OBJECTIVES: We report a rare case of a posterior fossa arachnoid cyst presenting with torticollis and gastro-oesophageal reflux and review the relevant literature.

DESIGN: Case-report and review of the literature.

SUBJECTS: A 4-month-old infant presented initially with a rapidly increasing head circumference. Imaging revealed obstructive hydrocephalus due to a posterior fossa cyst. An endoscopic third ventriculostomy was successfully performed. He subsequently developed torticollis and gastro-oesophageal reflux refractory to medical therapy. Repeat imaging revealed a perfectly functioning ventriculostomy but significant expansion of the posterior fossa cyst causing pressure on brainstem and extending into the cervical spinal canal.

METHODS: Case report including imaging/video of the operative intervention and review of the literature using PUBMED.

RESULTS: Endoscopic fenestration and decompression of the cyst was performed resulting in resolution of symptoms. Biopsy of the wall was consistent with an arachnoid cyst. The child developed a pseudomeningocele and later a leak resulting in CSF infection. He was treated successfully with antibiotics. He later developed communicating hydrocephalus which responded to LPs but still required a shunt. This is 5th reported case of a posterior fossa arachnoid cyst presenting with torticollis, and the first case to report resolution of the symptoms following endoscopic treatment of the cyst. There are no reports in the literature of gastro-oesophageal reflux directly related to arachnoid cysts.

CONCLUSIONS: Torticollis and gastro-oesophageal reflux can be symptoms of posterior fossa arachnoid cysts and the latter should be included in the differential when these symptoms are present.

REFERENCES: