# February 2012 A case of Taylov Cyst

Division of Spine Surgery -Orthopaedic International



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# Welcome

Welcome back to a new series of Spine Clinics 2012. This year, we will be presenting a series of common and not so common conditions, together with a brief wirte up of its diagnosis and treatment options. Hopefully, this will be of use when you treat your patients.

# **PRESENTATION**

This 36 year old Chinese male presented with right buttock pain radiating to the back of the thigh and occasional pain in the perianal region. Pain is worse with walking for a distance and with sitting. Straight leg raise was limited to 60 degrees on the right. There was no neurological deficits at rest. There was no bladder or bowel abnormalities. He was otherwise well. When first seen, he had symptoms for 1-2 months. Sitting and walking for more than 5 minutes caused discomfort.

# **INVESTIGATIONS**

Investigations included MRI of the Lumbosacral spine which showed a large Taylov Cyst at \$1 on the right and S2 on the left. There was no bony erosion.

MRI of the cervica I and thoracic spine showed no neural compression.

MRI of the right thigh and hip showed mild hip effusion but was otherwise normal.

Neurologist opinion was that symptoms were due to pressure from the Taylov Cyst as there were no other pathologies found.

# **TREATMENT**

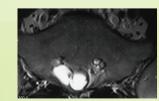
Symptoms were persistent for about 6 months despite observation and medications. He also tried acupuncture. He was very much affected as he could not sit comfortably even for even 5-10 minutes. Surgery was eventually done after 6 months of symptoms.

There was a large cyst at \$1 and \$2 communication with the main dural sac via a narrow neck. The pressure in the cyst changes with filling of the cyst. Sacral nerves travel through the neck of the cyst to exit the sacral canal. As such, we decided on simple decompression of the S1 root and a laminectomy and not excision of the cyst which will require sacrifice of sacral nerves passing through the neck of the cyst.



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# **PROGRESS**

Soon after surgery, he could sit longer for about 1-2 hours. Walking was improved to 20 minutes. However, it took several months for him to recover more and when seen 6 months post surgery, he was able to sit 4-5 hours before feeling some aches and walk quite normally.

## DISCUSSION

Taylov cysts are meningeal dilations of the posterior nerve root sheath that most often affect sacral roots. The distinctive feature of Taylov cyst is the presence of nerve fibres in the cyst wall or within the cyst itself. It is estimated to affect 5-9% of the population.

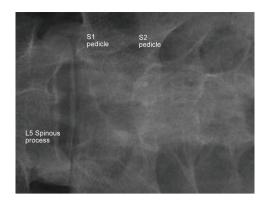
Most Taylov cysts are small and asymptomatic and are often incidental findings on MRI scans. Asymptomatic cysts do not need treatment.

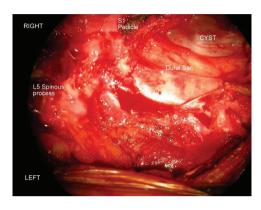
Some large Taylov cyst may however cause symptoms. Backache, radicular symptom and even bladder and bowel dysfunction have been reported.

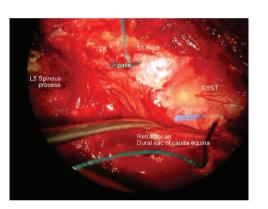
Treatment of symptomatic cysts is controversial and include changes in lifestyle, aspiration and steroid injections. Some suggest that surgical treatment provide a more permanent solution.

There is no one agreed surgical treatment for taylov cysts. Options have included simple decompression, drainage and excision of the cysts.

This is one of the few instances when I have treated a patient with symptomatic Taylov cyst surgically. Fortunately he has done well with simple decompression.







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