



**Diagnosis: ?**

**Diagnosis:** Facetal cyst

**Clinical Features**

Usually 50-79 y with back ache sciatica

X ray: OA. Always associated with lumbar spondylosis

Degenerative spondylolisthesis is a frequent finding

Occasional rimmed calcification at the rim of the cyst

Complete resolution of the symptoms after Surgical excision of the cyst and laminectomy

**4 hypothesis:**

1. Excess stress: due to excessive movement

2. Mucinous degeneration

3. Synovial rest cells

4. Metaplasia

Trauma, although not so strongly incriminated

**Pathogenesis:** These cysts frequently occur in consequence of a lumbar spine stress (exercise loading) in addition to a degenerative lesion of the soft lumbar tissue. This is usually seen in mobile segment: L4/5 and should be termed as “cystic formation of mobile spine” (CYFMOS)

They found it seems that amyloid in some cystic cases suggesting degeneration is in progress.

**Pathology**

Degeneration will cause protrusion of the synovial membrane through defects of the joint capsule. This herniation causes the formation of a para-articular cavity filled with synovial fluid

The fact that most synovial cysts arise at the L4/5 level, the single-most mobile level of the vertebral column, along with the frequent association with spondylolisthesis, favors instability as a pivotal factor in their aetiopathogenesis

The definite association with osteoarthritis (40.5%) and spondylolisthesis (43.4%) and the reported relationship with disc degeneration (13.2%) only highlight the major role of segmental spinal instability in the pathogenesis of spinal synovial cysts.

In 2/3 rd there was direct relationship between cyst and facet joint.

The preference for the L 4-5 level in 80%, the most hypermobile in the spine, spondylolisthesis in 33%, and facet joint hypermobility found in 60% of the patients suggest that hypermobility is an important aetiological factor.

**Treatment**

A surgical intervention is the best treatment strategy for this cyst:Surgical excision of the cyst and laminectomy

No fusion surgery is required.

No recurrence after surgery

In summary, synovial cysts are rare degenerative and space occupying lesions in elderly patients and should be considered in the differential diagnosis of disc

herniation. They are easily diagnosed by CT or MRI. Hypermobility of the facet joints and spondylolisthesis seem to be the most important factors in regard to pathogenesis.

### **References**

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