Tarlov Cyst Disease is rare, affecting less than 200,000 people in the USA. It is not uncommon to have Tarlov Cysts; however, it is rarer for the cysts to become symptomatic.

‘Tarlov Cysts are fluid-filled sacs that most often affect nerve roots in the sacrum, the group of bones at the base of the spine.’ While not all sufferers will end up with symptomatic cysts, for the ones who do, it is a painful condition as the cysts compress the nerve roots. There is shooting pain through the lower back, and due to sciatica (the sciatic nerve is the longest nerve in the body, starting at the S2 and ending in the foot) can go through the buttocks and down one leg. One sufferer described the sciatica shocks as so bad that she would sometimes yell out in pain. She says:

‘I felt like I was paralysed even though I could move. My hips and legs hurt too. I began having trouble walking. This disease is life changing. One minute you have to lay down, the next get up, the next sit crooked in a chair, the next walk, then lie down again. Usually lying down felt the best. You get weird nerve sensations. At least I didn’t have many of the other problems that some people get from this disease.’ – Christa

Some of those other problems include urinary incontinence, headaches, blurred vision, dizziness, sexual dysfunction, constipation and pain in areas from the chest, neck, arms and hands, to weakness and cramping in the arms and legs depending on the location of the cysts on the spine. A major symptom for many sufferers is difficulty in sitting. Sufferers describe it as feeling like they’re sitting on a rock.

Pressure on the nerves next to the cysts can also cause pain and deterioration of the surrounding bone. Tarlov cysts can be present since birth or for many years without the person knowing, so there is often evidence or erosion of the sacral bone or the other vertebrae that have been affected. The cysts become known as Symptomatic Tarlov Cysts once symptoms develop.

Symptoms can be brought on following trauma such as falls, car accidents, heavy lifting and childbirth, which causes the build up of cerebrospinal fluid. Women are at much higher risk of developing these cysts than men.

Tarlov cysts are diagnosed through MRI or CT scans.

Treatment can be difficult for several reasons. The cysts cannot simply be cut out because they are a part of the nerves. Treatments include pain medications such as anti-seizure drugs and antidepressants. Transcutaneous Electrical Nerve Stimulation or TENS is successful in managing pain for many people. TENS works by sending electrical impulses to the nerves, through the skin.

In circumstances where pain cannot be relieved or other symptoms become intolerable then surgery is an option. For larger cysts, surgery involves a small cut into the cyst, where it is drained and then the dead spaces are packed with fat or muscle. Some nerve root cysts are
only wrapped, which stops enlargement, and some are treated by plugging the neck of the
cyst with a piece of fat and sutured in a wrapping motion. This is to block the entrance of the
cyst so as to avoid it refilling with fluid.

There are of course risks to such delicate surgery, such as further nerve damage or spinal
fluid leaks. Recovery time can vary; some patients experience immediate relief, while others
can take months or years to experience the full benefit.

For more information check:
http://login.npwebsiteservices.com/Tarlov_Cyst_Disease_FoundaAYSCXT/Home.asp