

# Traumatic Cervical Pseudomeningocele

Traumatic [cervical pseudomeningoceles](#) (TCP) occur secondary to traction of the cervical nerve roots resulting in violation of the dura. Surgical repair is not necessary in most cases, because [pseudomeningoceles](#) have a high propensity to spontaneously resolve with conservative management alone. Currently, there are a limited number of cases of large TCPs ("large" defined as  $\geq 6$ cm in greatest diameter), and there is no established guideline for the management of such lesions.

Ganaha et al. describe the cases of two young men in their 20's who were involved in a motor vehicle accident. Both patients suffered a brachial plexus injury and developed large TCPs. Patient #1 was treated surgically for TCP using a combined intra-/extradural approach using a fascia lata graft. Patient #2 was ultimately treated non-surgically, because a spontaneous resolution of the pseudomeningocele was achieved over the period of 7 months following the accident. Both patients underwent brachial plexus repair surgery consisting of spinal accessory nerve transfer to the suprascapular nerve, and intercostal nerve transfer to the musculocutaneous nerve.

Disease progression of TCPs is a dynamic process, and even large lesions may spontaneously resolve without surgical intervention. When surgery is indicated, a definitive dural repair using a fascia lata graft to cover the dural tear intra- and extradurally is an effective method. Surgery must be planned carefully on a case-by-case basis, and close follow-up with thorough physical examination and serial imaging and is critical to monitor disease progression <sup>1)</sup>.

<sup>1)</sup>

Ganaha S, Lara-Velazquez M, Yoon JW, Akinduro OO, Clendenen SR, Murray PM, Pichelmann MA, Quinones-Hinojosa A, Deen HG. Challenges of managing patients with symptomatic large traumatic cervical pseudomeningoceles. *World Neurosurg.* 2018 Apr 11. pii: S1878-8750(18)30733-2. doi: 10.1016/j.wneu.2018.04.017. [Epub ahead of print] PubMed PMID: 29654960.

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