

Double Trouble - Unveiling the Dual Space Occupation of an Epidural and Intradural Meningeal Cyst:
A Case Report

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INTRODUCTION

Chronic low back pain affects 16 million people in the U.S.

- Common causes: facet arthropathy, spinal stenosis, herniated disks, muscle strains.
- Rare cause: spinal meningeal cysts, which are uncommon sources of low back pain.
- Three types of spinal meningeal cysts**:
 - Type I: Extradural cysts without neural tissue.
 - 1a: Spinal arachnoid cysts.
 - 1b: Sacral meningocele.
 - Type II (Tarlov cysts): Extradural cysts with neural tissue, often found near sacral roots, more common in women.
 - Type III: Intradural spinal arachnoid cysts.
- Spinal arachnoid cysts: Fluid-filled collections between the brain/spinal cord and arachnoid membrane.
 - 80% found in the thoracic region, 15% in cervical, and 5% in lumbar areas.
- Tarlov cysts: CSF-filled dilations of the nerve root sheath, commonly found in women near the sacral roots.

METHODS

- 1. IRB exempt for medically challenging case.
- 2. Written consent obtained



Figure 1: Sagittal MRI of Meningeal Cyst (110.6mm L x 18.1 mm D)

Consider an interdisciplinary approach and alternative pain modalities

Beware of Epidural and Intradural Meningeal Cysts in chronic back pain patients with positional symptoms



Figure 2: Transverse MRI of Meningeal Cyst (64.8mm W)

CASE REPORT/ DISCUSSION

- 51-year-old male presenting with fall and intracranial hemorrhage
- Symptoms: chronic back pain, neurogenic claudication, headaches
- Septated cystic lesion spanned from L2 to S1
- Constricted thecal sac and insinuated into multiple neural foramina
- 110.6 mm long, 64.8 mm wide, 18.1 mm thick
- Treated with naproxen, gabapentin, physical therapy, trigger point injections, nerve blocks, caudal epidural
- Interdisciplinary discussion with neurosurgery, neurology, therapist, interventional pain specialist
- Options included: conservative measures, ventriculoperitoneal drain, surgical resection

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