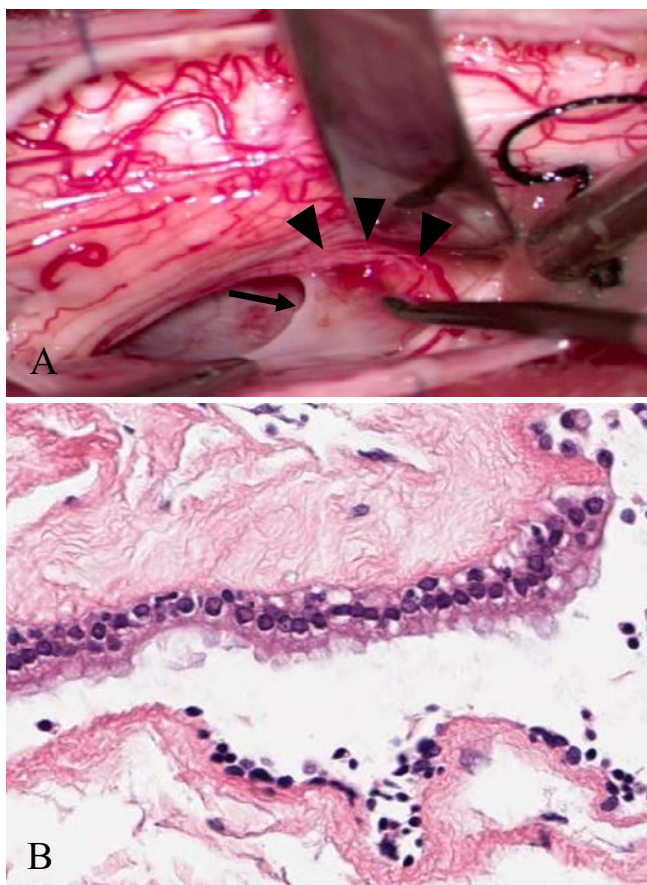


**Figure 1.** Case 1, 4-year-old girl. MRI showing the intradural extramedullary cystic mass lesion at C3/5. The spinal cord was completely stretched out over this ventral cyst. (A) T1-weighted sagittal image. (B) T2-weighted sagittal image. (C) T2-weighted axial image. Postoperative MRI showing cyst recurrence. (D) T2-weighted sagittal image. (E) T2-weighted image. After revision surgery, the cyst recurred (arrow). (F) T2-weighted sagittal images 1-year postsurgery. (G) Seven years postsurgery. (H) Eleven years postsurgery.

tion<sup>4,8,9</sup>). Therefore, we could hypothesize that subtotal cyst wall resection could be achieved with a good prognosis as the lesion is benign. In conclusion, early surgical intervention and long-term follow-up after partial excision are recommended, particularly to prevent long-term morbidity. If the cyst wall is adhesive to the pia mater, partial resection would be desirable to prevent spinal damage. Partial resections would indicate good prognoses.

**Conflicts of Interest:** The authors declare that there are no relevant conflicts of interest.

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**Figure 2.** (A) Intraoperative microscopic view shows severe adhesion between the cyst wall and pia mater. (B) Histopathological examination showing cystic wall as cuboidal to columnar epithelial cells.

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the study design. All authors have read, reviewed, and approved the manuscript.

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