Sciatica due to Lumbar Intraspinal Gas Pseudocyst

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Picture 1.

A 37-year-old previously healthy woman presented with a 6-month history of left radicular leg pain. She denied any precipitating factor and had no history of excessive motion or sports before the onset of clinical symptoms. Physical examination showed a positive straight leg raising at 60° without motor weakness. The right side was normal. Computed tomography revealed moderate disc protrusion at L4-L5 and a 6 mm epidural gas bubble (arrows) below the intervertebral disc space compressing the left L5 nerve root (Picture 1A and 1B). An ipsilateral L4-L5 interlaminar approach was performed with enlargement of the lateral recess. The L5 nerve root appeared swollen and compressed by the adjacent pseudo-cyst that was removed. No disc material was seen. Histopathological diagnosis of the removed tissue revealed nonspecific fibrous tissue. Postoperatively, the radicular symptoms were significantly diminished without recurrence.

Epidural gas pseudocyst is a rare intraspinal lesion that

has been suggested to originate from the intervertebral disc due to the motion of the spine (1). The gas is composed primarily of nitrogen and is often trapped within a thin layer of nonspecific fibrous tissue membrane identical to the posterior longitudinal ligament (1-3). Often asymptomatic, clinical symptoms can be similar to those of other more common causes of lumbar radiculopathy (1, 2). Surgery is indicated when conservative therapy fails.

References

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