



## In SYNOVIAL CYSTS care

*Published Articles*

**Hazen LJ, Cox JM: Lumbar intraspinal extradural synovial cyst: a case study. *J of the Neuromusculoskeletal System* 1993; 1(4):167-169**

Lumbar intraspinal extradural synovial cyst is among the more rare, yet well-documented compressive neuropathies that present with low back and/or leg pain. The current base of knowledge in the medical literature concerning this interesting condition is presented, and the chiropractic protocol and treatment use in this one case of a lumbar synovial cyst.

Lumbar intraspinal extradural synovial cysts are of a facet degenerative etiology and may be referred to by a variety of names - hypertrophic synovitis, cysts of the ligamentum flavum, synovial cysts, ganglion cysts. Tissue studies demonstrate that these cysts contain a variety of components, including reactive fibrous connective tissue, dense fibrous connective tissue, hyperplastic synovial membrane, and fine calcifications. Such a cyst must be thought of in the differential diagnosis of an individual presenting clinically with LBP and leg pain, particularly in the over 50 category. Clinical examination, corollary diagnostic imaging - CT and MRI - make the diagnosis.

The definitive treatment of intraspinal cysts in the current literature is surgical laminectomy. However, the authors recommend the possibility of a conservative, noninvasive approach to the care of the cysts via chiropractic distraction manipulation in conjunction with the appropriate physical therapy modalities.

**Cox JM, Cox II JM: Treatment of lumbar spine synovial cysts: a report of two cases. *JMPT* 2005; 28 (2):143-**

**Objective** To present the treatment of low back and radicular pain due to synovial cysts of the lumbar spine including chiropractic distraction manipulation and physiological therapeutic care.

**Clinical features** Two patients (71-year-old man and 59-year-old woman) with magnetic resonance imaging (MRI)-diagnosed large synovial cysts at the L3 through L4 and L4 through L5 vertebral levels, respectively, had lower extremity pain, numbness, and tingling of the respective L4 and L5 dermatomes.

**Intervention and outcome** Chiropractic distraction manipulation was performed at the level of the synovial cyst. The manipulation was performed daily until 50% pain relief was attained, followed by diminished frequency of care. Physiotherapy included positive galvanism, iontophoresis, tetanizing electrical stimulation, stabilization exercises, and home cryotherapy. The male patient's pain was reduced by 50% in 14 days and 100% at 60 days. Range of motion of the thoracolumbar spine increased, walking distance increased from 1 to 2 blocks to 1 mile without pain, and repeat MRI showed reduced size of the cyst. The female patient, under the same treatment regimen, was pain free in 6 weeks.

**Conclusion** Chiropractic distraction manipulation and physiological therapeutic care relieved 2 patients with low back and radicular pain attributed to MRI-confirmed synovial cysts of the lumbar spine. This treatment may be an initial conservative treatment option for synovial cysts with careful patient monitoring for progressive neurologic deficit which would necessitate surgery. Distraction manipulation may be a safe and effective conservative treatment of synovial cyst causing radicular pain; further data collection of clinical outcomes is warranted.