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Large cavum veli interpositi cyst: discussion of two cases

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Introduction: Velum Interpositum is a virtual space without cerebrospinal fluid composed of two layers of tela choroidea which, together with the body and crura of the fornices, forms the roof of the third ventricle.The cavum veli interpositi (CVI) is a small CSF-containing abnormality of septum pellucidum, asymptomatic and rare after the age of 3 years. In some cases the VI is cystic and enlarged occupying the ventricular system. When symptomatic, it is large and can be related to psychiatric disorders, syndromic association of mental retardation and seizures or to hydrocephalus.We report two cases of large symptomatic cystic cavum veli interpositi presented at our Institution who underwent endoscopic fenestration.

Methods: The first patient was a 12 years-old male who experienced a sudden loss of consciousness with four limbs and trunk rigidity, head and neck extension without sphincteric incontinence. After regression no neurological deficits were seen and the child experienced a headache lasting 24 hrs. The second patient was a 35 years-old man with a history of progressive headache without neurological signs. Both the patients MRI showed a large cystic CVI with anterior extension and block of the Monro foramina and an initial dilatation of lateral ventricles. Both the CVI underwent endoscopic fenestrations respectively through a frontal and an occipital approach.

Results: The present cases suggest the existence of potentially symptomatic CVIs. In both the cases endoscopic fenestration was effective in obtaining an improvement of the preoperative symptoms and a reduction of the cysts and lateral ventricle dimensions. A CSF compartmentalization in the CVI was supposed to be the origin of acute poussés of ICP due to block of CSF pathways. We suggest to consider the fenestration of large CVI in asymptomatic patients when diagnosed because of the potential threatening impact on the normal CSF dynamics.