Lumbar juxtafacet cyst clinical

The average age was 63 years in one series [1] and 58 years in a review of 54 cases in the literature [2] (range: 33–87) with a slight female preponderance in both series. Most occur in patients with severe spondylosis and facet joint degeneration, [3] 25% had degenerative spondylolisthesis. [4] L4–5 is the most common level. [5] [6] They may be bilateral. Pain is the most common symptom and is usually radicular. Some JFC may contribute to canal stenosis and can produce neurogenic claudication [7] or on occasion a cauda equina syndrome. Symptoms may be more intermittent in nature than with firm compressive lesions, such as HLD. A sudden exacerbation in pain may be due to hemorrhage within the cyst. Some JFC may be asymptomatic [8].

Lumbar juxtafacet cysts are a rare but increasingly common cause of symptomatic nerve root compression and can lead to radiculopathy, neurogenic claudication [9] , and cauda equina syndrome.

Typically situated posterolateral in the spinal canal, intraspinal facet cysts often cause radicular symptoms. Rarely, the midline location of these synovial or ganglion cysts may cause thecal sac compression leading to neurogenic claudication or cauda equina syndrome.

It is a benign condition, and the symptoms and level of pain or discomfort may remain stable for many years.

The fluid-filled sac creates pressure inside the spinal canal, which can give a patient all the symptoms of stenosis of the spine.

The pain probably comes from the venous blood around the nerves not being able to drain, which leads to pain and irritation of the nerves. Sitting down allows the blood to drain and relieves the pressure.

Less commonly, neurological deterioration has been attributed to rapid cystic growth with hemorrhage [10] [11].

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