The Currarino syndrome is a rare trouble, which contains three distinct diseases: a partial sacral agenesis, a presacral mass and an anorectal malformation. In our patient, the revelation came lately due to a complication of a myelomingocele, then the appearance of arachnoid cysts after a meningeal infection. 

Observation.– We report the case of a 29-year-old woman who presented suddenly paraplegia in a context of a meningeal infection. The initial intervention as a matter of urgency on a myelomingocele and a fistula communicating between the spinal canal and perianal area has solved the problem of infection. The patient is afterwards transferred to for rehabilitation medicine. In front of sphincters disorders, urodynamics check-up find data which does not match with the lesional level. Arachnoid cysts were identified, and were removed surgically. Thereafter, an intensive rehabilitation was undertaken and it has permitted a neurologically and functionally improvement. The better testing of lower limbs was noticed during the hospitalisation. Moreover, an effective walking has been possible after 9 months of daily functional work, stimulation and muscular strengthening.

Discussion.– This case reveals the effectiveness of an intensive rehabilitation program following an arachnoid cysts surgery. The motive recovery allowed the resumption of orthostatism after 7 months and the walk with technical helps at 9 months in a patient who had a total paraplegia before surgery. The literature emphasises the idea to suggest an intensive rehabilitation treatment following this type of surgery. Certain kind of fast improvement was described for 9 months in a patient who had a total paraplegia before surgery. The literature resumption of orthostatism after 7 months and the walk with technical helps at 9 months in a patient who had a total paraplegia before surgery. The motive recovery allowed the resumption of orthostatism after 7 months and the walk with technical helps at 9 months in a patient who had a total paraplegia before surgery. The literature resumption of orthostatism after 7 months and the walk with technical helps at 9 months in a patient who had a total paraplegia before surgery.