

1 Intracranial arachnoid cysts in a chimpanzee (*Pan troglodytes*)

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18 **Abstract**

19 An intracranial arachnoid cyst was detected in a 32-year-old, 44.6-kg, female
20 chimpanzee at the Primate Research Institute, Kyoto University. Magnetic resonance
21 imaging (MRI) and computed tomography (CT) were performed and the cognitive
22 studies in which she participated were reviewed. MRI revealed that the cyst was present
23 in the chimpanzee's right occipital convexity, and was located in close proximity to the
24 posterior horn of the right lateral ventricle without ventriculomegaly. CT confirmed the
25 presence of the cyst and no apparent signs indicating previous skull fractures were
26 found. The thickness of the mandible was asymmetrical, whereas the
27 temporomandibular joints and dentition were symmetrical. She showed no
28 abnormalities in various cognitive studies since she was 3 years old, except a different
29 behavioural pattern during a recent study, indicating a possible visual field defect.
30 Detailed cognitive studies, long-term observation of her physical condition and
31 follow-up MRI will be continued.

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33 Key words: ape, primates, brain lesion, MRI, CT, neuroimaging

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39 **Introduction**

40 An arachnoid cyst is an accumulation of intra-arachnoid fluid, which can be congenital
41 or secondary to inflammation, brain trauma, haemorrhage, chemical irritation or
42 tumours (Cincu et al. 2007). In humans, most arachnoid cysts are detected during the
43 first two decades of life (Gosalakkal 2002). They are often asymptomatic and are
44 encountered as incidental findings of neuroimaging (Spansdahl and Solheim 2007).
45 Arachnoid cysts can cause headaches, seizures, craniomegaly, developmental delays and,
46 rarely, hemiparesis as well as various defects specific to the location of the cysts. The
47 aetiology of congenital cysts remains unclear, but they are considered to be
48 developmental anomalies of the arachnoid membrane, which resulted in the
49 accumulation of cerebrospinal fluid (CSF)-like fluid. Arachnoid cysts are mainly
50 supratentorial (90%) and are occasionally present in the posterior fossa (10%). The most
51 common supratentorial site is the middle cranial fossa (60%) and other sites include the
52 quadrigeminal plate, sellar region and convexity (Cincu et al. 2007).

53 Intracranial arachnoid cysts have also been reported in cattle (Lee et al. 2009)
54 and dogs (Vernau et al. 1997; Kitagawa et al. 2003; Dewey et al. 2007;
55 Wyss-Fluehmann et al. 2008), whereas spinal arachnoid cysts are more common in dogs
56 and cats (Skeen et al. 2003). However, arachnoid cysts in non-human primates have
57 rarely been documented. In the present report, we describe magnetic resonance imaging
58 (MRI) and computed tomography (CT) findings in a female chimpanzee with an
59 intracranial arachnoid cyst and briefly review the cognitive studies in which she
60 participated.

61 **Case Report**

62 An intracranial arachnoid cyst was detected in a 32-year-old, 44.6-kg (at the time of

63 initial MRI), female chimpanzee named Pendesa at the Primate Research Institute,
64 Kyoto University (KUPRI). The chimpanzee was kept in an indoor–outdoor enclosure
65 in a social group comprising 2 males and 4 females: see (Matsuzawa 2003, 2006) for
66 further information concerning the social group.

67 The chimpanzee was born at the Japan Monkey Centre (JMC) in 1977 and was
68 transferred to KUPRI in 1979 when she was two years old. She participated in various
69 cognitive research studies since then, but has never been used for medical research. All
70 studies after 1986 were conducted under the guidelines provided by the KUPRI after the
71 approval of institutional Animal Welfare and Care Committee. She was diagnosed with
72 atopic dermatitis in 2000, which has been controlled with an oral antihistamine (Salatine,
73 Nipro Genepha Corporation, Saitama, Japan) and topical application of jojoba oil during
74 the dry seasons. No neurological signs were noted before MRI (General Electrics Signa
75 Profile MRI scanner, 0.2 T, GE Yokoo Medical Systems Co., Tokyo, Japan) was
76 performed for research purposes.

77 **Results**

78 The chimpanzee was anesthetized with ketamine hydrochloride (100 mg/mL
79 Ketalar®, 3.5 mg/kg; Sankyo-Parke-Davis & Co., Inc., Japan) and medetomidine
80 hydrochloride (0.035 mg/kg; Domitor®; Meiji Seika Kaisha, Ltd., Tokyo, Japan).
81 Anaesthesia was maintained with isoflurane (Isoflu; Dainippon Sumitomo Pharma Co.,
82 Ltd. , Osaka, Japan) delivered in oxygen through a precision vaporizer and a rebreathing
83 circuit. MRI was performed to study the morphology of chimpanzee’s brain (Sakai et al.
84 2011), which revealed an arachnoid cyst in the right occipital convexity (Fig. 1A-C).
85 The cyst was located in close proximity to and possibly communicated with the
86 posterior horn of the right lateral ventricle, but no evidence of ventriculomegaly was

87 observed. T1- and T2-weighted MRI signals in the cyst were similar to those in CSF.
88 These images were viewed and discussed with both veterinary and human neurologists.

89 We acquired three-dimensional (3D) T1-weighted whole brain images using the
90 3D fast gradient echo imaging sequence. The images were analysed using the following
91 series of manual and automated procedures: (i) analyses using Analyze 9.0 software
92 (Mayo Clinic, Rochester, MN, USA) and conversion to cubic voxel dimensions of 0.55
93 mm using a cubic spline interpolation algorithm, (ii) re-alignment of brain image
94 volumes to a standard anatomical orientation with the transaxial plane parallel to the
95 anterior commissure–posterior commissure line and perpendicular to the
96 interhemispheric fissure, (iii) manual tracing and measurement of the entire arachnoid
97 cyst by one of the image analysts (T.S.) in consultation with a veterinarian (J.S.) and
98 (iv) calculation of the absolute volume of the arachnoid cyst from an automatic count of
99 the number of voxels per cm^3 using Analyze 9.0 software, which resulted in a total
100 volume of 2.8 cm^3 .

101 One year after the initial MRI, the chimpanzee was anesthetized as mentioned
102 above except that sevoflurane (Sevoflo; Dainippon Sumitomo Pharma Co., Ltd. , Osaka,
103 Japan) was used instead of isoflurane and CT was performed using the Asteion CT
104 scanner (model no. TSX-021B; Toshiba Medical Systems Corporation, Tochigi, Japan),
105 which revealed an arachnoid cyst that did not appear to change in size over the
106 preceding one year. The chimpanzee's skull was smooth, and CT did not reveal apparent
107 signs indicating previous skull fractures. However, the thickness of her mandible was
108 asymmetrical, whereas her temporomandibular joints and dentition were symmetrical
109 (Fig. 1D). These images were viewed and discussed with a human dentist.

110 She has not shown any developmental delays or other behavioural

111 abnormalities, but researchers and her caretakers have noticed that she frequently
112 rocked back and forth while sitting.

113 Table 1 lists the cognitive studies in which Pendesa participated since she was
114 3 years old. She participated in various cognitive tests using visual and auditory
115 modalities, but showed no inferiority to the other chimpanzees in any respect, except in
116 a colour classification task (Matsuno et al. 2004). She performed the colour
117 classification task when she was 23 years old and showed less stable classification
118 compared with a female chimpanzee named Ai (Matsuno et al. 2004, review in Matsuno
119 et al. 2006). Ai and Pendesa were the same age and both reared by human. Although
120 they had similar history, only Ai had learned symbolic colour names through long-term
121 training. In this task, Matsuno and colleagues adopted a “nonlinguistic” test to directly
122 compare colour classification by these two chimpanzees. They were shown 124 test
123 colours and asked to match to 9 standard colours, not to symbols. As a result, Pendesa
124 showed significantly less consistent classifications.

125 The results of the recent cognitive study (conducted when she was 33 years
126 old) indicate that Pendesa had different behavioural patterns, suggesting a possible
127 defect in her left visual field (Kaneko et al., under review). In this study, the
128 detectability of the small light spot presented on several locations of visual field was
129 measured while monitoring the gaze positions by infra-red remote eye-tracker. As a
130 result, the detectability was close to zero around the bottom-left quadrant of visual field.

131 **Discussion**

132 An arachnoid cyst was detected in the right occipital convexity in a clinically
133 healthy, adult, female chimpanzee during MRI for research purposes. One year later, CT
134 confirmed the presence of the cyst and asymmetrical thickness of the chimpanzee’s

135 mandible. Although it is difficult to differentiate arachnoid cysts and epidermoid cysts
136 or dermoid cysts (ie., if the content of the cyst was cerebrospinal fluid or something
137 else) without diffusion weighted images, in the present case, arachnoid cyst was the
138 most consistent with our MRI and CT images (shape, size and the location of the cyst),
139 history and symptoms.

140 In humans, occipital convexity arachnoid cysts are rare, but two case reports
141 have documented symptomatic arachnoid cysts in elderly women (Tucker et al. 2006;
142 Suzuki et al. 2009). The cyst volume slowly increased over time in one case; the cyst
143 was located close to the patient's posterior horn of the right lateral ventricle, which may
144 have been related to the cystic growth (Suzuki et al. 2009). The other woman with a
145 cystic lesion in the right occipital convexity presented with a visual field defect and
146 headache. A visual field examination showed left lower quadrantanopia. Surgical
147 treatment was performed and her headache and visual field defect improved (Suzuki et
148 al. 2009).

149 In the present case, an arachnoid cyst was located in the right occipital
150 convexity, which was considered to be mostly in V1 area (Bailey et al. 1950). Neither
151 the researchers nor caretakers noticed any developmental delays or other behavioural
152 abnormalities until recently except frequent to-and-fro rocking while sitting. The
153 chimpanzee has participated in various cognitive studies measuring a wide range of
154 visual and auditory functions without any intervals since she was 3 years old. She
155 showed no abnormalities or inferiority in performance and was occasionally even better
156 than other chimpanzees in various tasks, except for the colour classification task
157 (Matsuno et al 2004). Matsuno and colleagues interpreted that Pendesa classified
158 colours less stably because she had less training and limited understanding of colour

159 names. It was unlikely that her colour classification ability was affected by the presence
160 of the arachnoid cyst. More recently, the left visual field defect was suggested in a
161 cognitive study (Kaneko et al, under review). This suspected left quadrantanopia was
162 consistent with a defect that was predicted from the cyst location.

163 Arachnoid cysts can be congenital or secondary to inflammation or brain
164 trauma (Gosalakkal 2002; Cincu et al. 2007). In the present case, a history of brain
165 trauma was not recorded after the chimpanzee was transferred to KUPRI at the age of 2
166 years, although her history before this period was not clear. Apparent signs of previous
167 skull fractures were not found, but CT revealed obvious mandibular asymmetry. The
168 causes of mandibular asymmetry can be developmental, traumatic, pathological (e.g.,
169 tumour, cysts, infection) or functional (mandibular displacement) (Chia et al 2008). In
170 this case, traumatic, pathological and functional causes were not found and it appears to
171 be similar to the developmental condition, hemimandibular hyperplasia in humans (Chia
172 et al 2008). The asymmetry was not obvious from photographs
173 (<http://langint.pri.kyoto-u.ac.jp/ai/en/friends/pendesa.html>) and it was not clear when
174 the condition developed in her life. Reportedly, patients with congenital arachnoid cysts
175 occasionally have additional malformations (Cincu et al. 2007). Collectively, it is
176 possible that the arachnoid cyst and the mandibular asymmetry were both based on her
177 genetic background. However, if a suspected visual field defect is, in fact, associated
178 with a cyst, it can be contradictory to a congenital cyst because the function is likely to
179 be compensated during development. In such cases, the cyst might have developed at
180 some point after birth and gradually expanded to eventually show symptoms. A
181 histopathological examination can distinguish congenital cysts from secondary cysts
182 because the walls in congenital cysts contain arachnoid cells connected with unchanged

183 arachnoid matter, whereas those in secondary cysts contain arachnoid scarring (Cincu et
184 al. 2007).

185 It was difficult to assess whether the chimpanzee had headaches. At least, she
186 did not seem to suffer from headaches to the extent that her social life was impaired.
187 Her frequent rocking behaviour was considered to be a stereotype behaviour and was
188 caused by stress during tasks and/or social influences, despite the enriched environment
189 (Matsuzawa 2003, 2006). However, if she did have a left visual field defect, it could be
190 speculated that she was actually using motion parallax to compensate for her impaired
191 visual field.

192 We believe that this is the first description of an arachnoid cyst causing
193 possible visual defects in a chimpanzee. Precise behavioural testing on visual fields and
194 blindness is in progress. The general behaviour and physical condition of Pendesa will
195 be continuously observed and follow-up MRI will be performed throughout her lifetime
196 to determine the course of the cyst.

197

198 **Acknowledgments**

199 We wish to thank Prof. Kozo Matsubayashi at the Center for Southeast Asian Studies,
200 Kyoto University for his assistance in interpreting the MRI images and Dr. W. Saito at
201 Tsurumi University for his assistance in interpreting the CT images. We thank Prof. S.
202 Hirata at Wildlife Research Centre, Kyoto University, Dr. M. Tanaka at Wildlife
203 Research and Education Center, Kyoto City Zoo, and Dr. S. Itakura at Department of
204 Psychology, Kyoto University for valuable information.

205 This study was financially supported by the following grants: MEXT 16002001,
206 20002001, 24000001 (to T.M.) and JSPS-gCOE (A06).

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Table 1. Cognitive studies in which Pendesa participated.

* The age of the chimpanzee at which she participated the task. (-) indicates that the age is not stated in the article.

Task category	Task	Topic	Age*	Number of subjects	Reference
Vision	Concurrent discrimination	Self-monitoring of action	-	6	Kaneko and Tomonaga 2012
Vision	Odd item search	Emergent feature	29	3	Goto et al. 2012
Vision	Concurrent discrimination	Agency judgment	-	3	Kaneko and Tomonaga 2011
Vision	Odd item search	Perceptual completion	-	6	Tomonaga and Imura 2010
Vision	Pre-cue task	Object based attention	-	2	Ushitani et al. 2010
Vision	Pre-cue task	Cueing effect of human pointing	-	2	Tomonaga and Imura 2009
Social	Token insertion task	Reciprocal cooperation	29	4	Yamamoto and Tanaka 2009
Social	Tool transfer task	Helping behaviour	-	9	Yamamoto et al. 2009
Vision	Matching to sample	Metacognitive and back/forward masking	28	2	Matsuno and Tomonaga 2008
Vision	Concurrent discrimination	Relative numerosity discrimination	-	2	Tomonaga 2008
Vision	Concurrent discrimination	Pictorial depth cue perception	24	3	Imura et al. 2008
Vision	Matching to sample	Dominant perception of concave shape	28	5	Matsuno and Tomonaga 2007
Vision	Pre-cue task	Gaze cueing effect	-	2	Tomonaga 2007
Social	Free viewing	Mirror self-recognition	21	10	Hirata 2007
Vision	Odd item search	Grouping of moving/stationary object	27	3	Matsuno and Tomonaga 2006
Vision	Matching to sample	Color classification	23	2	Matsuno et al. 2004
Social	Free viewing	Contagious yawning	26	6	Anderson et al. 2004
Ecology	Leaf swallowing	Self-medicative behavior	-	11	Huffman and Hirata 2004
Motor	Hand drawing	Improvement of manual movement	15	2	Iversen and Matsuzawa 2003
Vision	Free choice task	Visual preference of photo	23	5	Tanaka 2003
Social	Open field food detection	Tactical Deception	20	5	Hirata and Matsuzawa 2001
Social	Token exchange task	Use of token	-	3	Sousa and Matsuzawa 2001
Vision	Object choice task	Recognition of human-given cue	18	2	Itakura and Tanaka 1998
Motor	Hand drawing	Model guided hand drawing	15	2	Iversen and Matsuzawa 1997
Motor	Hand drawing	Visually guided hand drawing	15	2	Iversen and Matsuzawa 1996
Auditory	Go/NoGo	Auditory function	7	2	Kojima 1990
Auditory	Go/NoGo	Consonant perception	9	2	Kojima et al. 1989
Auditory	Go/NoGo	Vowel perception	9	3	Kojima and Kiritani 1989

Figure legends

Fig. 1

T1-weighted coronal (A), axial (B) and sagittal (C) MRI showing a right occipital arachnoid cyst with a total volume of 2.8 cm³ (contoured area)

(D) 3D reconstructed CT images of the skull. The thickness of the mandible was asymmetrical (yellow bar), whereas the temporomandibular joints (arrowhead) and dentition were symmetrical.

