

# Compressive Radiculopathy due to Giant Lumbar Pseudomeningocele after Lumbar Laminectomy – A Case Report

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## INTRODUCTION

Pseudomeningocele formation is a recognized complication following spinal surgeries, particularly after laminectomy procedures. This case report describes a 36-year-old male who presented with persistent low back pain radiating to the right lower limb following L4-L5 and L5-S1 laminectomy, accompanied by right-sided foraminotomy and discectomy under S/A on October 6, 2023. Complications included CSF leak, necessitating reexploration with discectomy and CSF leak repair under G/A on December 2, 2024, at other hospital. Upon presentation to our institution, the patient exhibited a giant lumbar pseudomeningocele. Surgical intervention involved reexploration, excision of the pseudomeningocele, right L5-S1 foraminotomy, and repair of dural defects. This comprehensive approach resulted in significant postoperative improvement in the patient's symptoms.

## AIMS / OBJECTIVES

**Case Presentation:** A 36-year-old gentleman presented with complaints of persistent low back pain radiating to the right lower limb. His symptoms began following a laminectomy procedure at the L4-L5 and L5-S1 levels with right-sided foraminotomy performed under spinal anesthesia on October 6, 2023. Due to ongoing symptoms and a subsequent diagnosis of CSF leak, he underwent reexploration and discectomy with CSF leak repair under general anesthesia on December 2, 2024, at another hospital. Upon presentation to our institute, physical examination revealed intact motor power and a positive straight leg raising test (SLRT) at 30 degrees in the right leg. Imaging studies including MRI and CT of the lumbar spine confirmed the presence of a giant lumbar pseudomeningocele measuring 6.7 x 4.3 x 4.5 cm at the site of previous surgery (Figure 1).

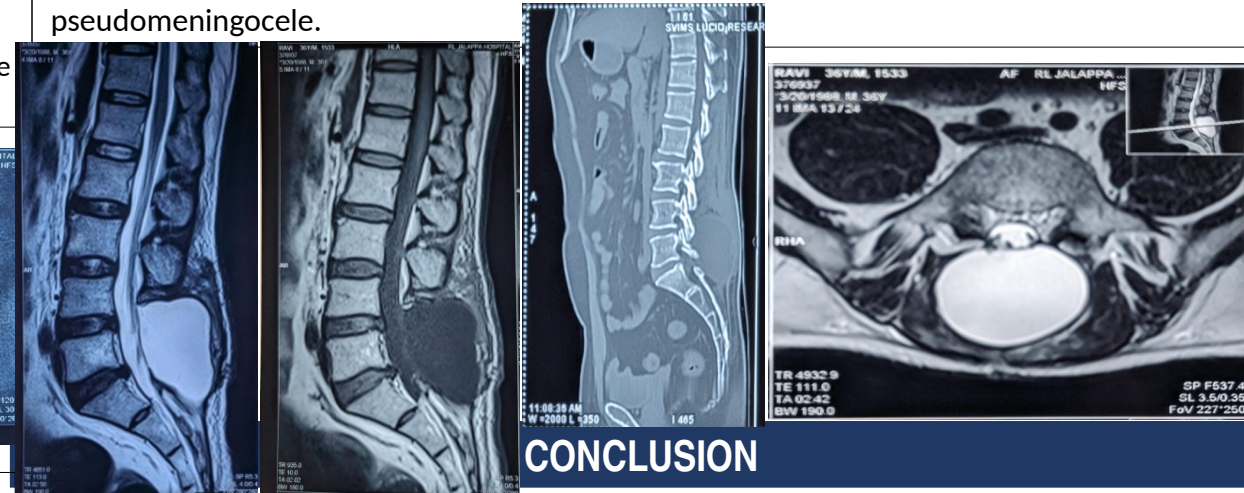
## MATERIALS / METHODS

The patient underwent reexploration with excision of the pseudomeningocele and repair of the dural defect, along with right L5-S1 foraminotomy to address the compressive radiculopathy. Postoperatively, the patient showed significant improvement in symptoms, with resolution of radicular pain and restoration of neurological function. He was discharged with appropriate postoperative care and follow-up.



## RESULTS & DISCUSSION

Pseudomeningoceles are a recognized complication of spinal surgeries, particularly in cases involving laminectomy and associated dural defects. The presentation can vary from asymptomatic cases to those with severe neurological deficits. Timely diagnosis through imaging modalities such as MRI and CT is crucial for appropriate management planning. Surgical intervention, as described in this case, aims to relieve symptoms by addressing the underlying dural defect and decompressing neural structures affected by the pseudomeningocele.



## CONCLUSION

This case highlights the management of compressive radiculopathy secondary to a giant lumbar pseudomeningocele following previous lumbar laminectomy and foraminotomy. Surgical intervention with excision of the pseudomeningocele and repair of the dural defect resulted in significant clinical improvement. Awareness of this potential complication and prompt surgical management are essential for optimizing outcomes in such cases