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IMAGES OF SPINE CARE

Vertebral body erosion by pseudomeningocele

Pseudomeningoceles are rare but well-documented complications of spinal surgery. They are extradural collections of cerebrospinal fluid that usually result from incidental tears in the dura. Multiple cases of posterior bony erosion because of postsurgical pseudomeningoceles have been described previously. However, this is the first reported case of vertebral body erosion because of an anterior iatrogenic pseudomeningocele [1–3].

A 41-year-old woman was referred to the authors' clinic for a second opinion regarding a cystic erosion of L2 vertebral body. The surgical history of the patient was significant for multiple lumbar spine surgeries. The patient's previous images and operative reports were obtained from the referring center. One of her operative reports performed 5 years before the current presentation stated that the operating surgeon performed L2–L3 decompression laminectomy and a right-sided discectomy and a posterior osteophyte was resected during the procedure. In doing so, an inadvertent anterior dural tear occurred. Because of the anterior location of the dural tear, it could not be repaired. A computed tomography myelogram performed before the L2–L3 decompression showed posterior marginal osteophyte at L2 and no erosion of the L2 vertebral body (Fig. 1). A computed tomography and magnetic resonance imaging scan of the lumbar spine performed 5 years after the L2–L3 decompression showed L2 vertebral body erosion secondary to a pseudomeningocele (Figs. 2 and 3). No surgical intervention was performed for the L2 pseudomeningocele.

References

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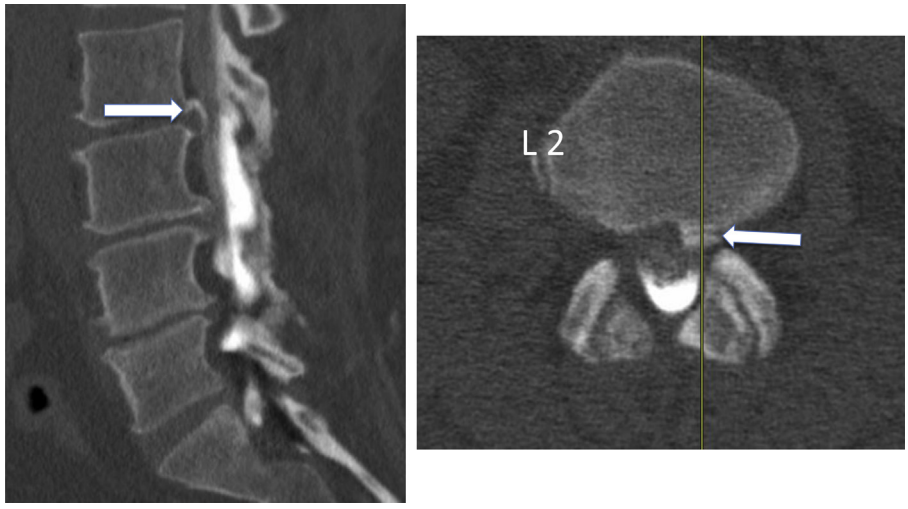

Fig. 1. Computed tomography myelogram performed before L2–L3 decompression, (Left) midsagittal and (Right) axial views showed posterior marginal osteophyte at L2 (arrow). The L2 vertebral body showed no erosion.

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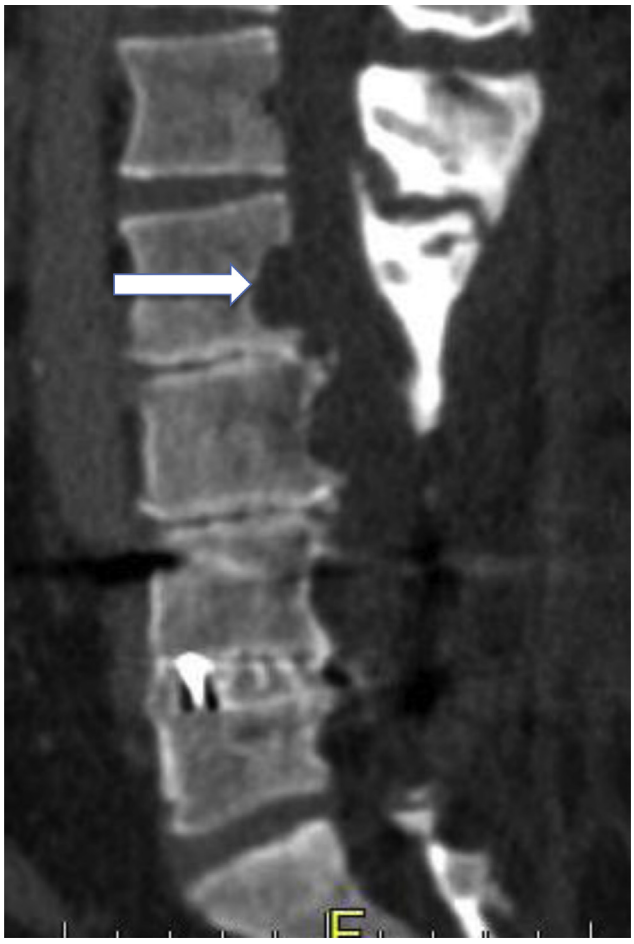

Fig. 2. Computed tomography scan performed 5 years after the patient's last surgery showed erosion of vertebral body of L2, measuring approximately 2 cm (arrow).

Fig. 3. T2-weighted midsagittal magnetic resonance imaging scan showed a pseudomeningocele in the posterior aspect of the vertebral body of L2 causing the bony erosion (arrow).