

2

가

Cilluffo (1)

10 가

(one way valve effect)  
(1 - 4).

2

(Fig. 1D, 1E).

L2 - 3

가

가

1

30

가 2

T9 - L3

가

(Fig. 1A, 1B).

T9 - L3

(Fig. 1C).

T9 - L3

가

MR

2

61

가

20

L3 - S1

L4 ,

가

T11 - L3

가,

T11 - L3

T11 - L3

MR

1999 12 8

2000 7 14

(Fig. 2A).

가,

(Fig. 2B).

L2

가

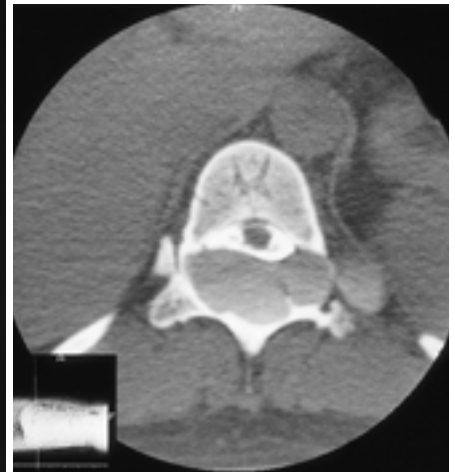
가



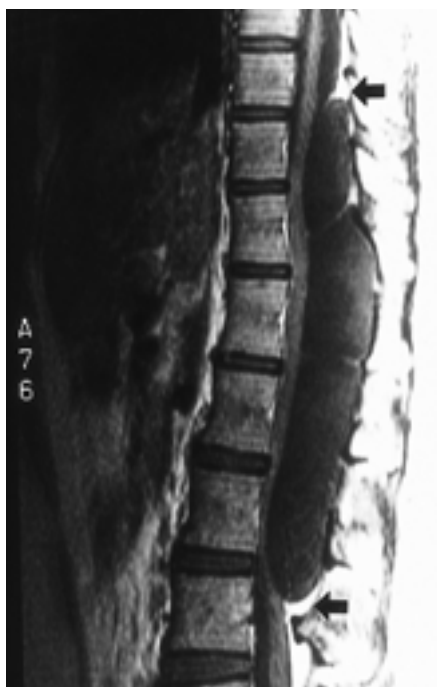
A



B



C



D



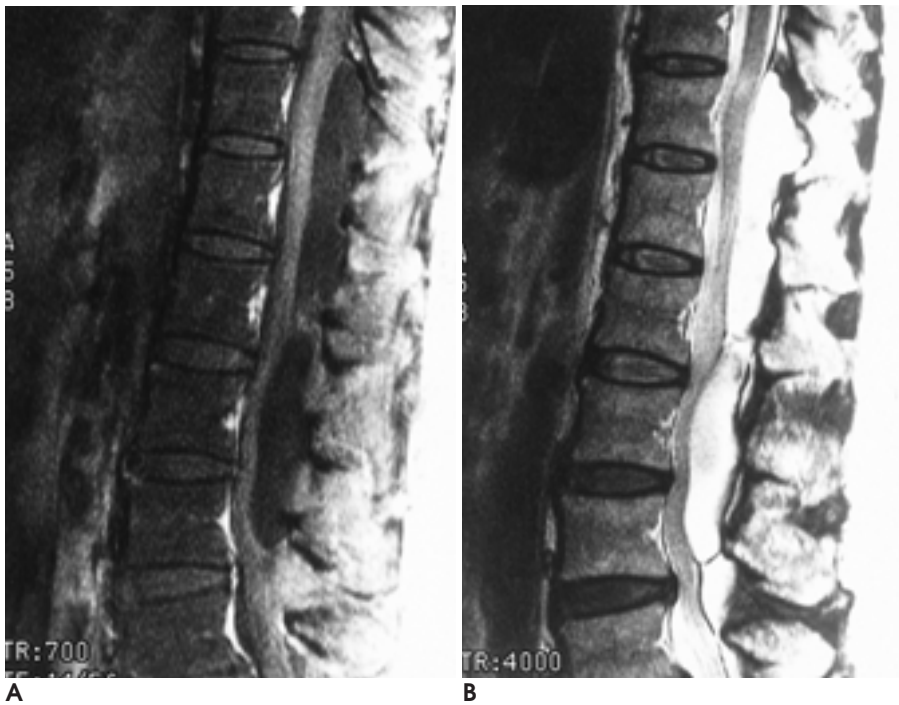
E

**Fig. 1.** A 30-year-old women with back pain and radiating pain in both lower extremities.

**A, B.** Plain radiograph of thoracolumbar region shows widened interpedicular distance (arrows), erosion of pedicle (open arrows), and enlarged neural foramina, and posterior erosion of vertebral bodies (arrowheads).

**C.** On CT myelogram of thoracic spine reveals cystic lesion in the posterior epidural space. The lateral bulging of the lesion through bilateral neural foramina, bony erosion and anteriorly compressed and displaced thecal sac are demonstrated.

**D, E.** Enhanced sagittal T1-weighted image (D) and Sagittal T2-weighted image (E) reveal a lobulated margined, craniocaudally elongated mass with CSF-signal intensity occupying posteriorly epidural space along thoracolumbar region. Anteriorly displaced and collapsed thecal sac and epidural fat cap pattern (arrows) of upper and lower end of the cyst are seen.



**Fig. 2.** A 61-year-old women with back pain and radiating pain in both lower extremities.

**A, B.** Enhanced sagittal T1-weighted image (A) and sagittal T2-weighted image (B) show a lobulated, elongated mass with CSF-signal intensity occupying posterior epidural space along thoracolumbar region.

가

가

Cilluffo

1 가

7).

(5-

가

(1). Done

(2). Chen

1

(3). Hamburger

(localized developmental duplication)

(4).

Nabors

가

(8).

1 T9 - L3,

2 T11 - L3

가,

1. Cilluffo JM, Gomez MR, Reese DF, Onofrio BM, Miller RH. Idiopathic ("congenital") spinal arachnoid diverticula: Clinical diagnosis and surgical results. *Mayo Clin Proc* 1981;56:93-101
2. Done SL, Hayman LA, New PF, Davis KR, Chapman PH.

- Interdural cyst of the lumbosacral region. *Neurosurgery* 1984;14:287-294
3. Chen HJ, Chen L. Traumatic interdural arachnoid cyst in the upper cervical spine. Case report. *J Neurosurg* 1996;85:351-353
  4. Hamburger CH, Buttner A, Weis S. Dural cysts in the cervical region: Report of three cases and review of the literature. *J Neurosurg* 1998;89:310-313
  5. Uemura K, Yoshizawa T, Matsumura A, Askawa H, Nakamagoe K, Nose T. Spinal extradural meningeal cyst. Case report. *J Neurosurg* 1996;85:354-356
  6. . . . 1998;39:659-665
  7. Gray L, Djang WT, Friedman AH. MR imaging of thoracic extradural arachnoid cysts. *J Comput Assist Tomogr* 1988;12:646-648
  8. Nabors MW, Pait TG, Byrd EB, et al. Updated assessment and current classification of spinal meningeal cysts. *J Neurosurg* 1988;68:366-377

J Korean Radiol Soc 2000;43:357 - 360

## Interdural Cyst of the Thoracolumbar Region: Case Reports<sup>1</sup>

Sang Tae Kim, M.D., Chun Hwan Han, M.D., Seong Whi Cho, M.D.,  
Jong Chan Lee, M.D., Ga Yeoul Oh, M.D., Jin Yong Kim, M.D.

<sup>1</sup>Department of Diagnostic Radiology, Kangnam General Hospital Public Corporation

Spinal interdural cyst is an extremely rare lesion, the wall of which consists of a dura-like layer without arachnoid. This report describes two cases in which patients with interdural cysts of the thoracolumbar spine presented with atypical neurologic signs and symptoms, including lower back pain and radiating pain in both lower extremities. Plain radiographs, CT myelograms and magnetic resonance images were obtained, but the cysts could not be differentiated from extradural arachnoid cyst. Surgical intervention revealed a dura-like layer of cyst wall, and within the cyst, a fluid resembling cerebrospinal fluid was present. In one case, microscopic examination showed that fragments of connective tissue without an arachnoid lining formed a thin fibrous cystic wall, a finding consistent with meningeal cyst.

**Index words :** Spine, abnormalities  
Spine, cysts  
Arachnoid, cysts  
Spine, MR

Address reprint requests to : Sang Tae Kim, M.D., Department of Radiology, Kangnam General Hospital Public Corporation  
171-1, Samsung-dong, Kangnam-gu, Seoul 135-090, Korea.  
Tel. 82-2-3430-0384 E-mail: pan@kangnamhosp.or.kr