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## From the Surgical Suite....

## A common lesion found in an uncommon site

A 38-year-old male had experienced left leg and low back pain for 9 months and substantial increase in

the leg pain for 3 weeks. We found hypesthesia to pinprick in the L4 distribution, diminished knee deep tendon reflex, straight-leg raising intolerance, and no other evidence of neurologic dysfunction (Fig. 1). Intraoperative image and pathlogic findings are presented in Figures 2 and 3.



Fig. 1. Sagittal (a) and axial (b) projections of magnetic resonance T1-weighted (left sides) and T2-weighted (right sides) images showed compression of the dural sac at L3–L4 by a lesion with uniform high signal intensity on the T2-weighted images. The initial impression was down-migrated disc fragments that had undergone cystic liquefaction.

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Fig. 2. A partial hemi-laminectomy of the lower lamina of L3, upper lamina of L4, and medial edges of the facets exposed a cystic mass (asterisk) adherent to and displacing upward the L4 nerve root. Complete excision of the mass revealed its origin to be the outer annulus and that, once the mass was removed, the disc appeared normal. Postoperatively his leg pain was relieved and he remained pain-free 1 year later.



Fig. 3. Histopathologic examination by hematoxylin-eosin stain showed an ill-defined cystic space (a) comprised of thick collagenous fibrous layers with no epithelial lining (b), most consistent with the diagnosis of ganglion cyst.

Ganglion cysts in the spinal canal have been reported to be very uncommon [1-3]. Ganglion cysts can be distinguished from the more common synovial cysts by the absence of synovial lining [4]. Most often, spinal cysts arise in association with the facet joints [1-5]. Possible means of pathogenesis include: myxoid degeneration of periarticular fibrous tissue after trauma or surgery; increased secretion by fibroblasts; and proliferation of pluripotential mesenchymal cells [5]. Excision is usually curative, Pendleton et al. reporting 95% good functional recovery and relief of symptoms in surgically treated patients [2].

## References

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