Regression of subcutaneous occipital cysts

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Introduction: Subcutaneous cysts of the head can be falsely mistaken for cephaloceles. Follow-up can be helpful in differentiating them.

Case: We report a case of a 25 years old G1 P0 with no particular history. First trimester NT was done outside our center was considered abnormal at 4.0mm. Amniocentesis revealed a normal caryotype. Diagnosis of an isolated occipital cysts was done at 21 weeks by an ultrasonography done outside of our facility. The patient came for a second opinion exam at 28 weeks. There was 3 adjacent anechoic images measuring respectively 6; 6 and 4 mm at the occipital subcutaneous level. It was located at the midline area but was distinct from the skin; there was however a small doubt of a communication with the cistern magna on 2D imaging.

A 3D Scan and a multislice scan failed then to identify any evident communication with the intracranial content. The total size reached 17*6mm and was devoid of any flow on Color Doppler. Biometry was normal. Possible diagnosis of subcutaneous sebaceous cyst, small meningocele, and atypical lymphatic cysts were discussed with the patient. Follow up at a 2 weeks interval showed a progressive regression of these images which were practically hard to identify at 40 weeks. MRI was discussed, but in view of the favorable evolution of the images, it was postponed. The patient delivered at 40 weeks by cesarean because of dystocia. The baby had a normal Apgar score and postnatal examination. Transfontanellar ultrasound along with a high frequency ultrasound to the subcutaneous area failed to identify any particular feature.

Conclusion

Transient cystic subcutaneous images of the occipital area can be devoid of any ominous outcome. Careful screening for a small meningocele and evolution are mandatory before reassuring the parents.