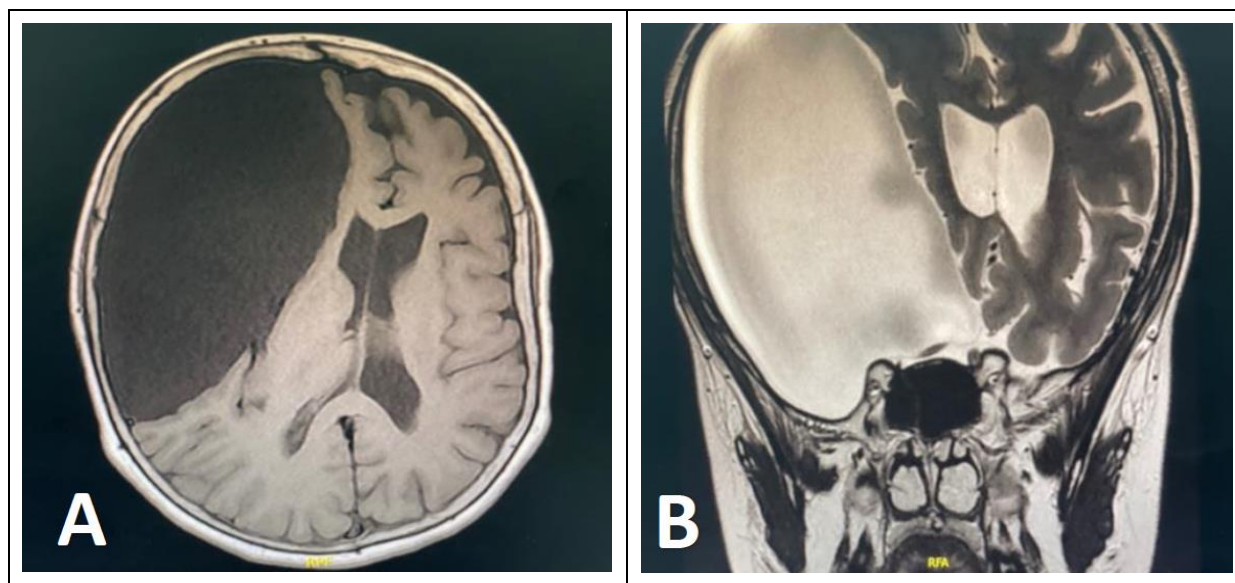
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Clinical Image

A 42-year-old woman, previously healthy, was referred to the endocrinology clinic due to an incidental finding of high prolactin 2056 mIU/L and high thyroid-stimulating hormone levels 10 mIU/L during a random investigation at an infertility clinic.

An MRI of the brain revealed a well-defined extra-axial cystic lesion in the right frontal-parietal-temporal regions (Figure A), exerting a mass effect by compressing the right cerebral hemisphere and the right lateral ventricle, with a midline shift of about 15mm. The pituitary gland and its suprasellar component were markedly compressed (Figure B).

The patient reported a prolonged, intermittent history of numbness and tingling in the right lower limb. She had no history of visual disturbances, headaches, or neurological deficits. The patient, married with a history of three uncomplicated vaginal deliveries, mentioned that she undergoes the same investigations each time she attempts pregnancy and follows up with an endocrinologist for hyperprolactinemia treatment, discontinuing medication post-delivery. Upon discussing the MRI findings,

it was revealed that she was aware of the lesion, which was discovered in childhood, and she has consistently refused intervention.

During the examination, the patient was alert, conscious, and oriented, with a Glasgow Coma Scale score of 15/15. She weighed 68 kg and stood 158 cm tall. Muscle strength was 5/5 in both upper and lower limbs bilaterally, with intact sensation to soft touch and pinprick. No cranial nerve palsies, intact visual fields, and absence of cerebellar signs or nystagmus were observed. Examination of reflexes on the right side showed decreased reflexes in the right upper limb and mute responses in the plantar, Achilles, and patellar tendons. Reflexes on the left side were intact in both upper and lower limbs. The patient was vitally stable, and other examination aspects were unremarkable.