

CORRESPONDANCE:

Letter to Dr. Giuseppe Scotti,
concerning a case of sequestration of the fourth ventricle.

Dear Giuseppe,

You have studied and written up recently many cases of the so-called "sequestered fourth ventricle". I would like, in the following lines, to present to you a clinical problem of similar nature that we recently studied.

Our patient is a male of 27, who was operated upon in 1975 for a hemangioblastoma of the cerebellum. A tumour and cyst were removed. Following surgery, he developed hydrocephalus which was corrected with a ventriculo-atrial shunt. In the following two years, he frequently developed episodes of double vision, headaches, nausea, vomiting and ataxia. Although blocking of the shunt was suspected, it always seemed to be functioning well and computed tomography was not showing hydrocephalus. In May 1978, ventriculography was performed and it indicated that there seemed to be an aqueduct stenosis. In June 1978, following arteriography, his suboccipital craniectomy was reopened and a small nodule of hemangioblastoma removed from the cerebellum. In the following months his shunt was revised many times with some improvement each time, but with recurrence periodically of the same episode of deterioration.

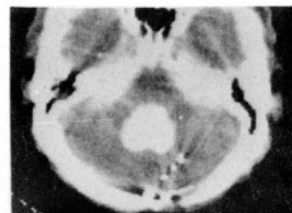
Only at the time of his recent admission did we notice that the fourth ventricle was larger than normal, somewhat ballooned, suggestive of some local inner pressure. It was also noted then that the size of the fourth ventricle had varied somewhat over a period of many months. It was then decided to study this anomaly with Metrizamide Body Scanning following lumbar injection of the contrast and with sequential examination. The following observations were made:

- 1) The large fourth ventricle filled easily with contrast;
- 2) No filling of the posterior third ventricle was seen;
- 3) Persistent filling of the fourth ventricle and basal cisterns was noted (6 hours);
- 4) Poor filling of the convexity sulci was present on the delayed scan as well.

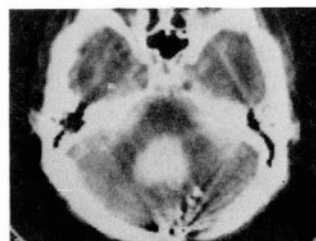
From these observations, we concluded that the fourth ventricle was sequestered, because of a stenotic aqueduct, but not because of incompetence of its foramina; instead, it appeared that its sequestration was shared by the spinal SAS and basal cisterns, due to incompetence of the convexity sulci to carry normally the cerebro-spinal fluid and contrast up to the region of the pacchionian granulations.

We have not read about that observation before and we will appreciate your comments in this matter. I include all films that may be pertinent.

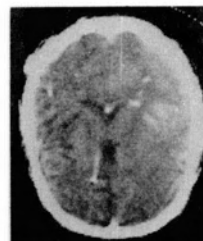
Denis Melançon



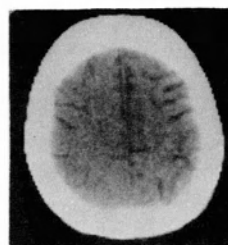
1)



3)



4)



4)

