

# Subdural arachnoidal cyst of the spinal cord: etiology, clinical presentation, surgical strategy and results

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## ABSTRACT

**Objective:** Of this study is identifying the clinical manifestations, discuss the etiology, and present the surgical treatment nuances and outcomes of patients with sub dural arachnoidal cysts (AC). **Method:** A retrospective study was carried out with 7 consecutive patients with spinal cord subdural AC, diagnosed, evaluated and operated at the Neurosurgical department of Servidores do Estado Hospital, from 1996 to 2010. The radiological studies, patient records, surgical descriptions and surgical videos, were reviewed, creating a database from which information was collected. The follow-up varied from 2 to 168 months (mean, 48 months). All cysts were histopathological verified. **Results:** Five AC were located on the thoracic spinal cord, one were located anterior in the cervical region, and one at the lumbar spinal level. The complete resection of the cyst was performed in 4 surgeries. Three patients had cysts located ventral to the cord, which precluded complete excision. The symptoms in four patients demonstrated major improvement. There was no operative death in this series, there was no major complications related to surgery. **Conclusion:** AC should be considered in the differential diagnosis of lesions causing myelopathy and/or a radicular pain syndrome. Microsurgical resection or generous fenestration in cysts effectively ameliorated patients' symptomatology.

## KEYWORD

Arachnoid cysts, spinal cord compression, sciatica, myelitis, microsurgery.

## RESUMO

**Cisto aracnóideo subdural medular: etiologia, apresentação clínica, estratégia cirúrgica e resultados**

**Objetivo:** Identificar as manifestações clínicas, discutir a etiologia, apresentar as opções terapêuticas e revelar os resultados de uma série de pacientes diagnosticados com cisto aracnoide medular subdural (CA). **Método:** Realizamos um estudo retrospectivo em que analisamos 7 pacientes com AC que foram operados no Hospital dos Servidores do Estado, entre 1996 e 2010. Os estudos de imagem, prontuários, descrições cirúrgicas e os vídeos foram analisados e os dados, coletados. O seguimento variou de 8 a 168 meses. Em todos os cistos foi realizado estudo histopatológico. **Resultados:** Cinco cistos se localizavam na medula torácica, um na cervical anterior e outro no segmento lombar. Obtivemos a excisão completa dos cistos em 4 pacientes, que apresentaram importante melhora dos sintomas. Não ocorreu nenhum óbito nessa série, nem piora do sintomas pré-operatórios. **Conclusão:** O CA deve ser considerado no diagnóstico diferencial das lesões que causam mielopatia ou síndrome radicular. A ressecção microcirúrgica ou uma ampla fenestração das paredes do cisto geralmente revertem os sintomas do pacientes.

## PALAVRAS-CHAVE

Cistos aracnóideos, compressão da medula espinal, ciática, mielite, microcirurgia.

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