Introduction

Arachnoid cysts (AC) are mostly located on the posterior aspect of the cord at the thoracic spine. Anteriorly located AC are exceptional, particularly those occurring in the cervical spinal region. However, anterior AC are different from dorsal cysts in having a greater craniocaudal extension and being multilobulated. Fenestration is commonly performed in AC with a long craniocaudal extension. Sometime an additional shunt insertion may help to get better outcome. Excellent results are achieved performing excision either by posterior or anterior approach. After a meticulous literature review we presume to declare that we bring you as first a case of a cervicothoracic giant multiloculated anterior AC cyst in adult surgically removed by a posterior approach.

Imaging

Methods

- A 55-year-old man with recurrent progressive bilateral leg weakness, imbalance and incontinence due to thoracic myelopathy caused by a ventral long segment intradural cervicothoracic AC. It was previously treated by cyst fenestration in two different levels, with short-term resolution of his myelopathic symptoms. A posterior right C7-T10 hemilaminectomy and resection of the AC with neurophysiological monitoring was thus undertaken. To prevent multiple compartment formation in the future an intradural shunt was placed anterior to the cord from above to below the cyst.

Conclusions

- To the best of our knowledge and following an exhaustive literature review, such an extensive multiloculated AC ventral to the spinal cord without syringomyelia has not been reported. A cyst fenestration may not be the solution for AC with septations. If possible surgical resection should be the treatment of choice for patient with AC.

References