



Sylvian arachnoid cysts in children: “is all quiet on the western front?”

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Dear Editor:

The management of Sylvian arachnoid cysts (SACs), especially in children, is still one of the debatable issues in the neurosurgical world. Not only indications and limitations of SAC are controversial, but also surgical techniques are still debated.

Di Rocco mainly asked, “Sylvian fissure arachnoid cysts: we do operate on them, but should it be done?” [1]. This controversy is discussed in several articles along with diagnostic workout, practical management, and surgical techniques [2–5].

Currently, given the widespread use of magnetic resonance imaging (MRI), incidental arachnoid cysts have been seen more commonly as other brain pathologies, especially in children. Thus, what is the best way to manage SACs, especially for those found incidentally: observation or surgery? Why should we follow or operate them? In details, how was it developed? What is the physiopathology of SACs? Does the microanatomy of the Sylvian fissure affect the development of SACs? Are there any signs in MRI that help in deciding surgery for incidental SACs? How must we follow SACs after surgery or those on follow-up alone? For indicated cases, which surgical approach is superior or best? Traditional microscopic fenestration (nowadays is one of popular approach), endoscopic approaches, both, or other surgical approaches? As they tend to bleed and rupture, how can we manage secondary problems of SACs? In summary, what is “success” and what must be the “target” for SACs?

In this special issue, the answer to these questions will be found with a wider perspective of the authors, as they respond to the question, “Is all quiet on the western front?” for pediatric SACs.

Finally, it is a great honor to be the guest editor for this very unique issue. I am grateful to the editor for his support in every stage of the work. Additionally, I thank all authors who accepted our invitation to participate in this unique focus session.

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Declarations

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