Symptomatic Tarlov Cyst in Postpartum – A Rare Presentation

Woon Shu Yuan, Noor Azmi Mat Adenan

Obstetrics and Gynaecology Department, University Malaysia Medical Center

ABSTRACT

Introduction: Tarlov cysts are dilation of the nerve root sheaths and are abnormal sacs filled with cerebrospinal fluid that can cause a progressively painful radiculopathy which located most prevalently at S2-3 level of the sacrum. Childbirth and epidural anaesthesia are possible condition that might potentially cause the asymptomatic cysts to become symptomatic. **Case Summary:** We present a case of sacral Tarlov cyst diagnosed during post-partum period. Mdm. SNM is a 31-year-old psedo primigravida, whom was admitted in March 2017 at 36 weeks period of gestation (POG) for induction of labour in view of history of preterm prelabour rupture of membrane at 32 weeks POG. She was also class II maternal obesity with gestational diabetes mellitus on diet control antenatally. She had only one 3 mg dinoprostrone tablet inserted vaginally and artificial rupture of membrane was performed about 6 hours later in view of favourable cervix. During this time, she had epidural anaesthesia inserted at L4/5 level with continuous infusion of ropivacaine. However, she failed to progress further despite having achieved optimal uterine contraction with intravenous oxytocin augmentation. She then underwent an emergency caesarean section for failed induction after 10 hours in labour. The surgery was uncomplicated with estimated blood loss of 400 cc. She was discharged well on day 2 post-operatively. However, patient presented to us 4 weeks postpartumly with lateral thigh and intermittent tingling sensation which persisted since post-delivery. She also complained of lower backache and intermittent numbness and tingling sensation over the lower abdomen region. Otherwise, she was able to ambulate and encountered no issue in micturition or bowel motion. Further neurological examination revealed no other nuerological deficit. Muscle power of both lower limb were full but reduced sensation over lateral thigh. Transabdominal Ultrasonography excluded the presence of pelvic abscess, pelvic masses or haematomato at pelvic region. MRI lumbar spine revealed a well-defined high signal intensity oval lesion at S2 region measuring 1.4x2.2x3.1 cm in keeping with Tarlov's cyst and no evidence of nerve root impingement or spinal stenosis. She was currently planned for conservative management by neurosurgical team. **Discussion:** Lateral thigh numbness is a common presentation in meralgia paresthetica in which it was the initial differential diagnosis for this patient. However, the symptoms usually ease and improved over the time in most patients. Tarlov cyst on the other hand is a rare disease and its optimal management still remains a controversy. MRI spine plays an important role for diagnosis and further management in future patients with similar presentation.

8 a.m. vs 8 p.m. Labour Induction with Dinoprostone Vaginal Tablets in Term Pregnancies with Unfavourable Cervices – A Prospective Randomized Controlled Trial

Aizura-Syafinaz Ahmad Adnan, Vikneswaran Virasamy, Noor Azmi Mat Adenan

Department of Obstetric and Gynaecology, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia

ABSTRACT

Objectives: To analyse if it's feasible to time most of our deliveries to happen during office hours and reduce the night time deliveries for the benefit of the patient, fetus and labour ward staff. **Methods:** Patients who fulfilled the inclusion criteria were randomized into 8 a.m. or 8 p.m. induction group according to the randomized sealed envelope given at the time of recruitment. These patients were admitted to labour ward 1 hour before the induction time. 3 mg dinoprostone vaginal tablet was used and the standard induction protocol was applied. The social demographic data, induction details, delivery outcome and satisfaction score were then recorded in the case record form. Post partum patients and labour ward staff in-charge would be asked to complete a questionnaire assessing aspects of quality of care, their satisfaction with regards to timing of admission and patient review and overall satisfaction. **Results:** Total 164 patients were recruited in the study group where 78 were in 8 a.m. group and 86 were in 8 p.m. group. Both groups have the similar baseline characteristics. There was no significant difference between the 8 a.m. and 8 p.m. induction groups in terms of induction of labour to vaginal delivery interval (delivery within 8 a.m. - 5 p.m.: 35.9% vs 44.2 %, p= 0.339). Instrumental delivery accounted for 13.0% of the deliveries in 8 a.m. group and 14.1% deliveries in 8 p.m. group. No significant difference (p=1.000) in terms of time of induction and the indication for instrumental delivery. Lower segment caesarean section (LSCS) was slightly lower in 8 a.m. group (23.4%) than in 8 p.m. group (30.6%). Based on the results, no significant differences were observed in terms of the pregnancy outcome (mode of delivery) with p>0.05. Overall, all the neonatal outcomes tested showed no significant difference between the study groups (p>0.05) meaning there's no significant difference in neonatal outcome (Apgar score and Cord PH) in terms of time of induction. Mean maternal satisfaction level in 8 a.m. and 8 p.m. groups were 3.90 (SD=0.92) and 3.98 (SD=0.90) respectively. Mean staff satisfaction level in 8 a.m. and 8 p.m. groups were 3.18 (SD= 1.20) and 3.82 (SD=1.15) respectively. Staff satisfaction level in 8 a.m. group was significantly lower (p=0.001) than the 8 p.m. group. There was significant difference between the staff satisfaction level and the time of induction (p<0.001). There was no significant difference found between the maternal satisfaction level and the time of induction (p=0.053). **Conclusion:** This study shows that there is no significant difference between the two induction groups in terms of time of delivery, mode of delivery, neonatal outcomes and maternal satisfaction. There is however significant difference in terms of delivery staff satisfaction, which favors 8 p.m. induction group (p < 0.001).