

Tarlov cyst: A case report

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Abstract

Tarlov cyst syndrome is a rare, often asymptomatic disorder, characterised by isolated or multiple nerve-root cysts, usually occurring in the sacral spine, near the dorsal root ganglion, between the perineurium and endoneurium. The cysts may cause lower back pain, sacral radiculopathy, dyspareunia and urinary incontinence. We report 1 case of lumbosciatalgia secondary to a cyst of Tarlov and we will discuss through a review of the literature clinical, radiological as well as therapeutic indications.

Keywords

Sciatic neuralgia; Tarlov cyst; Local dilation; MRI.

Abbreviations

MRI: Magnetic Resonance Imaging ; TC: Tarlo Cyst.

Introduction

Tarlov cyst or perineural cyst, is a local dilation of the subarachnoid space filled with cerebrospinal fluid, forming in contact with a nerve root, most often sacral, in the transition zone between arachnoid and perineurium. It is most often asymptomatic and is discovered incidentally during radiological examinations, and it can cause neurological symptoms when it increases in size. Its prevalence has been estimated at about 1.5 to 4.6%, and its pathogenesis is not yet understood.

Description

We report the case of a 59-year-old patient without pathological history who presented with hyperalgalic left sciatica of mixed schedule evolving for 1 year without motor deficit. The clinical examination found a spinal syndrome without signs of discoradicular impingement.

A lumbar CT performed showed a well-defined mass of regular outlines sitting at the level of the sacral canal opposite the 2nd and 3rd left posterior sacral foramen widening the sacral hole, measuring 3.5 x 2.1 cm.

An MRI was performed to better characterize this mass, and objectified the presence of an oval formation with a signal close to that of the LCS: Low signal in T1, high signal in T2 and in STIR, measuring 3.5x2 cm next to the second sacral vertebra enlarging the sacral foramen related to a tarlov cyst.



Figure 1: CT C- of the lumbar spine in sagittal, coronal and axial sections showing a well-limited formation with regular contours next to the 2nd and 3rd left sacral foramen.



Figure 2: Lumbar MRI in Sag T1 and T2 sequences: A focal lesion is seen in the spinal canal at the level of S2-S3 vertebral body with similar signal intensities to the CSF. This is in keeping with a perineural root sleeve cyst (Tarlov) at the level of S2 S3 vertebral body.

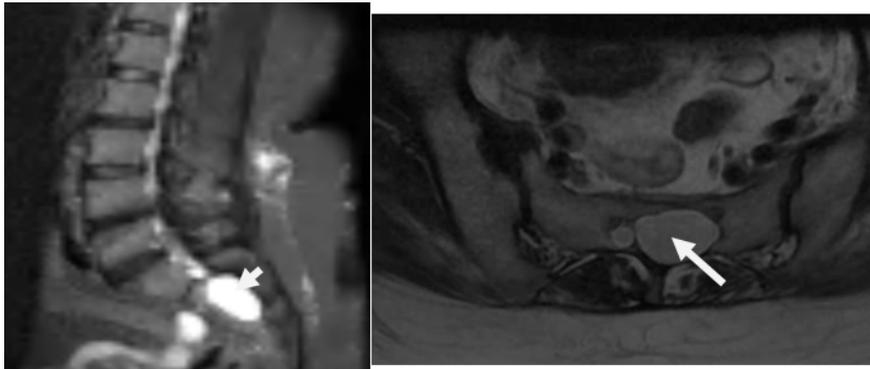


Figure 3: Lumbar MRI in Sag STIR and AX T2 sequences: showing an oval formation in High signal in STIR And in T2 next to the S2 S3 vertebral body.

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