

## Post Lumbar Puncture Intradural Spinal Arachnoid Cyst Presenting As Dorsal Myelopathy with Pure Motor Paraparesis

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### Introduction

35 year old female with insignificant past history except history of spinal anaesthesia for LSCS 7 months back was admitted for evaluation of dorsal myelopathy with spastic paraparesis of 6 months duration without bowel/bladder disturbances or sensory level, with normal sensations, upper limbs, cranial nerves, fundus and systemic examination.



Figure 1: Axial view MRI cord.



Figure 2: Coronal section MRI cord.



Figure 3: Arachnoid cyst pushing cord.

### Presentation

Investigations revealed normal hemogram, KFTs, LFTs, Ultrasound abdomen and pelvis, ECG and chest X-Ray. MRI revealed large intradural arachnoid cyst compressing the dorsolumbar spinal cord (Figures 1-3).

### Discussion

Acquired arachnoid cysts can be the result of spinal cord trauma, post-surgical arachnoiditis, meningeal infection and other insults that can cause inflammation and subarachnoid adhesions and even after lumbar puncture (Figure 4).

Most arachnoid cysts are found incidentally and can be managed conservatively. Intradural, non-neoplastic cysts compressing the spinal cord are rare lesions. These cysts should be considered in differential diagnoses of lesions causing myelopathy and/or a radicular pain syndrome. Microsurgical resection or generous fenestration in cysts with large craniocaudal extension effectively ameliorates patient's symptomatology. Treatment includes CP shunt placement, craniotomy or endoscopic shunt placement and stereotactic aspiration.



**Figure 4:** Post-surgical arachnoiditis.