

Lumbar Spine Juxtafacet Cysts

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Abstract: Juxtafacet cysts including ganglion and synovial ones, are the cysts which can develop in the spine. This is a brief review on the Lumbar spine Juxtafacet cysts, their pathogenesis and relevant treatment strategies for them. It is important for the spine surgeons to have knowledge about such pathologies and treatment strategies for them, to approach such pathologies during clinical practice more effectively.

Keywords: Juxtafacet cysts - Ganglion and Synovial cysts - Lumbar spine

Juxtafacet cysts of the spine primarily will be occurred in the lumbar section. Although its etiology is unclear but it seems that increasing in the amount of motion can be responsible for development of the cysts. There are two types of juxtafacet cysts including "ganglion" and "synovial" cysts. Ganglion cysts do not have synovial lining. Juxtafacet cysts comprise the cysts which can arise from ligamentum flavum or the cysts which can be adjacent to a spinal facet joint.

Patients with the degeneration of the facet joint and sever forms of spondylosis and whom are in the ages about 63 years in average, are more vulnerable to develop juxtafacet cysts in their spine.

Radicular pain is the most common symptom of the patients with juxtafacet cysts. In case of occurrence of hemorrhage in the cysts, pain exacerbation which will occur suddenly, can also be seen in the patients. Cauda equina syndrome and neurogenic claudication due to the stenosis of the canal can be seen in some patients with juxtafacet cysts.

Fibrous connective tissue and relevant small venules proliferation in the walls of the cysts without seeing any signs of inflammation or infection can be seen in pathological studies of the cysts.

Arachnoid cyst, Neurofibroma, Nerve root or epidural metastases, Herniated Lumbar Disk's free fragment, Tarlov's or Perineural cyst and Root sleeve dilatation of the dural subarachnoid,

can be the differential diagnosis of the juxtafacet cysts.

MRI, CT-Scan and Myelography, can be used for preoperative evaluation of the juxtafacet cysts. Since the surgical approach to treat juxtafacet cysts is somehow different from the surgical approach to treat Lumbar disk herniation, using preoperative evaluation can be helpful for the surgeon.

Aspiration of the cysts, injection of the facet with steroids and surgical removal of the cysts, are the treatment options in case conservative treatment fails to relieve symptoms. During surgical approaches to Juxtafacet cysts, the cysts may collapse and become missed or can be seen while being adhered to the dura. Usually without performing fusion in the surgery of Juxtafacet cysts, good surgical results can be achieved, so performing fusion is not necessary in most of the cases.

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