



Posterior epidural cyst associated with Baastrup disease

A 57-year-old man presented with a several-year history of midline lower back pain radiating down both legs. The patient reported that the pain was relieved on flexion and worsened with extension. On physical examination, he had an antalgic gait, 4/5 strength in the left lower extremity, allodynia

of left lower extremity from hip to mid leg, and brisk bilateral deep tendon reflexes. There was bilateral lumbar paraspinal tenderness to palpation.

Lateral radiograph (Fig. 1) demonstrated apposition of the dorsal spinous processes that is characteristic of Baastrup disease. Magnetic resonance imaging (Fig. 2) demonstrated bursal fluid between the L4 and L5 spinous processes, as well as a posterior epidural cyst resulting in significant canal stenosis.



Fig. 1. Lateral radiograph demonstrates apposition of spinous processes at L4–L5 (arrow).

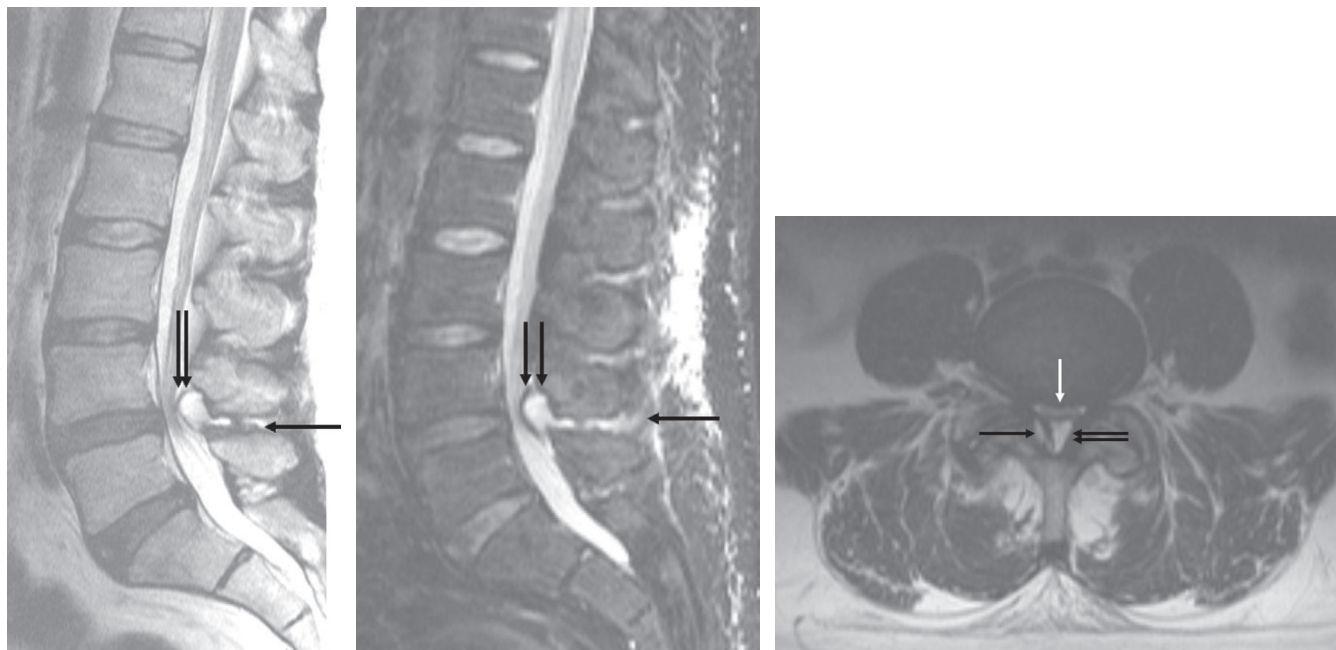


Fig. 2. Midline sagittal T2-weighted (Left) and short tau inversion recovery (Middle) magnetic resonance images show hyperintense signal between the L4 and L5 spinous processes, consistent with interspinous bursa formation (arrow). Note the posterior epidural cyst in clear continuity with the interspinous bursa (double arrow). Axial T2-weighted image (Right) demonstrates severe compression of the thecal sac (white arrow) by the posterior epidural cyst (double arrow). Also seen is a synovial cyst arising from the right facet joint (single black arrow).

The patient underwent an L4–L5 laminectomy and excision of epidural cyst. Intraoperatively, a cyst was encountered between the L4 and L5 interspace extending under the lamina of L4 with severe compression of the thecal sac. Postoperatively the patient had resolution of his back and leg pain and his left lower extremity strength improved to 5/5.

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