Colloid cyst (CC) of the brain is a tumor that may grow to a considerable size before causing significant clinical symptoms. We herein describe a case of a young adult female who was eventually diagnosed with a large colloid cyst of the third ventricle after suffering from presumed chronic migraine headaches for 20 years. This case is of interest because colloid cysts present with non-specific clinical features and standard of its surgical management is controversial and not well-established [1]. A review of diagnosis and clinical management is also discussed.

A 49 year old female with a twenty-year history of mild throbbing, right sided intermittent headaches diagnosed as chronic migraine headaches presented at the ER of our institution. Three days ago, she developed a headache in the same location but the pain has become progressively more severe, persistent and without relief from acetaminophen. She had no other symptoms. Physical examination showed no focal neurologic deficits. Her routine hematological and serum chemistry profile were unremarkable. A CT scan of the brain revealed a left frontal ventriculostomy tube. She underwent transcortical endoscopic resection of the tumor accompanied with placement of a left frontal ventriculostomy tube. Pathology confirmed the cyst contained a soft brownish material consistent with a colloid cyst.

Postoperatively she developed right frontal intraparenchymal and intraventricular hemorrhages accompanied by obstructive hydrocephalus. She was discharged to a rehabilitation facility to optimize her cognitive/speech deficits resulting from the complications.

CC of the third ventricle is a rare nonneoplastic lesion of the brain occurring mostly in young adults. This disorder should be considered in young patients who have chronic, intermittent headaches syndrome. Surgical management is controversial and not well-established.