

Tarlov cyst treatment

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- [Coexistence of a Tarlov cyst, pudendal neuropathy, and pelvic lipomatosis in the clinical course of a traffic-related injury while commuting: a case report](#)
- [Successful Surgical Ligation of a Giant Tarlov Cyst at the Cyst Neck Including the Nerve Root: A Case Report](#)
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Given the low estimated rates of symptomatic TC and the fact that symptoms can overlap with other common causes of low-back pain, optimal management of this entity is a matter of ongoing debate.

The most effective treatment of symptomatic Tarlov cysts, with options including non-surgical management, cyst [aspiration](#) and injection of fibrin glue, cyst fenestration, and nerve root imbrication, is debated ¹⁾

Non-surgical management with lumbar cerebrospinal fluid drainage and computerized tomography-guided cyst aspiration typically provide only months of improvement before recurring. Surgical treatment includes a laminectomy, cyst, and/or nerve root decompression with fenestration of the cyst and/ or imbrication. Early surgery for large cysts provides the longest symptom-free periods ²⁾

Urquiaga et al. describe a giant TC generating significant spinopelvic instability, which was successfully treated with complex spinopelvic reconstruction, leading to complete resolution of the reported axial mechanical pain ³⁾

Conservative management with epidural steroids is a successful method in the management of smaller cysts without motor symptoms ⁴⁾.

Pain may be also temporarily controlled by aspiration of the cysts and then injecting the cysts with fibrin glue (a substance produced from blood chemicals involved in the clotting mechanism). The aspiration of CSF and injection of fibrin glue procedure theoretically is designed to remove the CSF from the cyst, and to block the entrance or the neck of the cyst with the sealant glue, to prevent return of the flow of CSF into the cyst. Some patients have found immediate relief after the procedure, while others have reported a delayed benefit from the procedure when the nerve irritation has subsided. After the procedure, there are outcomes of both short term relief, as well as longer term relief reported. However, it is considered to be a temporary relief procedure.

Transcutaneous Electrical Nerve Stimulation (TENS) has been proven useful for some in pain management. TENS devices deliver electrical impulses through the skin to the cutaneous (surface) and afferent(deep) nerves to control pain. Unlike medications and topical ointments, TENS does not have any known side effects, other than skin irritation from the electrodes seen in some patients.

1)

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2)

Mehan A, Ruchika F, Chaturvedi J, Gupta M, Venkataram T, Goyal N, Sharma AK. Giant Tarlov Cyst presenting as pelvic mass: Often doing less is better. Surg Neurol Int. 2023 Mar 24;14:95. doi: 10.25259/SNI_79_2023. PMID: 37025521; PMCID: PMC10070324.

3)

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4)

Muthu S, Chandrasekaran S. Conservative Management of Symptomatic Sacral Tarlov Cyst - A Rare Case Report. J Orthop Case Rep. 2023 Jun;13(6):57-60. doi: 10.13107/jocr.2023.v13.i06.3694. PMID: 37398541; PMCID: PMC10308964.

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