

骶前腫塊：一個大型 Tarlov 囊腫之病例報告
Presacral Mass: A Presentation of a Large Tarlov Cyst

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Case Report: A 22-year-old woman had soreness in the lumbar area which radiated to the right posterior lower limb for 3 years. The symptoms improved when the patient was lying down. However, mild walking disturbance, frequent hematuria, and missed menstruation cycles were noted thereafter. She visited a local OBS/GYN outpatient clinic where abdominal sonography and computed tomography showed a huge abdominal cyst. A laparoscopy revealed a connection between the cyst and the spinal canal, so the patient was referred to a neurosurgeon for removal of the mass and dura repair via laparotomy. One month after surgery, the mass returned to its original size. The patient presented to our neurosurgical department complaining of bilateral leg soreness after prolonged standing or walking, and headaches when she was in a prone or sitting forward position. Constipation and urinary frequency were noted, but she had no incontinence. The neurologic examination showed no abnormalities. Lumbosacral radiographs, magnetic resonance imaging (MRI), and computed tomographic myelography (CTM) were performed to further work-up the patient.

MRI showed that the pelvic cyst was an extension from an enlarged neural foramen in the sacrum on the right side, and the neural foramen on the left side was also enlarged. CTM showed multiple perineural cysts communicated with each other and thecal sac via at least 2 fistulas. The fistulas and 2 major cysts were marked out by the neuroradiologist to facilitate identification of the fistulas during surgery. The first fistula communicated between the thecal sac and the left enlarged perineural cyst. The left perineural cyst then communicated with the right perineural cyst via the second fistula.

Tarlov cyst and anterior sacral meningocele are the possible differential diagnoses. In this case, the original cyst wall was removed previously. To avoid the problem of tissue shortage to repair the large communication, the strategy was to obliterate the small communications between the perineural cysts via posterior approach. A histologic analysis was therefore impossible. The extremely large foramina on both sides of the sacrum suggest that the cysts arose proximal to the dorsal root ganglion. Hence it is reasonable to make the diagnosis of a Tarlov cyst. The intraoperative findings showed an expansile left perineural cyst with communication with the normal thecal sac via a fusiform arachnoidal tear. Occlusion of the tear and the mildly enlarged bilateral perineural spaces one level above was undertaken with autogenous fat pads and Tissucol Duo Quick (Baxter AG, Vienna, Austria), a tissue adhesive. Ten days after the surgery, repeated MRI showed marked shrinkage of the pelvic cyst. Further follow-up will be undertaken.

Concomitant Spine Infection with Mycobacteria Tuberculosis and
Pyogenic Bacteria: A Case Report and Literature Review

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Introduction: Each year, 3.8 million new cases of tuberculosis are reported in the world, with the vast majority being in the developing world. Tuberculosis of the spine or Pott's disease occurs in less than 1% of patients with tuberculosis when Mycobacterium tuberculosis in the bloodstream and lymphatics enters into the anterior portion of the vertebral body.

We will present a rare case of spine infection with both tuberculosis and pyogenic bacteria infection.

Case Report: Presentation and examination:

Our patient is a 73-year-old man without any disease. He suffered from progressive compression fracture post decompression and fusion with progressive kyphotic deformity. Wound infection was noted, and he was transferred to our hospital for further management.

Operation and Results: Staphylococcus infection concomitant with tuberculosis spine infection and TB meningitis was noted.

Discussion: TB spine concomitant with pyogenic infection is a rare situation. There is only two case report in the PubMed research. We had reviewed the pyogenic infection cases in our hospital, there are at least five cases which had concomitant spine infection with TB and pyogenic bacteria. This might be because that tuberculosis infection is more common in Taiwan.

Conclusion: In conclusion, it is recommended to make mycobacterial culture and histopathological examination for all suspicious cases even when there is positive culture of pyogenic bacteria.