척수재활

게시일시 및 장소 : 10 월 19 일(토) 08:30-12:30 Room G(3F)

질의응답 일시 및 장소 : 10 월 19 일(토) 11:00-11:30 Room G(3F)

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An Idiopathic Syringomyelia patient presenting with bilateral upper limb sensory and motor deficits

Jun Hyun Choi[1*], Jong Hoo Lee[1†]

Presbyterian medical center, Department of Rehabilitation Medicine[1]

Introduction

Syringomyelia is a neurogenic disease which can damage the spinal cord due to formation of a fluid-filled space in the form of a cyst (syrinx), usually found in the high cervical level of the spinal cord. Arnold-Chiari malformation, spinal cord tumor, adhesive arachnoiditis and trauma are some of the more commonly known causes of syringomyelia. However, IS is not associated with any of the aforementioned conditions.We report herein, a case, of a patient without evidence of other underlying pathologic conditions who was subsequently diagnosed with IS and later was found to have improvement of the associated neurologic symptoms with supportive care.

Case Report

A 35-year-old woman with unremarkable past medical history, experiencing bilateral arm weakness along with tingling sensation, presented to our clinic. These symptoms were subjectively noted 3 weeks prior to presentation. Both biceps and knee jerks were mildly accentuated and Hoffmann sign was objectively noted. Babinski sign was absent. Bilateral arm strength was grade 4 by manual muscle testing. Central nervous system(CNS) lesions were suspected which prompted diagnostic evaluation by cervical spine x-ray(C spine X-ray), electromyogrphy(EMG), somatosensory evoked potential(SEP) test and cervical spine magnetic resonance image(C-MRI) studies. Results of these studies were all normal with the exception of C-MRI, which revealed a localized syringomyelia at the C6-C7 spine level. The patient was treated conservatively and resulted in resolution of both arm pain and motor weakness following a course of pharmacotherapy.

Conclusion

The precise etiology and management for idiopathic syringomyelia is still unclear. We diagnosed IS in a patient who presented with neurologic deficits. The suspected diagnosis of IS was confirmed by imaging study with C-MRI. Subjective symptomatology was shown to have improved with supportive care. We recommend considering an MRI study when CNS pathology is suspected in patients presenting with neurologic symptoms including sensory and motor deficits.

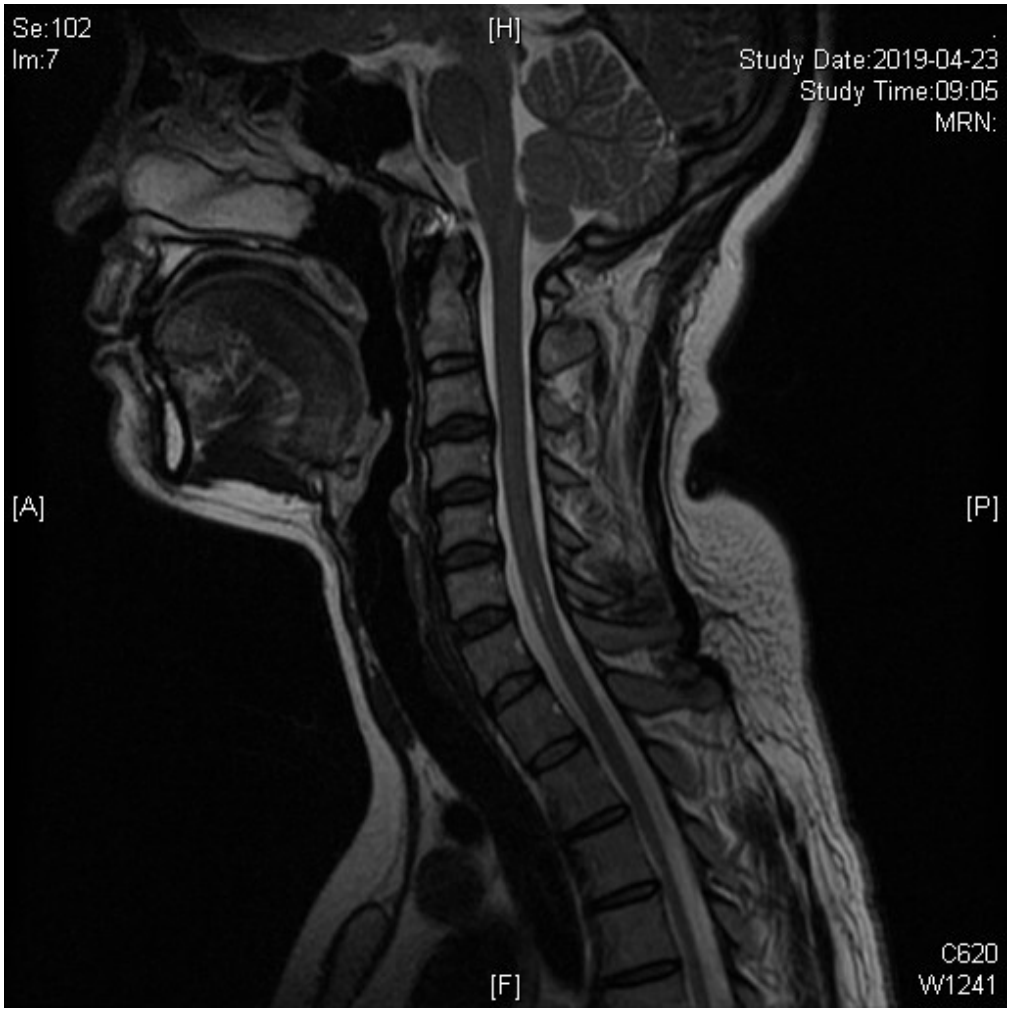

Figure 1 Magnetic resonance imaging of the patient