been present. A possible personality disorder was found, although pre-exposure function appeared very adequate.

Small, M. J., & McDonough, M.
Neurocognitive Sequelae of Massive Bilateral Occipital Meningioma: A Comparison Between Pre- and Post-Excision and Considerations of Adult Plasticity.
The patient, a 34-year-old female, was diagnosed with bilateral papilledema on routine ophthalmologic examination. A subsequent MRI of the brain revealed a meningioma in the occipital lobes compressing the brain anteriorly and obliterating the posterior superior sagittal sinus. Also noted were a partially empty sella, transfalcine herniation, partial occlusion of the right transverse sinus, and MRA revealed significant deviation of posterior intracranial circulation. Comprehensive neuropsychological evaluation administered preoperatively revealed predominantly mild, with some moderate impairment in visual perception, right hemi-attention, sustained concentration, working memory, executive function, and acquisition and recall of verbal and visual material. Intellectual testing suggested decline from estimates of premorbid ability. Sensory motor examination supported greater left hemisphere involvement, which correlated with neuroradiological findings. Unexpectedly, given the size and extent of lesion (4 1/2" in diameter, weighing approximately 3 pounds), visual, auditory, and motoric disturbance in either receptive or expressive language function were entirely absent. Aside from an appropriate amount of mild preoperative anxiety, irritability, and affective lability, mental status was otherwise normal.

The patient successfully tolerated surgical excision of the tumor, after which she entered a program of cognitive remediation for the above-noted deficits. The case is interesting from the standpoint of plasticity in the adult brain, given the gradual development of the tumor, which is estimated to have occurred over a 10-year period. Also of unique interest is the relative mildness of overall neurocognitive deficit and the noteworthy sparing of multimodal symbolic processing, given the remarkable mass, extent, and location of the lesion. Also interesting is the course of on-going recovery, which includes incipient but gradual resolution of visuo-perceptual and cognitive deficits, with slightly less progress in areas of affective lability and irritability.

Soukup, V. M., Patterson, J., Trier, T. T., & Chen, J. W.
Cognitive Improvement Despite Minimal Arachnoid Cyst Decompression.
Although arachnoid cysts are generally considered as incidental findings with no functional significance, these lesions have the potential to impair cognitive functioning. Management of asymptomatic cases remains subject to debate, but most neurosurgeons agree that cysts exerting mass effect should be treated surgically, since the potential for hindering adjacent brain function and for cyst rupture, intracystic hemorrhage, or subdural hemorrhage outweighs the risk of operative treatment. Post-surgical improvement is well-documented in patients with pronounced clinical symptoms and significant reduction in cystic volume. The current report describes a patient who was incidentally discovered to have a large, left fronto-tempo-parietal cyst and underwent cystoperitoneal shunting secondary to mass effect. Neuropsychological testing was conducted prior to surgery and at 1-year postoperatively. Results indicated significant cognitive improvement in verbal learning, memory, visual-perceptual abilities, constructional skills, conceptual shifting, and psychomotor speed after shunt placement, despite marginal evidence of anatomic decompression. These findings suggest that (1) significant cognitive changes can occur in these patients, despite minimal postoperative regression of the lesion, and (2) cognitive measures can provide an alternative, functional index of outcome efficacy.