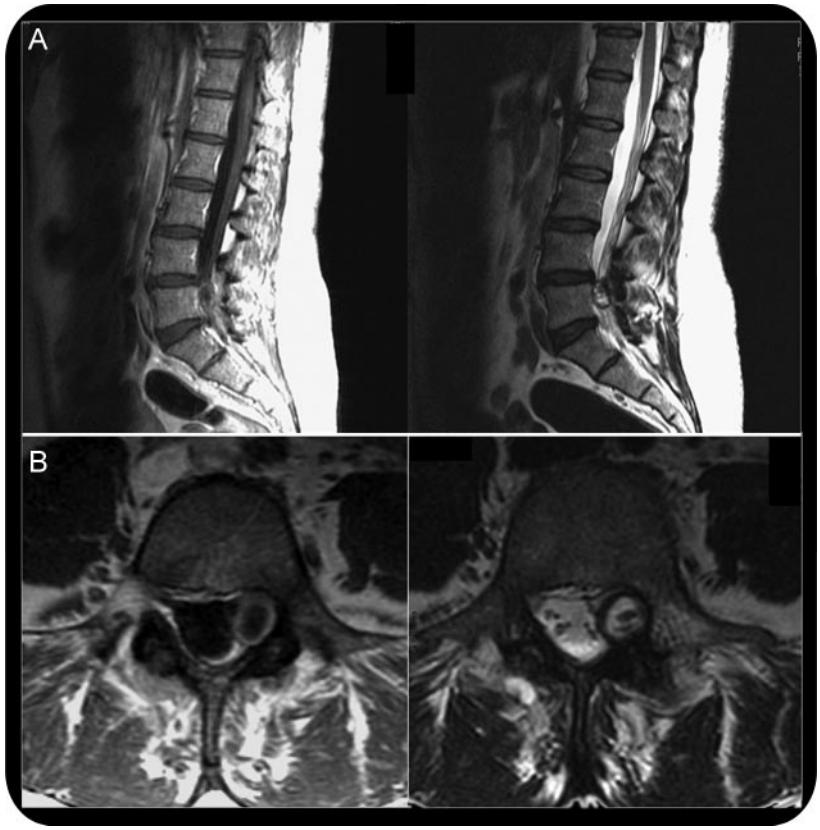
Teaching Neuro*Images*: Synovial cyst

A cause of low back pain

Ilda Kerri, MD
Gentian Kaloshi, MD
Arben Rroji, MD
Mentor Petrela, MD, PhD

Address correspondence and reprint requests to Dr. Ilda Kerri, Department of Neurology/Neurosurgery, University Hospital Center "Mother Theresa," 372 Rr e Dibres, Tirana, Albania
ildakerri07@yahoo.com

Figure **Sagittal and axial MRI findings**



(A) Sagittal and (B) axial T2-weighted images demonstrating a left L4–L5 isointense synovial cyst arising from the adjacent facet joint with distinct boundary and hypointense ring.

A 52-year-old woman presented with 6 months of low back pain and left sciatica. No neurologic deficit was present. MRI revealed a cystic lesion arising from the left L4/5 facet joint compatible with a synovial cyst (figure). Although spontaneous resolution of synovial cysts is possible, requiring only bed rest, physical therapy, and analgesic agents, surgery or percutaneous procedures to aspirate or inject the cyst are sometimes used.[1,2] As this patient had no neurologic deficits, we prescribed bed rest and nonsteroidal antiinflammatory agents. Complete and long-term (>24 months) pain relief supports our belief that surgery be considered only when intractable pain or neurologic deficits are present.

REFERENCES

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From the Department of Neurology/Neurosurgery (I.K., G.K., M.P.), UHC "Mother Teresa; and Department of Neuroradiology (A.R.), "Mother Teresa" University of Medicine, Tirana, Albania.

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