Spontaneous resolution of an extensive posttraumatic syrinx

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The prevalence of symptomatic syringomyelia in patients with chronic spinal cord injury (SCI) is around 4.5%. It is an important cause of treatable neurologic deterioration, although surgical shunting of the syrinx or arachnoid adhesiolysis of tethered elements have unpredictable results. Classically, syrinx extension causes progressive neuropathic pain, often with dissociated sensory loss due to compression of the more central, spinothalamic projection neurons with relative preservation of dorsal column function. We report an unusual case of the total spontaneous resolution of an extensive cervicothoracic syrinx cavity in a patient with symptomatic posttraumatic syringomyelia (PTS) and describe the changes in contact heat-evoked potentials (CHEPs) associated with its development and disappearance.

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