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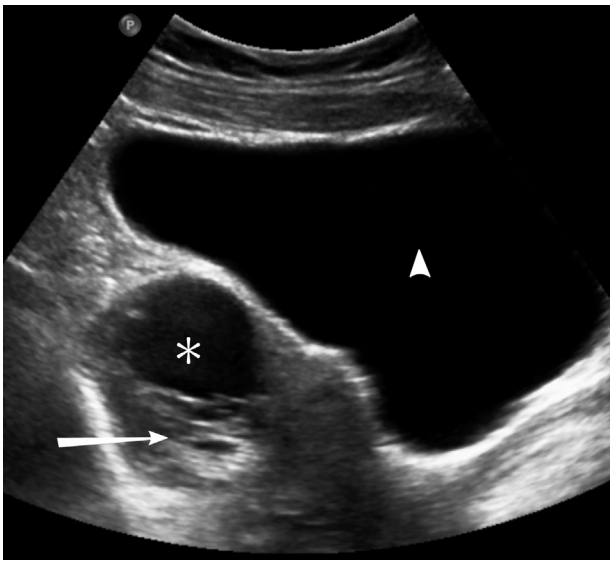

Figure 1. Longitudinal transabdominal ultrasonography of the hypogastrium, with a cystic lesion (asterisk) behind the bladder (arrowhead), with apparent nerve structure inside (arrow).

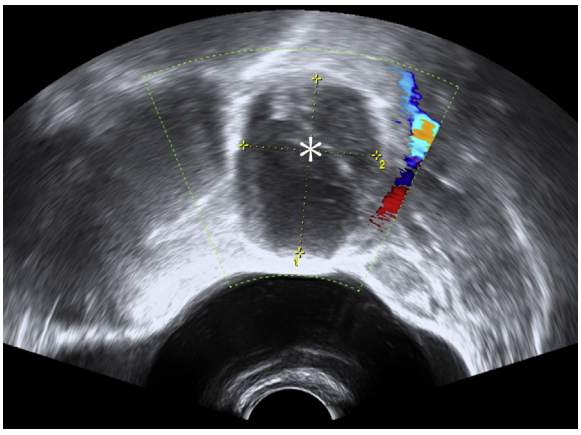

Figure 2. The same lesion (asterisk) by transvaginal ultrasonography, definitely separated from the left ovary (on the left side, not shown).

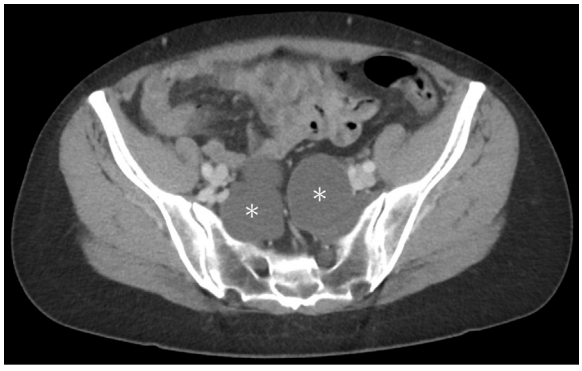

Figure 3. Bilateral polylobular cystic lesions (asterisks) originating from the sacrum.

[Ann Emerg Med. 2019;74:e77-e78.]

A 56-year-old woman presented to the emergency department with 2 weeks of painful defecation. The pain was sharp, was localized to the anus, and radiated to the gluteus and the left leg. She was pain free when not defecating. Clinical examination revealed mild rebound tenderness in the left lower abdomen. Urinalysis and blood test results were normal. The emergency physician performed bedside ultrasonography (Figure 1) along with a transvaginal view (Figure 2). Computed tomography (CT) confirmed the diagnosis (Figure 3).

For the diagnosis and teaching points, see page e78.
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IMAGES IN EMERGENCY MEDICINE

(continued from p. e77)

DIAGNOSIS:

Bilateral perineural (Tarlov's) cysts. Tarlov's cysts are type II arachnoid cysts that occur in less than 5% of patients with back pain. Although they are more common in female than male patients, only 1% are symptomatic.[1] Common symptoms are sacral pain, sciatic pain, or both, but also bladder dysfunction, dyspareunia, or proctalgia.[2] Diagnosis is made with magnetic resonance imaging or CT, often as an incidental finding. There is no consensus on the appropriate treatment of symptomatic cysts, but percutaneous drainage, fenestration, shunt, or resection has been reported.[3]

Similar cysts have been described by transvaginal ultrasonography.[4] In our case, the cysts originated from the S1 nerve root, with extension along the sciatic nerve. The neurosurgery team recommended simple cyst aspiration, but the patient preferred an initial course of conservative management with anti-inflammatories.

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