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Fundada en 1933

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CLINICAL CASE

Spinal extradural arachnoid cyst: A case report and review of literature[☆]



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Received 4 February 2016; accepted 7 September 2016

Available online 7 February 2018

KEYWORDS

Spinal extradural arachnoid cyst;
Thoracolumbar spine;
Cerebrospinal fluid

Abstract

Background: Arachnoid cysts of spine are a very rare occurrence. The aetiology still remains unclear, but the most accepted explanation is the existence of areas of weakness in the spinal dura. Symptoms depend on the location in the spine. Magnetic resonance imaging is used for its diagnosis. Management depends of clinical presentation, and the surgery is reserved for patients with neurological impairment.

Clinical case: A case is described of 67 year-old male with myelopathy and radiculopathy symptoms, both diagnosed simultaneously. The magnetic resonance imaging was used to diagnose a thoracolumbar extradural arachnoid cyst from T12-L2 and lumbar spinal canal stenosis. The patient was treated with a puncture procedure to empty the cyst and decompress the neural elements. There was a clinical improvement of myelopathy syndrome after puncture procedure. One month later, the patient underwent a minimally invasive surgical approach to decompress the neural elements in lumbar spine, achieving improvement of the radiculopathy syndrome and neurogenic claudication in both legs.

Conclusion: There is currently no standard minimally invasive approach to surgically treat these cysts, but if the patient has mild symptoms, clinical observation is recommended.

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PII of original article: S0009-7411(16)30076-7

[☆] Please cite this article as: Quillo-Olvera J, Quillo-Reséndiz J, Gutiérrez-Partida C-F, Rodríguez-García M. Quiste aracnoideo extradural espinal: reporte de un caso y revisión de la literatura. Cir Cir. 2017;85:544–548.

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PALABRAS CLAVE

Quiste aracnoideo
extradural espinal;
Columna
toracolumbar;
Líquido
cefalorraquídeo

Quiste aracnoideo extradural espinal: reporte de un caso y revisión de la literatura**Resumen**

Antecedentes: Los quistes aracnoideos son enfermedades raras de la columna vertebral. Su etiología continua siendo incierta y la explicación más aceptada es la existencia de áreas de debilidad en la duramadre espinal. Los síntomas dependen de su localización en el raquis. La resonancia magnética es usada para su diagnóstico. El tratamiento depende de su presentación clínica y la cirugía está reservada para pacientes con deterioro neurológico progresivo.

Caso clínico: Paciente masculino de 67 años de edad con síntomas mielopáticos y radiculares en miembros pélvicos. Se encontró en resonancia magnética un quiste aracnoideo extradural espinal de T12 a L2 asociado a canal lumbar estrecho. Se le realizó una punción evacuadora dirigida al quiste para descomprimir los elementos neurales, obteniendo mejoría clínica del síndrome mielopático. Un mes después se sometió a una cirugía mínimamente invasiva descompresiva en el canal lumbar estrecho, presentando mejoría del síndrome radicular y claudicación neurogénica de ambas extremidades inferiores.

Conclusión: Actualmente no existe un abordaje mínimamente invasivo estandarizado para el tratamiento quirúrgico de estos quistes. Sin embargo si el paciente tiene síntomas leves se recomienda manejo clínico conservador.

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Background

Spinal extradural arachnoid cysts are very rare expansive lesions of the vertebral column. They present clinically with signs of compression of the spinal cord depending on their location inside the spinal canal.¹ Sixty-five percent present in the lower thoracic region, 13% at lumbar level, 12% in the thoracolumbar transition, 7% at the level of the sacrum, and 3% in the cervical spine.² Extradural arachnoid cysts develop from protrusions through small defects in the dura.³ They have a pedicle through the dural defect that communicates the spinal subarachnoid space with the extradural space; their content is cerebrospinal fluid.⁴ They are suspected to be congenital in origin, however they might be acquired through trauma, infections, inflammation or other causes.⁵ In this article we describe the case of a patient with myelopathy and radiculopathy symptoms. An incidental diagnosis was made of spinal extradural arachnoid cyst in the thoracolumbar spine as the cause of the myelopathy syndrome and a narrow lumbar canal as the cause of the radiculopathy and neurogenic claudication.

Objective

The aim of this manuscript was to undertake a thorough review of spinal arachnoid cysts and to describe a clinical case as an example.

Clinical case

A 67-year-old male with a history of type 2 diabetes mellitus and lower back pain irradiating to both legs, predominantly the right, neurogenic claudication of both legs and weakness in both feet for 15 months. Physical examination revealed

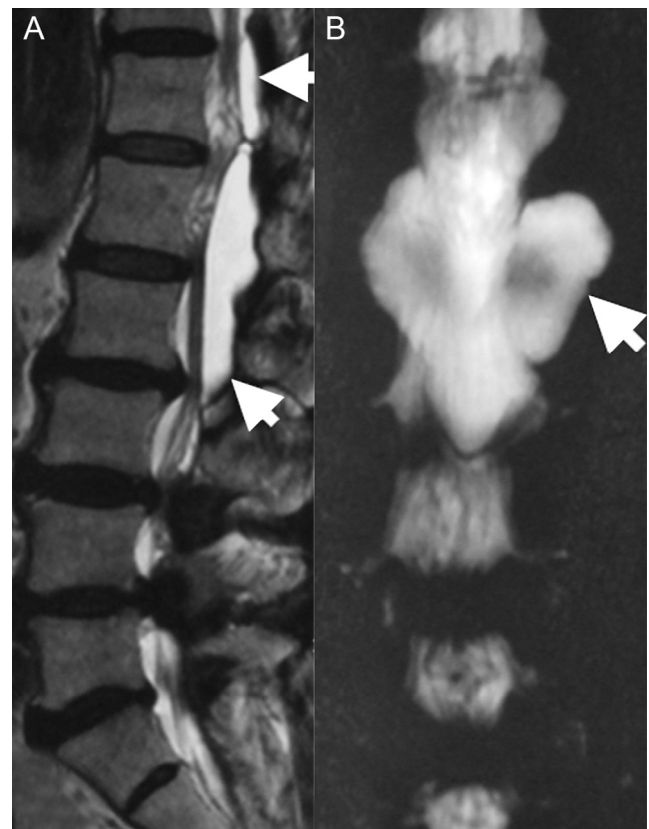


Figure 1 (A) T2-weighted magnetic resonance image showing an isointense cystic lesion with cerebrospinal fluid (arrows) of T12 to L2. (B) Myelographic effect on magnetic resonance image; the communication (arrow) between the arachnoid space and the cystic lesion is apparent.

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