

Spinal Arachnoid Cyst with Congenital Butterfly Vertebra: A Case Report

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1. Introduction

- Spinal arachnoid cysts are relatively uncommon and maybe intradural or extradural. (1)
- Most spinal arachnoid cysts are asymptomatic whereas some may present as progressive spastic or flaccid paralysis, pain, weakness, numbness or bladder/bowel incontinence. (1)
- They are mostly associated with spina bifida, diastematomyelia and syrinx



2. Case report

- A 54 year old male patient came with a history of weakness of bilateral lower limb since 3 months progressively increasing.
- On examination: Patient was conscious, oriented
- Power:

	Right	Left
Upper limb	5/ 5	5/ 5
Lower limb	1/ 5	2/ 5

On MRI Dorsal Spine:

- A well defined ovoid cystic intraspinal, intradural, extramedullary cystic lesion approximately 2.2x1.3 cm noted at D4 D5 vertebral level on ventral aspect of spinal cord with congenital hemivertebra at D7 and hemivertebra at D3. (2)
 - Patient was operated and D4 - D5 laminectomy with excision of arachnoid cyst was done. (3)
- HISTOPATHOLOGY REPORT:
Suggestive of: Arachnoid cyst

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- Post - operatively power:

3. Discussion

- Spinal Arachnoid cyst are CSF filled sacs contained by arachnoid mater. They may be congenital or acquired.
- Secondary arachnoid cysts are due to trauma, hemorrhage, inflammation, surgery or iatrogenic injury.

	Right	Left
Upper limb	5/ 5	5/ 5
Lower limb	3/ 5	4/ 5



4. Conclusion

- Asymptomatic cysts are managed conservatively whereas Symptomatic cysts can be treated with surgical excision.
- Symptoms may get relieved if surgical intervention is done timely.
- Important component of treatment is closure of arachnoid defect which could otherwise become source of CSF leak.

References

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