

Tarlov Cysts: clinical evaluation of an Italian cohort of patients

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Dr. Ferrante [1] properly stresses the importance of spontaneous intracranial hypotension (SIH) as a cause of orthostatic headache as a symptom of Tarlov Cysts. We know from the literature that the most common cause of SIH is CSF leakage from a spinal meningeal diverticulum or simple dural tear, even if the origin of the CSF loss remains unknown on neuroimaging examinations [2–4]. The diagnosis of SIH is mainly based on clinical data, presenting with symptoms such as orthostatic headache, dizziness and tinnitus, which can be associated with distinctive neuroimaging findings based on compensatory venous hypervolemia such as dural enhancement, subdural fluid collections, dilatation of the dural sinuses and spinal epidural plexus [2–4].

In our population we did not have any case of SIH, neither from a clinical nor from a neuroradiological point of view. Nevertheless, this our finding does not exclude the possibility of having patients with SIH secondary to the presence of perineural cysts, as already reported in the literature [5]; for this reason, we agree with dr. Ferrante about the need to investigate the possible presence of Tarlov Cysts in patients with SIH.

We sincerely thank Dr. Ferrante for the clarification and for the great interest he has shown in our article [6].

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