

# World Journal of *Clinical Cases*

*World J Clin Cases* 2021 January 6; 9(1): 1-290



## Contents

Thrice Monthly Volume 9 Number 1 January 6, 2021

### OPINION REVIEW

- 1 Necessary problems in re-emergence of COVID-19  
*Chen S, Ren LZ, Ouyang HS, Liu S, Zhang LY*

### REVIEW

- 8 COVID-19: An overview and a clinical update  
*Krishnan A, Hamilton JP, Alqahtani SA, Woreta TA*

### ORIGINAL ARTICLE

#### Retrospective Cohort Study

- 24 Log odds of positive lymph nodes is a better prognostic factor for oesophageal signet ring cell carcinoma than N stage  
*Wang F, Gao SG, Xue Q, Tan FW, Gao YS, Mao YS, Wang DL, Zhao J, Li Y, Yu XY, Cheng H, Zhao CG, Mu JW*
- 36 Modified procedure for prolapse and hemorrhoids: Lower recurrence, higher satisfaction  
*Chen YY, Cheng YF, Wang QP, Ye B, Huang CJ, Zhou CJ, Cai M, Ye YK, Liu CB*
- 47 Angiotensin converting enzymes inhibitors or angiotensin receptor blockers should be continued in COVID-19 patients with hypertension  
*Tian C, Li N, Bai Y, Xiao H, Li S, Ge QG, Shen N, Ma QB*

#### Retrospective Study

- 61 Massively prolapsed intervertebral disc herniation with interlaminar endoscopic spine system Delta endoscope: A case series  
*Meng SW, Peng C, Zhou CL, Tao H, Wang C, Zhu K, Song MX, Ma XX*
- 71 Primary lung cancer with radioiodine avidity: A thyroid cancer cohort study  
*Lu YL, Chen ST, Ho TY, Chan WH, Wong RJ, Hsueh C, Lin SF*
- 81 Is traumatic meniscal lesion associated with acute fracture morphology changes of tibia plateau? A series of arthroscopic analysis of 67 patients  
*Chen YD, Chen SX, Liu HG, Zhao XS, Ou WH, Li HX, Huang HX*

#### Observational Study

- 91 Role of relaxin in diastasis of the pubic symphysis peripartum  
*Wang Y, Li YQ, Tian MR, Wang N, Zheng ZC*

### SYSTEMATIC REVIEWS

- 102 Chinese medicine formulas for nonalcoholic fatty liver disease: Overview of systematic reviews  
*Dai L, Zhou WJ, Zhong LLD, Tang XD, Ji G*

- 118 Comparative profile for COVID-19 cases from China and North America: Clinical symptoms, comorbidities and disease biomarkers

*Badawi A, Vasileva D*

### META-ANALYSIS

- 133 Polymerase chain reaction-based tests for detecting *Helicobacter pylori* clarithromycin resistance in stool samples: A meta-analysis

*Gong RJ, Xu CX, Li H, Liu XM*

### CASE REPORT

- 148 Surgery-first for a patient with mild hemifacial microsomia: A case report and review of literature

*Song JY, Yang H, He X, Gao S, Wu GM, Hu M, Zhang Y*

- 163 Late-onset non-islet cell tumor hypoglycemia: A case report

*Matsumoto S, Yamada E, Nakajima Y, Yamaguchi N, Okamura T, Yajima T, Yoshino S, Horiguchi K, Ishida E, Yoshikawa M, Nagaoka J, Sekiguchi S, Sue M, Okada S, Fukuda I, Shirabe K, Yamada M*

- 170 Risk of group aggregative behavior during COVID-19 outbreak: A case report

*Zuo H, Hu ZB, Zhu F*

- 175 Low-grade fibromyxoid sarcoma of the liver: A case report

*Dugalic V, Ignjatovic II, Kovac JD, Ilic N, Sopta J, Ostojic SR, Vasin D, Bogdanovic MD, Dumic I, Milovanovic T*

- 183 Treatment of Stanford type A aortic dissection with triple pre-fenestration, reduced diameter, and three-dimensional-printing techniques: A case report

*Zhang M, Tong YH, Liu C, Li XQ, Liu CJ, Liu Z*

- 190 Hyperprolactinemia due to pituitary metastasis: A case report

*Liu CY, Wang YB, Zhu HQ, You JL, Liu Z, Zhang XF*

- 197 Pulmonary thromboembolism after distal ulna and radius fractures surgery: A case report and a literature review

*Lv B, Xue F, Shen YC, Hu FB, Pan MM*

- 204 Myeloid neoplasm with eosinophilia and rearrangement of platelet-derived growth factor receptor beta gene in children: Two case reports

*Wang SC, Yang WY*

- 211 Sclerosing angiomatoid nodular transformation of the spleen: A case report and literature review

*Li SX, Fan YH, Wu H, Lv GY*

- 218 Late recurrence of papillary thyroid cancer from needle tract implantation after core needle biopsy: A case report

*Kim YH, Choi IH, Lee JE, Kim Z, Han SW, Hur SM, Lee J*

- 224** Atypical adult-onset Still's disease with an initial and sole manifestation of liver injury: A case report and review of literature  
*Yu F, Qin SY, Zhou CY, Zhao L, Xu Y, Jia EN, Wang JB*
- 232** Type A aortic dissection developed after type B dissection with the presentation of shoulder pain: A case report  
*Yin XB, Wang XK, Xu S, He CY*
- 236** Hemosuccus pancreaticus caused by gastroduodenal artery pseudoaneurysm associated with chronic pancreatitis: A case report and review of literature  
*Cui HY, Jiang CH, Dong J, Wen Y, Chen YW*
- 245** Endoscopic treatment for acute appendicitis with coexistent acute pancreatitis: Two case reports  
*Du ZQ, Ding WJ, Wang F, Zhou XR, Chen TM*
- 252** Residual tumor and central lymph node metastasis after thermal ablation of papillary thyroid carcinoma: A case report and review of literature  
*Hua Y, Yang JW, He L, Xu H, Huo HZ, Zhu CF*
- 262** Endoscopic salvage treatment of histoacryl after stent application on the anastomotic leak after gastrectomy: A case report  
*Kim HS, Kim Y, Han JH*
- 267** Immunosuppressant treatment for IgG4-related sclerosing cholangitis: A case report  
*Kim JS, Choi WH, Lee KA, Kim HS*
- 274** Intraparenchymal hemorrhage after surgical decompression of an epencephalon arachnoid cyst: A case report  
*Wang XJ*
- 278** Krukenberg tumor with concomitant ipsilateral hydronephrosis and spermatic cord metastasis in a man: A case report  
*Tsao SH, Chuang CK*
- 284** Simultaneous bilateral acromial base fractures after staged reverse total shoulder arthroplasty: A case report  
*Kim DH, Kim BS, Cho CH*

**ABOUT COVER**

Editorial Board Member of *World Journal of Clinical Cases*, Dr. Antonio Corvino is a PhD in the Motor Science and Wellness Department of University of Naples "Parthenope". After obtaining his MD degree from the School of Medicine, Second University of Naples (2008), he completed a residency in Radiology at the University of Naples Federico II (2014). Following post-graduate training at the Catholic University of Rome, yielding a second level Master's degree in "Internal Ultrasound Diagnostic and Echo-Guided Therapies" (2015), he served on the directive board of Young Directive of Italian Society of Ultrasound in Medicine and Biology (2016-2018). His ongoing research interests involve ultrasound and ultrasound contrast media in abdominal and non-abdominal applications, mainly in gastrointestinal, hepatic, vascular, and musculoskeletal imaging. (L-Editor: Filipodia)

**AIMS AND SCOPE**

The primary aim of *World Journal of Clinical Cases* (WJCC, *World J Clin Cases*) is to provide scholars and readers from various fields of clinical medicine with a platform to publish high-quality clinical research articles and communicate their research findings online.

WJCC mainly publishes articles reporting research results and findings obtained in the field of clinical medicine and covering a wide range of topics, including case control studies, retrospective cohort studies, retrospective studies, clinical trials studies, observational studies, prospective studies, randomized controlled trials, randomized clinical trials, systematic reviews, meta-analysis, and case reports.

**INDEXING/ABSTRACTING**

The WJCC is now indexed in Science Citation Index Expanded (also known as SciSearch®), Journal Citation Reports/Science Edition, PubMed, and PubMed Central. The 2020 Edition of Journal Citation Reports® cites the 2019 impact factor (IF) for WJCC as 1.013; IF without journal self cites: 0.991; Ranking: 120 among 165 journals in medicine, general and internal; and Quartile category: Q3.

**RESPONSIBLE EDITORS FOR THIS ISSUE**

Production Editor: Yan-Xia Xing; Production Department Director: Yun-Xiaojuan Wu; Editorial Office Director: Jin-Lai Wang.

**NAME OF JOURNAL**

*World Journal of Clinical Cases*

**ISSN**

ISSN 2307-8960 (online)

**LAUNCH DATE**

April 16, 2013

**FREQUENCY**

Thrice Monthly

**EDITORS-IN-CHIEF**

Dennis A Bloomfield, Sandro Vento, Bao-gan Peng

**EDITORIAL BOARD MEMBERS**

<https://www.wjgnet.com/2307-8960/editorialboard.htm>

**PUBLICATION DATE**

January 6, 2021

**COPYRIGHT**

© 2021 Baishideng Publishing Group Inc

**INSTRUCTIONS TO AUTHORS**

<https://www.wjgnet.com/bpg/gerinfo/204>

**GUIDELINES FOR ETHICS DOCUMENTS**

<https://www.wjgnet.com/bpg/GerInfo/287>

**GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH**

<https://www.wjgnet.com/bpg/gerinfo/240>

**PUBLICATION ETHICS**

<https://www.wjgnet.com/bpg/GerInfo/288>

**PUBLICATION MISCONDUCT**

<https://www.wjgnet.com/bpg/gerinfo/208>

**ARTICLE PROCESSING CHARGE**

<https://www.wjgnet.com/bpg/gerinfo/242>

**STEPS FOR SUBMITTING MANUSCRIPTS**

<https://www.wjgnet.com/bpg/GerInfo/239>

**ONLINE SUBMISSION**

<https://www.f6publishing.com>





## Intraparenchymal hemorrhage after surgical decompression of an epencephalon arachnoid cyst: A case report

Xue-Jian Wang

**ORCID number:** Xue-Jian Wang  
[0000-0003-0389-5674](https://orcid.org/0000-0003-0389-5674).

**Author contributions:** Wang XJ designed the study and wrote the manuscript.

**Supported by** The Science and Technology Program of Nantong Health Committee, No. MA2019003 and No. KEY03.

**Informed consent statement:** Written informed consent was obtained from the patient for publication of this case report and any accompanying images.

**Conflict-of-interest statement:** The authors declare that they have no competing interest.

**CARE Checklist (2016) statement:** The authors have read the CARE Checklist (2016), and the manuscript was prepared and revised according to the CARE Checklist (2016).

**Open-Access:** This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially,

**Xue-Jian Wang**, Department of Neurosurgery, Affiliated Hospital 2 of Nantong University (Nantong First People's Hospital), Nantong 226001, Jiangsu Province, China

**Corresponding author:** Xue-Jian Wang, MD, PhD, Professor, Surgeon, Department of Neurosurgery, Affiliated Hospital 2 of Nantong University, No. 6 North Hai'erxiang Road, Chongchuan District, Nantong 226001, Jiangsu Province, China. [6841441@163.com](mailto:6841441@163.com)

### Abstract

#### BACKGROUND

This study reports the clinical presentation of intraparenchymal hemorrhage as a rare complication after surgical decompression of an intracranial epencephalon arachnoid cyst (IEAC) at the posterior cranial fossa.

#### CASE SUMMARY

The clinical information of a patient with an IEAC was reported, and the related literature was reviewed. A female patient with nausea presented to our hospital. Computed tomography demonstrated an IEAC located at the posterior cranial fossa, which was large and required surgical intervention. After operation, postoperative intraparenchymal hemorrhage was detected. She had a good recovery with conservative treatment 1 mo later.

#### CONCLUSION

Though postoperative intraparenchymal hemorrhage is rare after surgical decompression of an IEAC, more attention should be paid to such a complication.

**Key Words:** Intracranial arachnoid cyst; Surgical decompression; Hemorrhage; Complication; Case report

©The Author(s) 2021. Published by Baishideng Publishing Group Inc. All rights reserved.

**Core Tip:** Although intracranial epencephalon arachnoid cysts (IEACs) are rare, patients may become symptomatic due to cyst enlargement. In these patients, surgical intervention is required. I here report a case of intraparenchymal hemorrhage as a rare complication after the surgical decompression of an IEAC. This case indicated that patient's condition should be carefully reviewed after operation in case of fatal complications.

and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>

**Manuscript source:** Unsolicited manuscript

**Specialty type:** Medicine, research and experimental

**Country/Territory of origin:** China

**Peer-review report's scientific quality classification**

Grade A (Excellent): 0

Grade B (Very good): 0

Grade C (Good): 0

Grade D (Fair): 0

Grade E (Poor): 0

**Received:** October 12, 2020

**Peer-review started:** October 12, 2020

**First decision:** October 27, 2020

**Revised:** November 2, 2020

**Accepted:** November 13, 2020

**Article in press:** November 13, 2020

**Published online:** January 6, 2021

**P-Reviewer:** Strainiene S

**S-Editor:** Chen XF

**L-Editor:** MedE-Ma JY

**P-Editor:** Wang LL



**Citation:** Wang XJ. Intraparenchymal hemorrhage after surgical decompression of an epencephalon arachnoid cyst: A case report. *World J Clin Cases* 2021; 9(1): 274-277

**URL:** <https://www.wjgnet.com/2307-8960/full/v9/i1/274.htm>

**DOI:** <https://dx.doi.org/10.12998/wjcc.v9.i1.274>

## INTRODUCTION

Intracranial epencephalon arachnoid cysts (IEACs) represent a relatively rare disease, accounting for less than 1% of all brain mass lesions<sup>[1]</sup>. IEACs are usually benign collections of cerebrospinal fluid (CSF), partly accompanied by a placeholder effect. Most patients with IEACs are asymptomatic and found incidentally. However, some of them may become symptomatic due to cyst enlargement. I here report a case of intraparenchymal hemorrhage as a rare complication after surgical decompression of an IEAC.

## CASE PRESENTATION

### Chief complaints

A previously healthy female (28 years old, right-handed) was admitted to our hospital with intractable nausea.

### History of present illness

Medical treatment for nausea failed.

### History of past illness

This patient had no history of past illness.

### Personal and family history

This patient had no other previous medical history.

### Physical examination

No neurological deficit or papilledema was observed in her neurological examination.

### Laboratory examinations

Laboratory tests were in the normal range.

### Imaging examinations

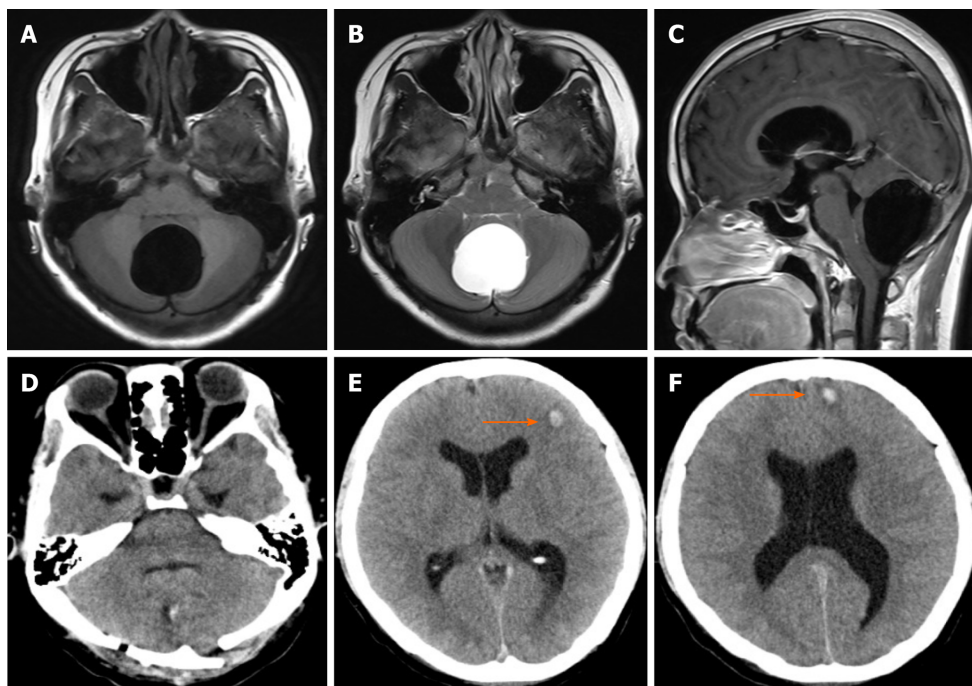
In her brain magnetic resonance imaging scan, a large fluid collection could be found at the posterior cranial fossa with a size of 6 cm × 7 cm (Figure 1A-C).

## FINAL DIAGNOSIS

A large IEAC.

## TREATMENT

Considering the mass effect and intractable nausea, the patient was admitted to the hospital for surgical decompression. During the operation, after occipital craniotomy, cerebellum dura was opened, and the wall of the cyst was resected and fully separated. Indirect surgical approaches with conservative procedures were used to gradually decompress this arachnoid cyst. Arachnoid cyst was opened and decompressed to the cisterna magna to avoid recurrence.



**Figure 1** Imaging examinations. A-C: Axial T1-weighted (A), axial T2-weighted (B) and sagittal T1-weighted (C) magnetic resonance images of the head showing a well-defined lesion of cerebrospinal fluid in the subtentorial region; D: It prompts cysts is good decompression; E and F: Two foci of intraparenchymal hemorrhage were found in the frontal lobe.

## OUTCOME AND FOLLOW-UP

From the postoperative routine review of computed tomography (CT), a good decompression was achieved (Figure 1D), while two focuses of intraparenchymal hemorrhage were found in the frontal lobe (Figure 1E and F). She had slight vomiting and headache. The neurological examination was normal. She achieved an excellent recovery 1 mo later with conservative treatment.

## DISCUSSION

IEACs are collections of intro-arachnoidal CSF, which account for less than 1% of all non-traumatic brain mass lesions and are often asymptomatic<sup>[1,2]</sup>. Nevertheless, the patients can be symptomatic due to cyst enlargement. Early diagnosis is critical as cysts cause the mass effect, which may require surgical intervention. The therapeutic schemes of IEACs remain controversial because of their variable manifestation patterns. Therapeutic options for larger cysts include CSF shunting, endoscopic fenestration, or craniotomy and open fenestration<sup>[3]</sup>.

IEACs are frequently found in the middle cranial fossa in 50% of cases, with a slight predilection for the left side and the male gender<sup>[1]</sup>. Symptoms include headache, behavioral problems, ataxia, cerebellar signs, nausea, vomiting, visual disturbance, and seizures. De *et al*<sup>[4,5]</sup> have reported that the most common symptom is a headache, followed by behavioral problems. For example, a change in personality and impaired mental function are the second most frequently reported symptoms and sometimes may be the only presenting features. Its origin remains unknown. The diagnosis is always apparent in CT. The most effective treatment for IEACs is surgical decompression of the cyst<sup>[6,7]</sup>. In clinical practice, if there is a space-occupying lesion or apparent clinical symptoms, it is considered that there is an operative indicator.

There are several complications after the surgical decompression of arachnoid cysts, including recurrence, hydrocephalus, subdural hematomas, cerebral edema, infection, and seizures<sup>[3,8-10]</sup>. However, intraparenchymal hemorrhage in the brain parenchyma is a rare complication after the decompression of IEACs<sup>[11,12]</sup>. Few studies have reported the hemorrhage after surgical decompression of IEACs<sup>[11-13]</sup>. To the best of our knowledge, the first description of intraparenchymal hemorrhage after surgical decompression of IEACs was reported by Borges *et al*<sup>[14]</sup> in 1995. They reported a case of brainstem hemorrhage after surgical removal of IEAC of the lateral fissure<sup>[14]</sup>. Until



now, the pathogenesis of such complication remains largely unexplored, which may be attributed to reperfusion injury<sup>[11]</sup>. It is well known that intracerebral hemorrhage may occur after rapid decompression of chronic subdural hematomas, and hypoperfusion of brain parenchyma after surgical decompression for cerebral tumor has also been reported<sup>[11,15,16]</sup>. It is believed that hemorrhage could be mainly attributed to the rapid decompression of the cyst, although the risk of rapid decompression was considered, and a gradual decompression of IEAC, in this case, was given to avoid rapid decompression and decrease the incidence of such rare complications.

## CONCLUSION

Collectively, hemorrhage in a postoperative arachnoid cyst is a rare complication. However, it is critical to establish a timely and accurate diagnosis after a routine postoperative CT scan. Symptoms and signs are usually non-specific, and the diagnosis relies on a precise history, imageological examination, and careful observations.

## REFERENCES

- 1 **Parsch CS**, Krauss J, Hofmann E, Meixensberger J, Roosen K. Arachnoid cysts associated with subdural hematomas and hygromas: analysis of 16 cases, long-term follow-up, and review of the literature. *Neurosurgery* 1997; **40**: 483-490 [PMID: [9055286](#) DOI: [10.1097/00006123-199703000-00010](#)]
- 2 **de Longpre J**. Large Arachnoid Cyst. *N Engl J Med* 2017; **376**: 2265 [PMID: [28591531](#) DOI: [10.1056/NEJMicm1610483](#)]
- 3 **Auschwitz T**, DeCuyper M, Khan N, Einhaus S. Hemorrhagic infarction following open fenestration of a large intracranial arachnoid cyst in a pediatric patient. *J Neurosurg Pediatr* 2015; **15**: 203-206 [PMID: [25479577](#) DOI: [10.3171/2014.9.PEDS14126](#)]
- 4 **De K**, Berry K, Denniston S. Haemorrhage into an arachnoid cyst: a serious complication of minor head trauma. *Emerg Med J* 2002; **19**: 365-366 [PMID: [12101165](#) DOI: [10.1136/emj.19.4.365](#)]
- 5 **Igarashi Y**, Murai Y, Yamada O, Shirokane K, Hironaka K, Sato S, Sugiyama M, Tachizawa T, Morita A. Cerebral Aneurysm Associated with an Arachnoid Cyst: 3 Case Reports and a Systematic Review of the Literature. *World Neurosurg* 2018; **109**: e203-e209 [PMID: [28964944](#) DOI: [10.1016/j.wneu.2017.09.139](#)]
- 6 **Sener RN**. Arachnoid cysts associated with post-traumatic and spontaneous rupture into the subdural space. *Comput Med Imaging Graph* 1997; **21**: 341-344 [PMID: [9690007](#) DOI: [10.1016/s0895-6111\(97\)00036-0](#)]
- 7 **Clifton W**, Rahmathulla G, Tavanaiepour K, Alcindor D, Jakubek G, Tavanaiepour D. Surgically Treated de Novo Cervicomedullary Arachnoid Cyst in Symptomatic Adult Patient. *World Neurosurg* 2018; **116**: 329-332 [PMID: [29777892](#) DOI: [10.1016/j.wneu.2018.05.046](#)]
- 8 **Shettar M**, Karkal R, Misra R, Kakunje A, Mohan Chandran VV, Mendonsa RD. Arachnoid Cyst Causing Depression and Neuropsychiatric Symptoms: a Case Report. *East Asian Arch Psychiatry* 2018; **28**: 64-67 [PMID: [29921743](#)]
- 9 **Corona-Ruiz JM**, De Jesus O. Enlarging Temporal Arachnoid Cyst Extending Inside the Sphenoid Sinus. *World Neurosurg* 2018; **115**: 1-4 [PMID: [29597017](#) DOI: [10.1016/j.wneu.2018.03.119](#)]
- 10 **Hanrahan J**, Frantzias J, Lavrador JP, Bodi I, Zebian B. Posterior fossa arachnoid cyst causing torticollis and gastro-oesophageal reflux in an infant. *Childs Nerv Syst* 2018; **34**: 2519-2523 [PMID: [30062591](#) DOI: [10.1007/s00381-018-3917-4](#)]
- 11 **Esmaceli B**, Eftekhari B. Intraparenchymal hemorrhage after surgical decompression of a Sylvian fissure arachnoid cyst. *Neurol India* 2006; **54**: 320-321 [PMID: [16936408](#) DOI: [10.4103/0028-3886.27173](#)]
- 12 **Mori H**, Terabayashi T, Kitazawa T, Sugiyama Y. [Multiple intracerebral hemorrhages immediately after surgical excision of middle fossa arachnoid cysts and evacuation of chronic subdural hygroma. Case report]. *Neurol Med Chir* 2019; **142**: 142-145 [PMID: [2475805](#) DOI: [10.2176/nmc.29.142](#)]
- 13 **Ramachandran GM**, Nair RP, Kongwad LI, Shanthakumar G. Rapid Brain Shift with Remote-Site Haemorrhage after Arachnoid Cyst Excision: Treatment Dilemmas. *Pediatr Neurosurg* 2017; **52**: 98-102 [PMID: [27915350](#) DOI: [10.1159/000452224](#)]
- 14 **Borges G**, Fernandes YB, Gallani NR. [Brainstem hemorrhage after surgical removal of arachnoid cyst of the Sylvian fissure: a case report]. *Arq Neuropsiquiatr* 1995; **53**: 825-830 [PMID: [8729782](#) DOI: [10.1590/s0004-282x1995000500021](#)]
- 15 **Modesti LM**, Hodge CJ, Barnwell ML. Intracerebral hematoma after evacuation of chronic extracerebral fluid collections. *Neurosurgery* 1982; **10**: 689-693 [PMID: [7110541](#) DOI: [10.1227/00006123-198206010-00002](#)]
- 16 **Ovül I**, Oner K. Intracerebral hematoma after evacuation of chronic subdural hematoma. *Neurochirurgia* 2011; **31**: 160-161 [PMID: [3231283](#) DOI: [10.1055/s-2008-1053926](#)]



Published by **Baishideng Publishing Group Inc**  
7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA

**Telephone:** +1-925-3991568

**E-mail:** [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)

**Help Desk:** <https://www.f6publishing.com/helpdesk>

<https://www.wjgnet.com>

