



TARLOV CYSTS AND ADHESIVE ARACHNOIDITIS

A very high percentage (about half) of persons with AA have one or more Tarlov cysts. The name Tarlov is applied to these cysts to acknowledge the physician who first described them. Before his name was applied to these cysts, they were usually called “perineural” because they were outgrowths or “pouches” of the arachnoid membrane inside the spinal canal or nerve sheafs on nerves outside the spinal canal. Other than inside the sacral spinal canal the most common location is in the pelvis near the sacrum.

FOUNDATION STUDY: To begin answering questions about the cysts, we just finished a preliminary study in which 19 persons (18 women, 1 man) answered a questionnaire.

SUMMARY OF FINDINGS:

1. Pain in the back, pelvis, or legs was the 1st symptom of awareness.
2. Bladder, intestine, and leg symptoms were very prevalent since the cysts compress and/or damage nerves that connect to these anatomical sites.
3. No direct cause and effect relationship with AA was evident. Only 4 of the 19 (21.1%) had AA.
4. Surgery to remove or drain the cysts in 13 of the 19 (64.4%) had a positive outcome in the majority.
5. The most striking finding was that every study participant reported one or more autoimmune manifestation including such conditions as fibromyalgia, chronic fatigue, herniated discs, spinal canal leaks, migraines, food sensitivity, and neuropathies among others.
6. A hormonal deficiency such as estradiol may be a causation of TC's since middle age was the predominant age group in this study.

MAJOR CONCLUSION: TC's appear to be a component of the same autoimmune disorder which propagates AA. TC's by themselves don't appear to cause AA. They may, however, develop concomitant with AA. The presence of a TC calls for evaluation of inflammatory markers, viral autoimmunity, and hormonal deficiencies.

NOTES:

1. The full report on this preliminary study is available on request and is posted on our website.
2. A gracious thank you is given to study participants.