



CONSERVATIVE MANAGEMENT OF RECURRENT LUMBAR GIANT PSEUDOMENINGOCELE.

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Introduction

- Iatrogenic lumbar Pseudomeningocele is an uncommon complication of lumbar spinal surgeries.
- Pseudomeningocele is an extradural, CSF collection with a false capsule which results due to missed or inadequately repaired Dural tear.
- If the size of the swelling is more than 8cm it is labelled as Giant Pseudomeningocele.
- Commonly it is treated by re-exploration and repair of Dural tear.

Case presentation

- A 35-year-old male patient presented with fluctuant swelling at the surgical site who had undergone L5-S1 endoscopic discectomy 2 months earlier.
- Patient also had complaints of headache and occasional episodes of nausea and vomiting



- ON EXAMINATION : 8 X 5cm, soft, non tender, fluctuant swelling at the surgical site, cough impulse+

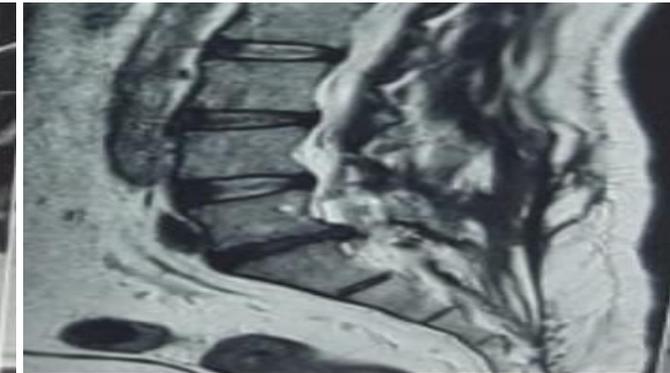
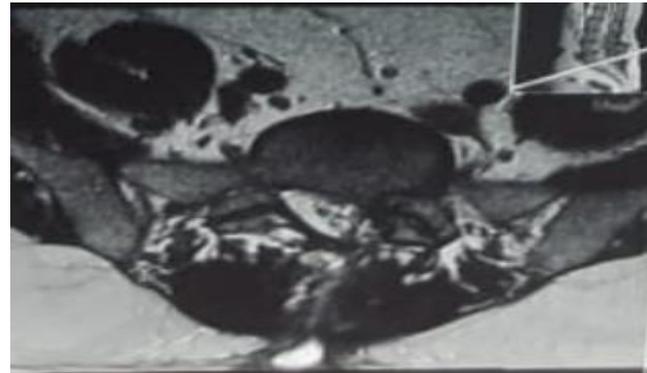
Recurrence of Giant Pseudomeningocele

- ✓ Patient presented again with fluctuant swelling at surgical site after post operative D15 with larger size than previous one.
- ✓ Patient did not had any neurological or symptoms



Conservative management

- He was then planned for conservative management under close observation.
- He was reviewed 2weekly for 3months.
- At 3months follow up, the swelling had resolved both clinically and Radiologically.



**Clinical and
radiological resolution
of Pseudomeningocele**

Review of Literature

- open revision surgery for extirpation of Pseudomeningocele, repair of Dural tears, and implantation of a subarachnoid catheter for drainage is safe & effective to treat giant Pseudomeningocele.
- Lumbar myofascial advancement for non resolving and recurrent cases.
- Mechanical compression can be an effective in the treatment of large Pseudomeningocele. This mechanism is based on Bernoulli's laws of pressure gradients.

Conclusion

- Giant Pseudomeningocele can be managed conservatively under close observations for spontaneous resolution.
- Surgical exploration and repair can be reserved for failure of conservative treatment and symptomatic patients with neurological deficits , intracranial hypotension, infection or CSF fistula, progressive swelling. Thereby surgical morbidity and complications can be avoided.

Bibliography: Weng YJ, Cheng CC, Li YY, Huang TJ, Hsu RW. Management of giant pseudomeningoceles after spinal surgery. BMC Musculoskelet Disord. 2010;11(1):1-7.