MENINGOCELE SPURIUS FOLLOWING HEMILAMINECTOMY IN A CASE OF LUMBAR DISCAL HERNIA

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Clinical History. F.L., a male aged 43, suffered moderate trauma in the dorsolumbar region in 1942. He had immediate and violent lumbar pain which spread down the left leg. A long period of rest and medical treatment was unsuccessful, and the painful symptoms continued during the following years. In 1947 pain disappeared in the left side, but occurred in the region of the right sciatic nerve. There were no disturbances of motility, sensibility or sphincters.

Because the painful symptoms became worse, the patient was admitted to an orthopedic department in May 1960, where he underwent surgery. A discal hernia was removed at the L4-L5 level on the right, by hemilaminectomy.

The sciatic pain on the right side disappeared immediately after operation. But pain localized in the coccygeal region occurred a few days later. At the same time there were functional disturbances of bladder and intestine, as well as disturbance of sexual function.

These symptoms were not continuous but periodic, and increased in severity over the following months. As a result the patient was admitted to our clinic in October 1960.

Examination. The patient complained of sacrococcygeal pain accentuated by movement, increased intraspinal pressure (cough, etc.) and by percussion and pressure on the old operative scar.

The right ankle jerk was diminished as well as the anal reflex. Micturition was difficult and there was retention of urine. There was also constipation.

Radiograms of the lumbar spine showed evidence of partial hemilaminectomy of L4 on the right, including the articular apophysis. Also the upper articular apophysis of L5 had been removed.

Radiculography (contrast medium: Methiodal, Gerber). In addition to the normal contrast of the lumbar subarachnoid space, showing the form of the caudal radicles, there was noted the progressive appearance of a roundish shadow situated in a right posterior paramedian position. Gradually it became more noticeable, and in the various projections it remained in contact with the dural sac. This shadow had the same opacity as the subarachnoid space. Its lower outline was curved and clear-cut, while the upper one was straight and blurred. This aspect seemed to be in relation to a phenomenon of stratification of the contrast medium in a sac containing fluid (the patient was in an erect position), as shown in Figs. 1 and 2. Continuing the examination there was noted a progressive reduction of opacity of the roundish shadow and of the spinal subarachnoid space.

Operation. The skin was opened through the old operative scar. A zone of decreased resistance, correspond-
persisting neurological syndromes following operations for discal hernia, can help in the diagnosis of this complication.

Hydrosoluble contrast medium, easily diffusible in the cerebrospinal fluid, is particularly valuable in defining any sac communicating with the subarachnoidal cavity. In contradistinction, heavy contrast media are capable of penetrating into the pseudocystic formations only if a favorable position of the patient, which cannot be known previously by the radiologist, is maintained.

SUMMARY

A case of meningocele spurius following hemilaminectomy in a case of lumbar discal hernia is reported.

The authors believe that this postoperative complication is not as rare as is believed.

A larger use of a hydrosoluble contrast medium, in cases of persisting neurological syndromes following operations for discal hernia, can help the diagnosis.

REFERENCES