2025/06/25 18:46 1/3 Tarlov cyst clinical features

Tarlov cyst clinical features

- Microsurgical reinforced radiculoplasty for the treatment of postoperative recurrent sacral Tarlov cysts
- Clinical characterisation of women with persistent genital arousal disorder: the iPGAD-study
- Nonneoplastic and noninfective cysts of the central nervous system: A histopathological study
- Spinal manifestations of Ehlers-Danlos syndrome: a scoping review
- ACR Appropriateness Criteria() Clinically Suspected Adnexal Mass, No Acute Symptoms
- Clinics in diagnostic imaging (181). Cervical spine perineural cysts
- Presacral Tarlov Cyst as an Unusual Cause of Abdominal Pain: New Case and Literature Review
- A New Classification for Pathologies of Spinal Meninges, Part 1: Dural Cysts, Dissections, and Ectasias

Type II SMCs: most remain asymptomatic, although cases of positional coccydynia, sacral pain, and radiculopathy as well as sphincter disturbance have been reported. A ball-valve mechanism may be the mechanism of symptom production in some cases.

Studies suggest a possible association between Tarlov cysts (TCs), usually considered as incidental radiological findings, and neurological symptoms such as pain, numbness and urogenital complaints.

They are associated with injury to the sacral somatic innervation in the majority of patients with presumed symptomatic cysts. However, urinary incontinence is unlikely to be related to TC-induced nerve damage. 1).

Persistent genital arousal disorder/genitopelvic dysesthesia (PGAD/GPD) is characterized by distressing, abnormal genitopelvic sensations, especially unwanted arousal. In a subgroup of patients with PGAD/GPD, cauda equina Tarlov cyst-induced sacral radiculopathy has been reported to trigger the disorder. In a evaluation of lumbosacral magnetic resonance images in patients with PGAD/GPD and suspected sacral radiculopathy, some had no Tarlov cysts but showed lumbosacral disc annular tear pathology ²⁾.

Contrary to current understanding, TCs are associated with injury to the sacral somatic innervation in the majority of patients with presumed symptomatic cysts. However, urinary incontinence is unlikely to be related to TC-induced nerve damage ³⁾.

Tarlov cysts presented with back pain and radicular pain after spontaneous SAH, with symptomatic relief following CT-guided aspiration of blood from the cyst. Spontaneous hemorrhage into the cyst may occur Symptoms of expanding/enlarging cysts occur due to compression of nerve roots that exit

Last update: 2024/06/07 02:58

from the sacral area. Symptoms may include the following, dependent on the location of the cysts and the section of the spine they occur:

Pain in lower back (particularly below the waist) and in buttocks, legs, and feet

Pain in the chest, upper back, neck, arms and hands

Weakness and/or cramping in legs and feet / arms and hands

Paresthesias (abnormal sensations) in legs and feet or arms and hands, dependent on cyst locations

Pain sitting or standing for even short periods of time

Pain when sneezing or coughing

Inability to empty the bladder or in extreme cases to urinate at all requiring catheterization

Bowel or bladder changes, including incontinence

Swelling over the sacral (or cervical, thoracic, or lumbar) area of the spine

Soreness, a feeling of pressure and tenderness over the sacrum and coccyx (tailbone), extending across the hip and into the thigh with cysts in the sacrum. Same feelings in upper sections of the spine dependent on cyst locations

Headaches (due to the changes in the CSF pressure) and sometimes accompanied by blurred vision, double vision, pressure behind the eyes and optic nerve pressure causing papilledema (optic nerve swelling)

Other sensory system symptoms: Tinnitus/Ear noises (ringing, buzzing, snapping,popping, cricket sounds.etc.)

Dizziness and feeling of loss of balance or equilibrium, especially with change of position

The feeling of sitting on a rock

Pulling and burning sensation in coccyx (tailbone) area, especially when bending

Sciatica

Vaginal, rectal, pelvic and/or abdominal pain

Restless leg Syndrome

PGAD (Persistent Genital Arousal Disorder)

Sexual dysfunction and painful intercourse

1) 3)

Hentzen C, Cabrilo I, Malladi P, Simeoni S, Amarenco G, Zaidman N, Pakzad M, Shah S, Casey AT, Panicker JN. Sacral Tarlov cysts: Neurophysiology abnormalities and correlation with pelvic sensory and visceral symptoms. Eur J Neurol. 2023 Sep;30(9):2838-2848. doi: 10.1111/ene.15869. Epub 2023 Jun 13. PMID: 37203934.

Ċ

2025/06/25 18:46 3/3 Tarlov cyst clinical features

Kim CW, Goldstein I, Komisaruk BR, Goldstein SW, Kim NN, Hartzell-Cushanick R, Uloko M, Yee A. Lumbar endoscopic spine surgery for persistent genital arousal disorder/genitopelvic dysesthesia resulting from lumbosacral annular tear-induced sacral radiculopathy. J Sex Med. 2023 Feb 14;20(2):210-223. doi: 10.1093/jsxmed/qdac017. PMID: 36763933.

From:

https://neurosurgerywiki.com/wiki/ - Neurosurgery Wiki

Permanent link:

https://neurosurgerywiki.com/wiki/doku.php?id=tarlov_cyst_clinical_features



