A 38-year-old woman presented with a 2-month history of low back pain, radiating to the right leg, with no evident radicular distribution. Neurologic examination did not show any pathologic signs. Neuroimaging showed a spinal extradural arachnoid cyst (SEAC) at T11–L1 level, displacing the spinal cord anteriorly (figure).

Cyst removal and ligation of the subarachnoid-cyst communicating duct were performed. Pathologic examination documented an arachnoid wall. Patient is pain free at 1 year-follow-up. SEAC is a rare cause of spinal cord compression, radiculopathy, and back pain. It is more common in males and in the second decade of life and usually found in the thoracic spine.\(^1\) Though etiopathogenesis remains unclear, arachnoid pouching through a possibly congenital dural defect and enlargement of the cyst due to a one-way valve is the most accredited theory.\(^1\) In the setting of intractable back and leg pain our patient underwent CT and MR scans (figure). MRI usually leads to a preoperative diagnosis and kineomatic MRI might allow the preoperative identification of the communication site.\(^2\) Surgical treatment is indicated in symptomatic lesions: closure of the communicating duct and dural defect together with removal of the cyst generally leads to symptoms improvement.\(^1\)

**REFERENCES**


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