

**When Sciatica Isn't Discogenic:
A Case of Lumbar Tarlov Cyst
Mimicking L5 Radiculopathy**



PRESENTER:
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BACKGROUND

Tarlov cysts are cerebrospinal fluid-filled nerve root sheath dilations that most commonly occur in the sacral spine near the dorsal root ganglion, affecting sacral nerve roots.[1-3]

Those are often asymptomatic and incidental findings on imaging. [1][4]

The most common symptom is pain, including sciatica, lower back pain, and perineal pain.[1][5]

Additional symptoms include bladder dysfunction, bowel symptoms, sexual dysfunction, and sphincter problems.[1][5]

METHODS

As the case report is devoid of patient identifiable information, it is exempt from IRB review requirements as per Saint Agnes Medical Center's policy. A patient-informed consent form was obtained from the patient.

DISCUSSION

This case highlights the diagnostic/therapeutic complexity of symptomatic Tarlov cysts, as symptom severity often doesn't correlate with cyst size or degree of nerve compression on MRI.

Although many cysts remain stable, longitudinal data demonstrate measurable growth in a subset, with CSF hypotension symptoms predicting progression and symptom development.

Given the limited success of conservative therapy and variable surgical recommendations, minimally invasive CT-guided aspiration with fibrin glue represents a promising, lower-risk option for carefully selected patients.



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Conclusion:

Large Tarlov cysts can mimic discogenic sciatica and present with radicular pain and emerging autonomic symptoms despite preserved neurologic examination. Therefore, Tarlov cysts should be included in the differential diagnosis of refractory radiculopathy when imaging findings for degenerative disc disease are incongruent with clinical symptoms. Early recognition of Tarlov cysts may facilitate appropriate counseling, multidisciplinary management, and timely consideration of interventional or surgical options.

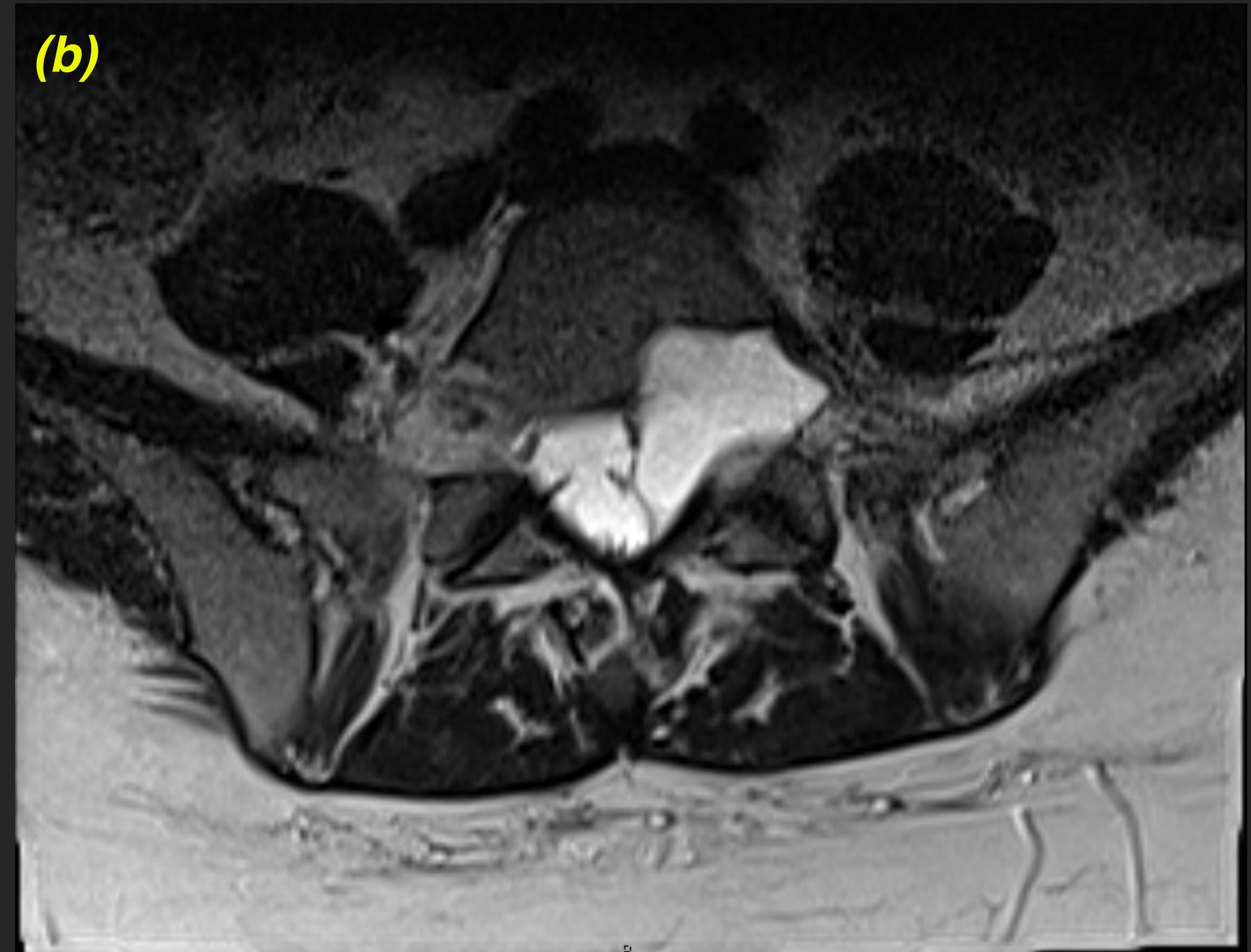
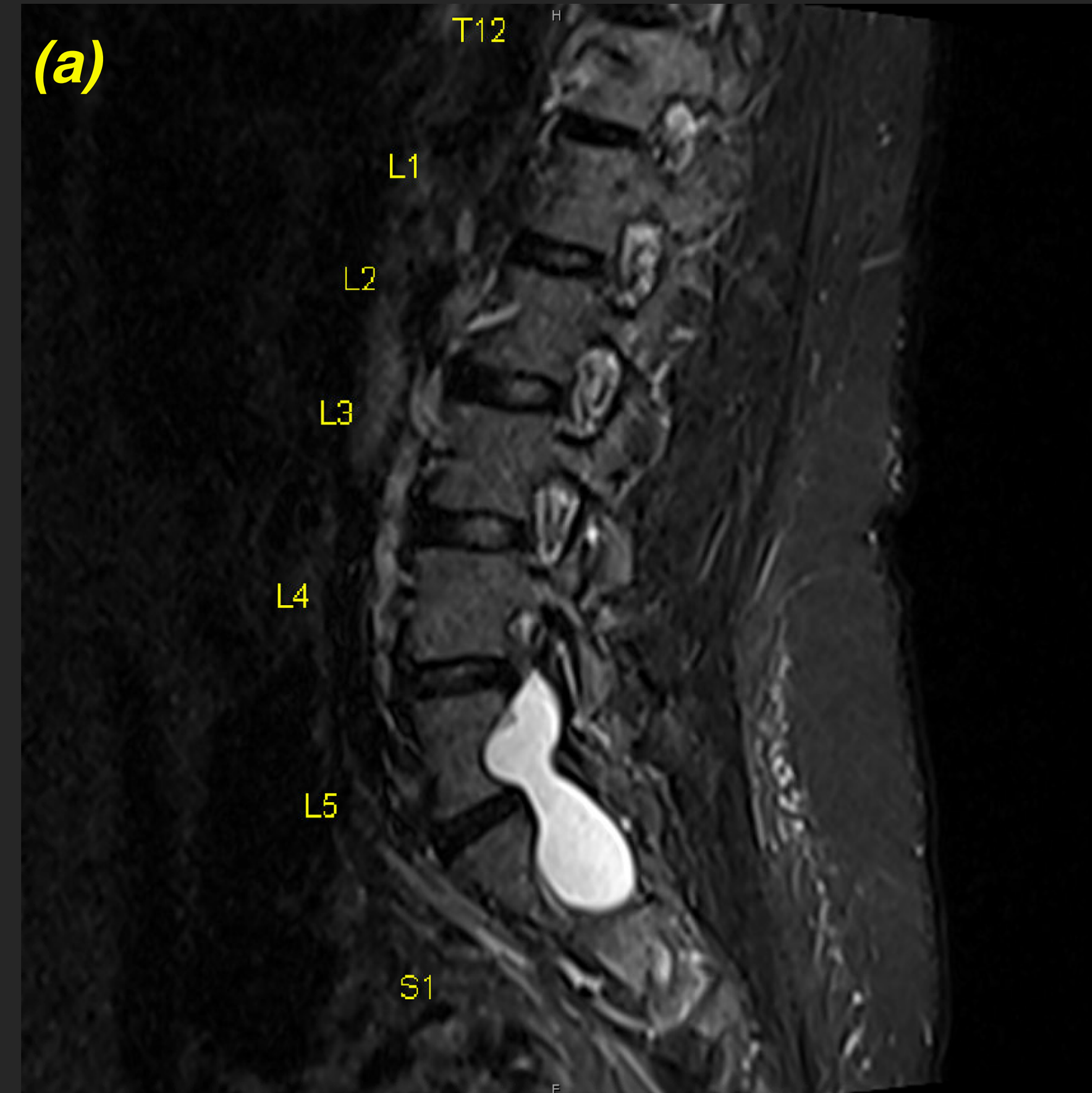


Figure. MRI of lumbar spine without contrast, T2 weighted, sagittal view(a), transverse view(b) showing a Large Tarlov cyst seen in the left central canal at the L5 level, which displaces the left-sided cauda equina nerve roots antero-laterally towards the right. This cyst also extends into the left L5-S1 and S1 neural foramen where it displaces the exiting L5 and S1 nerve roots.



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CASE:

A 49-year-old woman with over 12 years of progressively worsening chronic low back pain presented with constant axial pain (7/10) and intermittent radicular symptoms, predominantly in the left leg, including paresthesias.

Pain was aggravated by prolonged sitting, standing, and position changes. She underwent extensive conservative management, including physical therapy, multiple injections, and medications, with only temporary relief. Epidural steroid injection was complicated by a CSF leak. Right sacroiliac joint fusion provided 60% improvement in SI joint-related pain, but the lumbar pain and radiculopathy persisted.

Lumbar MRI in 2024 and 2025 revealed a large left-sided L5–S1 Tarlov (perineural) cyst extending into the L5–S1 and S1 neural foramina, causing mass effect on the thecal sac and compression of the left L5 and S1 nerve roots with osseous remodeling. Neurologic examinations remained intact without signs of cauda equina syndrome.

In 2025, she developed persistent urinary urgency with a negative infectious workup, raising concern for neurogenic bladder related to the cyst. Multiple neurosurgical opinions offered differing recommendations regarding surgery. The patient continues multidisciplinary follow-up with pain management, neurosurgery, and urology while weighing between conservative and surgical management.

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