Neurocirugia. 2016;27(Espec Congr):398

Neurocirugía

https://www.revistaneurocirugia.com

P201 - Intramedullary Arachnoid Cyst: a case report

L. Fonseca, G. Novais, P. Branco, D. Forte, L. Cardoso, G. Januário, R. Nogueira, B. Ratilal and N. Reis

Serviço de Neurocirurgia, Centro Hospitalar Lisboa Central.

Resumen

Introduction: Spinal arachnoid cysts are uncommon benign lesions, that they are often diagnosed incidentally. Rarely they can cause spinal cord or nerve roots compression. Intramedullay arachnoid cysts are extremely rare, especially in adult population.

Objectives: Authors would like to describe a case secondary to an intramedullary arachnoid cyst in the mid-cervical spine and review the literature.

Material and methods and results: Here in, we report the case of a 49-year-old woman who presented with a progressive onset of cervical pain associated with distal paraesthesia of the upper limbs. The cervical CT scan revealed minor degenerative spondylosis. The patient underwent spinal MRI, which showed a cystic intramedullay lesion at the C6-C7 level, hipointense on T1-weighted images and hyperintensity on T2-weighted images with no perilesion edema and no contrast enchacement. It was decided a “wait and scan” approach, that confirmed the stability of the cystic lesion over time, with no signs suggestive of medullary suffering. There are only six cases reported in the literature, in patients over 18 year old, all with thoracic location.

Conclusions: To our knowledge this is first case reported about cervical intramedullary arachnoid cyst. In other location, surgery is the preferred approach, but if the patient is asymptomatic a wait and scan approach may prove to be a good therapeutic choice in the envolvement of the cervical segment.

See front matter © 2016 Elsevier España, S.L. Todos los derechos reservados