

Extracranial Tumors. Is It Necessary To Rule Out Component Intracranial?

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Abstract

The cysts are often found in histopathologic structures cranial radiological tests. It is essential to make a proper diagnosis to focus on the best treatment. Patient 2 years affects tumor, extracranial apparently from birth occurs. His super infection is what promotes its therapeutic approach and should perform a thorough surgery given its proximity to critical structures.

Keywords: Extracranial; Intracranial; Ultrasound; TAC; Cloxacillin; *S. aureus*

Introduction

The cysts are common findings in tests of brain image. Histopathological spectrum is varied. Most of them are benign and go unnoticed. Among the extra-axial cystic lesions include arachnoid cysts, choroidal fissure, epidermoid cysts, dermoid cysts. [1] Intracranial level we could distinguish pineales, malformation, or intraventricular gliopendimarios. It is important in the differential diagnosis of these infectious processes [2].

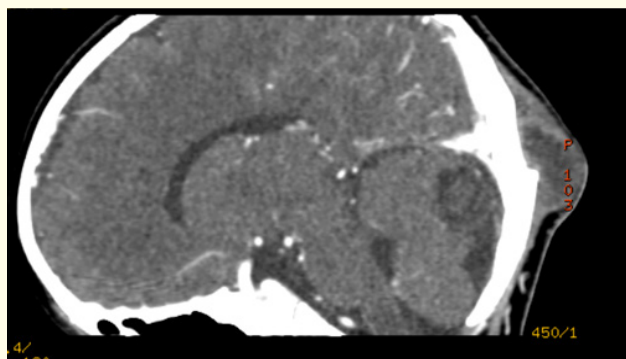
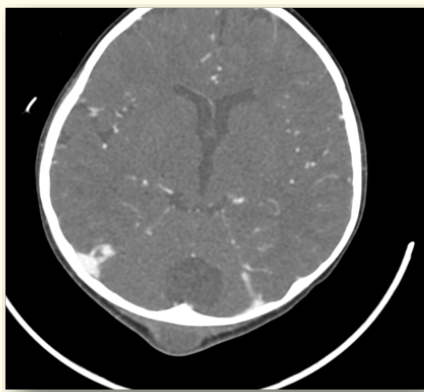
Case Summary

Patient 2 years with occipital tumor from birth. View Dermatology consultation after discharge from the same ultrasound reported as lipoma, derives the surgery department where intervention program. Begins with a fever of inflammatory signs, with poor response to oral amoxicillin -clavulanate, deciding income.



New ultrasound is requested, revealing not vascularized solid mass with signs of cellulite in communication with intracranial lesion with similar characteristics (and 2 satellites minor injuries).

TAC is scheduled to define a heterogeneous lesion with cystic component may 25 x 22 mm intracranial extra-axial, flow to the dam Herófilo, compressing internal structures, connected by bony canal with extracranial component 28 x 22 mm than in RNM suggests epidermoid cyst.



Antibiotic cefotaxime is neurosurgery program is changed, with good results; and requires new income to recurrence of fever and suspected super infection. It intervenes urgency of the extracranial portion. Pathology report supports inclusion epidermico cyst. It is high with cloxacillin and intracranial surgery program portion: posterior fossa craniotomy and complete gross resection of the lesion. Tortuous postoperative period, highlighting CSF fistula in surgical wound that requires stitches in the operating room. Faced with new febrile illness, it is changed by initial empiric antibiotic therapy Linezolid is maintained by receiving oxacilinas resistant *S. aureus*. After four weeks of antibiotic therapy IV cultures became negative, it remains a febrile, without neurological deficit, which may be discharged.

Conclusions/Comments

Epidermoid cysts and benign tumors are embryonal caused by the inclusion of epithelial elements at the time of neural tube closure [3]. Constitute 0.2-1.8% of intracranial primary tumors, and its most frequent location cerebellopontine angle cistern. They have slow growth and relatively benign behaviour.

As shown in this case, despite being benign tumors can be associated serious complications , both for its location as for the risk of super infection

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